



HypnoBirthing®
The Mongan Method

Parents' Birth Report

Parents Name(s)		
Baby's Name	Birth Date	Birth Weight
Weeks pg. at birth		Weeks pg. at start of classes
HypnoBirthing® Instructor:		Class type (please check): Private Group If group, how many couples?
Birth Site (please check): Home Hospital Free Standing Birth Center		
Name of facility:		
City/Province:		
Care Provider (please check):		
OB-Gyn	Family doctor	Certified Nurse Midwife Homebirth Midwife
Name:		
Birth Companions: Spouse/partner		Doula
HypnoBirthing Instructor		Other:

Length of labor Total:	At home:	At birth facility:	Active labor:
At hospital/birth center did you			
Eat	Drink	Use ball	Walk Use tub
Were you not allowed to do any of the above? If so, why?			

Birth position:

What helped most to keep you comfortable during labor and birthing?

Birthing details

Natural Birth, no interventions
(skip to "Please Rate the Following")

Onset of labor: Spontaneous	Induced	Reason(s) for induction:
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Induced by (please check all that apply):

Pitocin/Syntocin	Rupture membranes	Strip/sweep membranes
Cervical med.	Acupuncture	Castor oil

Other:

Comfort measures during labor

HypnoBirthing and natural measures only	Epidural
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Injection or IV for pain or sleep	Gas & Air
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Labor augmentation

Pitocin/Syntocin	Rupture of Membranes	Nipple/clitoral stimulation
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Other Interventions					
IV fluids	Antibiotics	Vacuum/suction	Forceps		
Continuous external monitor	Internal or scalp monitor	Episiotomy	Cesarean		
Other:					
Reason(s) for interventions or surgery					
PLEASE RATE THE FOLLOWING					
	Low				High
	1	2	3	4	5
Comfort level in early labor (up to 6 or 8 cm)					
Comfort level in late labor					
Comfort in birthing phase					
Comfort/sense of well-being first 48 hours after birth					
Health of baby					
Health of mother					
Ease of breastfeeding					
Satisfaction with HypnoBirthing®					
Satisfaction with care provider					
Satisfaction with hospital or birth center staff					
Satisfaction with birthing companions					
How soon after birth did baby nurse?					
Special circumstances/problems:					
What would you do differently?					

Please add additional comments or add your birth story here. (Please indicate if you give your permission to share your birth story for educational purposes.)

Please complete this form and email to HypnoBirthing@HypnoBirthing.com and to your HypnoBirthing® Childbirth Educator Karin.m.steyn@gmail.com