

20073-27-007

HOME BIRTH AUSTRALIA

DATA COLLECTION TASKFORCE

P.O. Box 85,  
OURIMBAH 2258

(043) 69-2554  
(043) 67-6433

Data Base - Homebirth Australia Practitioners

- 1/ Name .....
- 2/ Contact Address .....  
..... Postcode .....
- 3/ Contact Phone No - Work Hrs ..... After Hours .....
- 4/ Type of Practitioner ..... Midwife ..... Doctor ..... Lay Midwife .....  
Other .....
- 5/ Qualifications .....
- 6/ Other skills .....
- 7/ Experience in Homebirth .. Approx.No attended ..... No Years .....  
Where .....
- 8/ Attend births alone . Yes ..... No ..... With Whom .....
- 9/ Number of births in past year (approx.) .....
- 10/ Approximate cost of Homebirth .....
- Antenatal included ... Yes ..... No ..... Cost .....
- Postnatal included.... Yes ..... No ..... Cost .....
- 11/ Any Hospital Backup .. Yes .. No ..... If so, which Hosp. ....
- 12/ Practitioner backup (e.g. covering vacation, sickness, etc.) . Yes ..... No .....
- 13/ What equipment do you use / have access to .. Oxygen .... Suction... Forceps ....  
Other .....
- 14/ Willing to handle at home .. Primiparas ..... V.B.A.C. ... Breech ... Twins .....
- Other .....
- Comments .....
- 15/ Do you need support in the form of ... Child care(yours) .... Meals .....
- Other .....
- 16/ Further Information / Opinions / Plans etc. ....
- .....
- .....

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**Data Base — Homebirth Australia Groups**

- 1/ **Name of Group** .....
- 2/ **Contact Address** .....  
..... Postcode .....
- 3/ **Contact Phone No** — Work Hrs ..... After Hours .....
- 4/ **Number of members in group** .....
- 5/ **Membership Fees** ... Yes ..... No ..... If Yes, Cost .....
- 6/ **Structure of Group** . No Structure ... Co-Op ... Incorporated ... Collective .....  
Other .....
- 7/ **Functions of the Group**  
Meetings ..... Work ..... Support ..... Other .....
- Where .....
- When ..... How Often .....
- Education .... Film .... Talks .... Birth Classes .... Other .....
- Support for Homebirthers ..... Meals ..... Home Help ..... Child Care .....
- Other .....
- Other group Functions .....
- .....
- 8/ **Number of Practitioners associated with group** .....
- Midwives ..... Doctors ..... Lay Midwives ..... Other .....
- 9/ **Newsletter** ... None ..... Yes ..... Cost ..... How often .....
- 10/ **Area covered by Group** .....
- .....
- 11/ **Further information** .....
- .....
- .....
- .....