

Doula Observation Guidelines and Responsibilities

On-Call Preparation Provide the following information to DYDC (training@dolphinyoga.com)

Full contact information so that the doula you are observing can reach you anytime

All dates and times you are NOT available to be on call

Pack your doula bag (see handout for what to pack) and have it accessible to you at all times (you might want to leave it in your car and just add food right before you go)

BirthObservation

Meet your trainer at the designated place (either client's home, designated hospital, or birth center) within 1 hour of receiving phone call

Be at the birth through 2-3 stages of labor, must include birth (vaginal)

Track statistical birth information (use worksheet provided by DYDC)

Observe and document hypnosis techniques used

Observe and document doula techniques used

Write down questions you have during the birth to be asked when the training doula has time to answer. Do not interrupt doula when she is working with a client to ask questions.

Please conduct yourself in a professional manner at all times

Do not talk to the client or partner unless directed to do so by the training doula or if one of them engages you in conversation

Do not talk to the staff unless they engage you in conversation

Any conversations that take place need to be out of ear shot of the client when possible

Keep cell phones on vibrate and leave the room if you need to answer a call

Follow-up

Ask questions you have written down to doula trainer BEFORE you leave the birth if possible, if not then ask them within 3 days of the birth

Write a birth story for the family and to hand in to DYDC and attend post birth visit with the doula trainer (if applicable)

Turn in all birth Statistics, birth story, and observations to your trainer within 3 days of the birth

Birth Stats

Doula: _____ Observer: _____

Client: _____ Partner: _____

Date/Time Client Called _____ Date/Time Arrived: _____

Total Hours Observed _____

Home _____ Hospital/Birth Center _____ Hosp. Room # _____

Provider _____ Nurse _____

EDD _____ Weeks Gestation at Delivery _____

Time labor contractions began _____

Dilatation/Effacement/Station when admitted to hospital _____ / _____ / _____

ROM _____ Time _____

Meconium: Yes { Light Moderate Thick} No

Other Stats

Baby Information

D.O.B _____ Time of Birth _____ Sex _____ Weight _____ Length _____

1 minute Apgars _____ 5 Minute Apgars _____ 10 Minute Apgars _____

Baby's Name _____

Medical Interventions/Procedures

Type	Yes	No	Notes
Intermittent External EFM			
Continuous External EFM			
Internal Fetal Scalp Electrode			
Intrauterine Pressure Catheter			
Heplock/Saline Lock			
IV			
Amniotomy (AROM)			
Amnio-infusion			
Prostoglandin Gel/Cytotec			
Pitocin Induction			CMs. Time/Date
Pitocin Augmentation			CCs. Time/Date
Analgesic Medication			Drg Name CMs.
Epidural Anesthesia			Continuous or Bolus CMs.
Other Medication			Drg Name CMs.
Other Anesthesia			Type
Forceps Assisted Delivery			
Vacuum Assisted Delivery			
Episiotomy			Degree
Tears/Lacerations			Degree Type
Vaginal Delivery			
Other Interventions			Type
Cesarean Delivery			Reason

