



Baby's BestFeeding

PRENATAL INTERVIEW

Mother:				
LAST NAME	FIRST NAME	DOB	OCCUPATION	DUE DATE
STREET ADDRESS	CITY/ STATE	ZIP	HOME PHONE	
Partner:				
LAST NAME	FIRST NAME	DOB	OCCUPATION	
Other Phone Numbers:				
HER WORK	HIS WORK	PAGER	CELLULAR	
OB/GYN/CNM	STREET ADDRESS	CITY/STATE	ZIP	PHONE
HOSPITAL/BIRTH CENTER	STREET ADDRESS	CITY/STATE	ZIP	PHONE
OTHER MD	STREET ADDRESS	CITY/STATE	ZIP	PHONE

HEALTH HISTORY

BLOOD TYPE

DRUG ALLERGIES

ANY CHRONIC ILLNESS? YES NO If yes, explain

LIST ANY MEDICATIONS YOU TAKE REGULARLY:

LIST ANY SURGERIES (INCLUDE DATES)

LIST ANY INFERTILITY TREATMENTS AND DATES OF PROCEDURES

LIST ANY EMOTIONAL DISORDERS (DATE OF ONSET AND TYPES OF TREATMENT)

"A mother holds her baby . . . who lovingly holds
her breast and gets the best!"

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DO YOU HAVE ANY CONCERNS ABOUT YOUR WELL BEING? HEALTH?

II. CHILDBEARING HISTORY

ANY CHILDBEARING LOSSES? (ABORTION, MISCARRIAGE, INFERTILITY, STILLBIRTH, CHILDREN PLACED FOR ADOPTION)

LIST THE FOLLOWING INFORMATION ON PREVIOUS BIRTHS: DATE, GENDER, NAME, BIRTH WEIGHT

1ST

2ND

3RD

4TH

FOR THE ABOVE, PLEASE TELL ME HOW LABOR BEGAN, LENGTH OF LABOR, HOW DID YOU PUSH, AND ANY COPING TECHNIQUES YOU USED

COMPLICATIONS, IF ANY

PLEASE STATE WHAT WAS THE BEST THING ABOUT YOUR EXPERIENCE AND WHAT YOU HOPE TO AVOID THIS TIME

III. ANTICIPATED BIRTH

HOW DO YOU FEEL ABOUT YOUR PREGNANCY? IS IT WHAT YOU EXPECTED?

DO YOU FEEL RESTED OR RESTLESS? ARE YOU HAVING ANY INTERESTING DREAMS?

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HAVE YOU HAD ANY PROBLEMS WITH THIS PREGNANCY? IF SO, EXPLAIN.

LIST ALL YOUR PRENATAL TESTS AND THEIR RESULTS

DESCRIBE YOUR CHILD BIRTH EDUCATION CLASS. ANY QUESTIONS?

HAVE YOU DECIDED WHO IS GOING TO BE YOUR BIRTH TEAM (WHO WILL BE PRESENT AT YOUR BIRTH)? HAVE YOU DISCUSSED WITH THEM THEIR ROLES?

WHAT IS YOUR GREATEST FEAR(S) ABOUT THIS BIRTH?
MOTHER

FATHER

PLEASE TELL ME HOW YOU IMAGINE I CAN BE THE MOST HELPFUL TO YOU:

MOTHER

PARTNER

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NOW IMAGINE FOR A MOMENT WHAT YOU WOULD LIKE YOUR IDEAL BIRTH TO BE LIKE. WHAT MAKES IT IDEAL FOR YOU:

MOTHER

PARTNER

IN YOUR BIRTH PLAN, WHAT ARE THE 3 MOST IMPORTANT AREAS (PLEASE LIST IN ORDER OF IMPORTANCE):

MOTHER

- 1.
- 2.
- 3.

PARTNER

- 1.
- 2.
- 3.

IN THE EVENT OF AN UNANTICIPATED CESAREAN, LIST WHAT WOULD BE THE MOST IMPORTANT TO YOU?

HAVE YOU TAKEN A BREASTFEEDING CLASS? IF NOT, ARE YOU INTERESTED IN A CLASS?

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