Lamaze International – Birth Observation Form

LCCE’s name: ________________ Initials of woman observed: ______

Location of observation: _____________________________________________
Date of observation: ________

Type of health care provider:
___CPM ___CNM ___Family Practice Dr. ___OB ___Other: ______

At what stage/phase of labor did you arrive? ________________________
Number of hours observed: ______

1. Tell the story of the birth including a description of the birth environment, a description of the people present and their roles, and the coping techniques used by the mother and her support person(s).

2. Which of the following care practices were followed?

   A) Labor begins on its own ___yes ___no
   B) Freedom of movement throughout labor ___yes ___no
   C) Continuous labor support ___yes ___no
   D) No routine interventions ___yes ___no
   E) Spontaneous pushing in non-supine (e.g. upright or side-lying) positions for birth ___yes ___no
   F) No separation of mother and baby after birth with unlimited opportunity for breastfeeding ___yes ___no
3. How did you feel about this birth experience?

4. What do you think about this birth experience?

5. How will this mother remember this birth?

6. Looking at this labor and birth experience analytically, how will you apply what you learned to your childbirth education classes?