



*Dolphin Yoga & Doula Center*  
*creating better birth experiences*

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*Dolphin Method™ Doula Training*



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[www.dolphinyoga.com/certification](http://www.dolphinyoga.com/certification)

# *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)

## **Birth Observation**

- 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

# Doula Bag

Consider leaving your Doula Bag in your car and just add food right before you go

## For Doula

- |  |   |
|--|---|
| <input type="checkbox"/> ipod                          | <input type="checkbox"/> sweater/sweatshirt     |
| <input type="checkbox"/> lip balm                      | <input type="checkbox"/> cell phone and charger |
| <input type="checkbox"/> extra clothes                 | <input type="checkbox"/> hand warmers           |
| <input type="checkbox"/> book, magazine                | <input type="checkbox"/> _____                  |
| <input type="checkbox"/> book light                    | <input type="checkbox"/> _____                  |
| <input type="checkbox"/> tooth brush                   | <input type="checkbox"/> _____                  |
| <input type="checkbox"/> mints                         | <input type="checkbox"/> _____                  |
| <input type="checkbox"/> glasses/contacts and solution | <input type="checkbox"/> _____                  |

## For Client

- |  |   |
|--|---|
| <input type="checkbox"/> Candellas- Battery Operated candles   | <input type="checkbox"/> games (cards, electric games)            |
| <input type="checkbox"/> fan                                   | <input type="checkbox"/> mints                                    |
| <input type="checkbox"/> straws                                | <input type="checkbox"/> disposable camera                        |
| <input type="checkbox"/> magazines                             | <input type="checkbox"/> large hand mirror                        |
| <input type="checkbox"/> lip balm                              | <input type="checkbox"/> some sort of massage device (balls, etc) |
| <input type="checkbox"/> massage oil- no scent                 | <input type="checkbox"/> hair bands                               |
| <input type="checkbox"/> lotion- no scent/sensitive skin       | <input type="checkbox"/> _____                                    |
| <input type="checkbox"/> peppermint oil                        | <input type="checkbox"/> _____                                    |
| (good for getting client to pee, couple drops in toilet)       | <input type="checkbox"/> _____                                    |
| <input type="checkbox"/> bed buddy or other rice sock of sorts | <input type="checkbox"/> _____                                    |

*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			
Prostaglandin 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

