

Birth Story Cont:

L&D INTERVENTIONS USED? (IF APPLICABLE):

Induction? (What method):

Pain Meds? (What kinds):

Membranes stripped? (Y/N) :

Vacuum/ Forceps? (Y/N):

Fetal Monitoring? (Continuous/ Intermittent - Frequency):

Cesarean Birth? (Y/N):

Augmentation? (What kinds):

Other Interventions?:

Amniotomy? (Y/N):

Chord Traction? (Y/N):

Present in OR? (Y/N):

IMMEDIATE POSTPARTUM

BABY STATS:

BIRTH TIME: _____ BABY'S NAME: _____

BABY'S SEX: _____ WEIGHT: _____ LENGTH: _____ APGARS: (1) _____ (5) _____

USED BULB SYRINGE? _____ DELEE? _____ AMBUBAG/BVM? _____

MOTHER'S CONDITION:

PERINEUM: _____

BLEEDING: _____

EATING/DRINKING: _____

OTHER: _____

BABY'S CONDITION:

MECONIUM: _____

NURSING: _____

PROBLEMS: _____

OTHER: _____