

Birth History

LABORY AND DELIVERY

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

	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 Intensive Care Unit ____

Medication given at birth? _____ Vaccines administered _____

Birth Weight _____ lbs/kg Birth length _____ in/cm Baby home on day ____