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 2nd stage (the pushing phase) of the labor? _____ hours/minutes

	Yes	No	
Hospital birth	☐	☐	
Name of Hospital:			_____
Physician/Midwife:			_____
Home birth	☐	☐	
Midwife:			_____
Birth Center birth	☐	☐	
Name of Birth Center:			_____
Physician/Midwife:			_____
Vaginal Delivery	☐	☐	_____
Planned C-section	☐	☐	If yes, why? _____
Emergency C-section	☐	☐	_____
Was Birth Induced	☐	☐	_____
Pitocin:	☐	☐	_____
Breaking bag of waters:	☐	☐	_____
Suppository:	☐	☐	_____
Forceps delivery	☐	☐	_____
Vacuum extraction	☐	☐	_____
Anesthesia administered	☐	☐	
At what point during labor was anesthesia administered?			_____
What type of anesthesia was used?			_____
Fetal distress	☐	☐	_____
Meconium staining	☐	☐	_____
Episiotomy/Tearing	☐	☐	_____
Head presentation	☐	☐	_____
Face presentation	☐	☐	_____
Breech presentation	☐	☐	_____

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 ☐