

## History of Birth

Date: \_\_\_/\_\_\_/\_\_\_ Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

### **LABOR AND DELIVERY:**

What was your first sign of labor? \_\_\_\_\_

How long was the labor from the first regular contraction to the birth? \_\_\_\_\_ hours

How long was the 2<sup>nd</sup> stage (the pushing phase) of the labor? \_\_\_\_\_ hours/minutes

	Yes	No	
Hospital birth	<input type="checkbox"/>	<input type="checkbox"/>	

Name of Hospital: \_\_\_\_\_

Physician/Midwife: \_\_\_\_\_

Home birth	<input type="checkbox"/>	<input type="checkbox"/>	
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Midwife: \_\_\_\_\_

Birth Center birth	<input type="checkbox"/>	<input type="checkbox"/>	
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Name of Birth Center: \_\_\_\_\_

Physician/Midwife: \_\_\_\_\_

Vaginal Delivery	<input type="checkbox"/>	<input type="checkbox"/>	
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Planned C-section	<input type="checkbox"/>	<input type="checkbox"/>	If yes, why? _____
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Emergency C-section	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Was Birth Induced	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Pitocin:   \_\_\_\_\_

Breaking bag of waters:   \_\_\_\_\_

Suppository:   \_\_\_\_\_

Forceps delivery	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Vacuum extraction	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Anesthesia administered	<input type="checkbox"/>	<input type="checkbox"/>	_____
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At what point during labor was anesthesia administered? \_\_\_\_\_

What type of anesthesia was used? \_\_\_\_\_

Fetal distress	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Meconium staining	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Episiotomy/Tearing	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Head presentation	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Face presentation	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Breech presentation	<input type="checkbox"/>	<input type="checkbox"/>	_____
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### **BABY'S CONDITION IMMEDIATELY AFTER BIRTH:**

APGAR Scores: At 1 minute \_\_\_/10 At 5 minutes \_\_\_/10

Baby's Crying: Baby Cried Immediately After Birth  Cried Strongly  Weak Cry

Baby Did Not Cry for \_\_\_ minutes

Baby's Color: Pink all over  Blue face  Blue Hands/Feet  Jaundice

Baby's Head: Bruised  Swollen  Red  Misshapen

Baby's Activity: Arms and legs actively moving  Floppy baby

Signs of Trauma: Yes  No

Intensive Care: Was required  Days in Neonatal Intensive Care Unit \_\_\_\_\_

Medication given at birth (to baby): \_\_\_\_\_

(to mom): \_\_\_\_\_

Vaccines administered: \_\_\_\_\_ Vitamin K  Circumcision

Tests run: \_\_\_\_\_

Birth weight: \_\_\_ lbs. \_\_\_ oz. Birth length: \_\_\_ in.

Baby home on day \_\_\_\_\_ Mom home on day \_\_\_\_\_

Breastfeeding: Latched on right away  Difficulty feeding  Didn't Breastfeed