Birth Center Debriefing

| Date: | Person Leading Debriefing: |
| --- | --- |
| Type of Event |  |
| Pregnancy Gestation |  |
| Description of event |  |
| Team Members Attending/Unit |  |
| Important Facts |  |
| What went well? |  |
| Items to improve? |  |
| Staff Feelings |  |
| Follow up needed |  |
| Conclusion |  |
| Resource List Provided |  Yes No |
| Family Debriefed |  Yes No |

|  |
| --- |
| Enter Notes/Additional Items |

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