

Birth History

Labor and Delivery

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

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

	YES	NO	If yes, describe:
Hospital Birth	<input type="checkbox"/>	<input type="checkbox"/>	_____
Home Birth	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mid wife assisted	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water birth	<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"/>	_____
Anesthesia administered	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fetal Distress	<input type="checkbox"/>	<input type="checkbox"/>	_____
Meconium staining	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pitocin administered	<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:

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 ____ mins

Baby's color: Pink all over ____ Blue face ____ Blue hands/feet ____ Jaundiced ____

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

Intensive care: Was required ____ Days in neonatal care Unit _____

Medication given at birth: _____ Vaccines administered: _____

Vitamin K: _____ Other: _____

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

I certify that that the above information is correct to the best of my knowledge. I will not hold my doctor or any Members of his/her staff responsible for any errors or omissions that I may have made in the completion of this form.

Parent's Signature: _____ Date: _____

Reviewed by Doctor: _____ Date: _____