

BIRTH HISTORY

LABOR AND DELIVERY

How long was the labor from the first regular contractions to the birth? _____ hours

How long was the 2nd stage (the pushing phase) of the labor? _____ hours

	Yes	No	
Hospital birth	<input type="checkbox"/>	<input type="checkbox"/>	_____
Home birth	<input type="checkbox"/>	<input type="checkbox"/>	_____
Midwife assisted	<input type="checkbox"/>	<input type="checkbox"/>	_____

Vaginal Delivery	<input type="checkbox"/>	<input type="checkbox"/>	_____
Planned C-section	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency C-section	<input type="checkbox"/>	<input type="checkbox"/>	_____

Was Birth Induced (Pitocin)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Forceps delivery	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vacuum extraction	<input type="checkbox"/>	<input type="checkbox"/>	_____

Anesthesia administered	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fetal distress	<input type="checkbox"/>	<input type="checkbox"/>	_____
Meconium staining	<input type="checkbox"/>	<input type="checkbox"/>	_____

Head presentation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Face presentation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Breech presentation	<input type="checkbox"/>	<input type="checkbox"/>	_____

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 ____ Did Not Cry for ____ minutes

Baby's Color Pink all over ____ Blue face ____ Blue Hands/feet ____

Baby's activity Arms and legs actively moving ____ Floppy baby ____

Intensive Care Was required ____ Days in Neonatal Intensive Care Unit ____

Medication given at birth? _____ Vaccines administered _____

Birth weight _____ lbs / kgs Birth length _____ ins / cms Baby home on day _____