

# Birth History

## LABOR AND DELIVERY

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

How long was the 2<sup>nd</sup> 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 \_\_\_\_\_