

# 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 \_\_\_\_\_