



Preparing For Birth Childbirth Education Registration Form

Mother's Name _____

Preferred Nick Name _____

Labor Partner's Name _____

Labor Partner's Role: Please circle - Husband Boyfriend Partner Family Friend

Full Address _____

Home phone _____ **Cell phone** _____

Email _____ (only if you check email regularly)

OB/Midwife _____ **Birth Location** _____

Estimated Due Date _____

Mother's Occupation _____ **Mother's Age** _____

Special needs for this class or allergies _____

Class Session Dates: _____

Class Type: (unless other arrangements made payment online or by enclosed check) – choose one

6 week series	VBAC Class	PP Strategies	Drop-In
CSPC Referral	Private	Medicaid	Refresher
			Other _____

Comments _____

Please return by mail or email along with following pages to:

Preparing For Birth, LLC
6180 Lehman Drive, Ste. 103, Colorado Springs, CO 80918

Childbirth Education Class – topics of interest

Please check all that apply to you.

- prenatal exercises
- discomforts of pregnancy and solutions
- childbirth movies
- anatomy and pregnancy
- timing contractions
- premature labor
- labor pain
- breathing techniques
- positions for labor and birth
- water birth
- role of support partner
- cesarean
- newborn procedures
- newborn care
- postpartum depression
- postpartum support
- nutrition
- dispelling myths surrounding birth
- midwifery care
- additional birth resources
- how will I know if it is lasting labor
- comfort measure
- medications and interventions
- relaxation exercises
- using birth balls
- doula care
- birth options
- vaginal birth after cesarean (VBAC)
- newborn characteristics
- breastfeeding
- postpartum norms
- Christian based materials

Additional questions or needs for childbirth educator

1. _____

2. _____

3. _____

Childbirth Education Information Survey

Please return a copy for each pair with registration form and payment prior to first class. I thank you for your input as it will help me to improve and personalize my classes!

1. How many previous birth experiences have you had (mother) 0 1 2+

2. How many previous birth experiences have you had (partner) 0 1 2+

Briefly explain _____

3. As far as pregnancy/birth/parenting is concerned, would you consider yourself (circle one):

well educated moderately educated somewhat educated

4. What or who provides you with the most information. Rank these in the order of most used (1) to least used (7):

- _____ books
- _____ television
- _____ family
- _____ friends
- _____ internet
- _____ spouse
- _____ doctor/midwife
- _____ previous birth experience

5. How would you characterize yourself regarding pregnancy/birth/parenting:

really confident somewhat confident somewhat anxious fearful

6. Are any of these areas of concern about pregnancy/birth/parenting:

Support in labor/birth Postpartum support Pain in labor/birth Medication

Cesarean Complications Parenting skills PPMDs

8. Please list other areas of concern or expand on your answer to number 7.

9. What other classes/programs are you participating in?

Breastfeeding Infant Care CPR/Choking Prevention Doula Service

Daddy Bootcamp Hypnosis for Childbirth Newborn Care