

Childbirth Concierge: A service provided by the midwives of MothertoMother Midwifery

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My New Pregnancy: A planning worksheet

| Personal |
|---|
| Name |
| Address |
| Phone number |
| Email |
| May we add you to our email list? Yes No |
| Due Date |
| Type of Insurance |
| Profession |
| What number child is this for you? |
| Support System |
| How long have you lived in San Diego? |
| Do you have family in San Diego? Yes No |
| Do you have friends with children in San Diego? Yes No |
| How far are you willing to drive for appointments? <2 miles 3-5 miles 6-10 miles 10+ miles |



Place of Birth and Provider

| Do you currently have a doctor or midwife and who is it? Tyes |
|--|
| □ No |
| Where do you prefer to give birth? Home Birth Center Hospital Not sure |
| How do you feel about hospitals? |
| Do you prefer a doctor or midwife as your care giver? Doctor Midwife |
| If doctor, do you prefer a male or female? Male Female |
| Do you wish to give birth with anesthesia or naturally? Anesthesia Naturally |
| Do you prefer to have a vaginal birth or cesarean? Vaginal birth Cesarean birth |
| Are you interested in a waterbirth? Yes No |
| Do you have any pregnancy risk factors and which are they? Yes No |
| Do you know how you were born? Yes No |
| How do you envision your birth? |
| When you envision yourself in labor, where do you picture yourself and what are you doing? |
| Placenta |
| What would you like to do with your placenta? |



Prenatal Work Out Program

| what's your lavo | nte kind of work out? | | | |
|--|--|--|--|--|
| Do you like to ex | ercise? | | | |
| = ' ' ' - | | | | |
| ∐ No | | l 1 0 | | |
| vvnat is your tavo | orite time of day to wor | K OUT? | | |
| Do you like | | | | |
| Walking? ☐ Yes ☐ No | Yoga? ☐ Yes ☐ No | Pilates? ☐ Yes ☐ No | Swimming? ☐ Yes ☐ No | Weights? ☐ Yes ☐ No |
| Who do you see | for body/mind/spirit ca | re/ Please list their | r full name and busin | ess. |
| ☐ Massag ☐ Acupun ☐ Chiropr ☐ Physica ☐ Therapi | h Coach/Trainer ge Therapist cturist acticor Il Therapist st/Psychologist | | | |
| What activities ar | e you currently particip | pating in? | | |
| ☐ Walking ☐ Running ☐ Yoga ☐ Pilates | | ☐ Weight Li☐ Swimmin☐ Other | | |
| What activities w | ould you like to do mo | re of if you had exp | pert guidance during | pregnancy? |
| What is your favo | orite time of day to exe | rcise? | | |
| your body and m labor and mother you don't know w or fitness] coordii | ind for the psychologic hood? If you're interes that's best, where to go nator/concierge. | al changes of prected in starting or c | gnancy and prepares ontinuing a prenatal | yoga excellently prepares you for the hard work of fitness/wellness routine and om our prenatal [wellness |
| | ease contact me! on't need prenatal wellr | ness guidance. | | |



| Who will be with you when you give birth? |
|---|
| Do you plan to have a doula? Yes No |
| Would you like an outgoing or a quiet doula? Outgoing doula Quiet doula |
| Do you prefer a mature, mother figure doula or a younger, sister like doula? Mature doula Younger doula |
| Will you have support after the baby's born? Yes No |
| Baby |
| Do you already have a pediatrician or baby doctor? ☐ Yes ☐ No |
| Do you plan to breastfeed or bottlefeed? Breastfeed Bottlefeed |
| Do you plan to use cloth diapers or disposal diapers? Cloth diapers Disposal diapers |
| Are you interested in an alternative or conventional pediatrician? Alternative Conventional |
| Childbirth Classes |
| Do you plan to take childbirth classes? Yes No |
| What do you hope to learn from them? |
| Do you learn best by doing or by reading and listening? Doing Reading and listening |
| Do you consider yourself more creative or analytical? Creative Analytical |
| Is your partner the creative type or the analytical type? Creative Analytical |



| Do you have any special concerns? | | |
|-----------------------------------|--|--|
| ☐ Yes | | |
| □ No | | |