

Initial Assessment:

Mother's Initials: _____ **G/P:** _____ **Age:** _____

Father/Co-parent Initials: _____ **EDD:** _____ **Blood group/Type:** _____

Hgb/Hct: _____ **Rubella immune:** _____ **RPR:** _____ **GBS:** _____

LMP: _____ **Gestation according to LMP:** _____ **Sono:** _____

Complications of PG: _____

Labor:

Sxs/Onset of Labor: _____ **Date:** _____ **Time:** _____ **Dilation:** _____

Rupture of Membranes: _____ **Time:** _____ **Color/Consistency:** _____

Pre-labor: _____ **Latent 1st stage:** _____ **Active 1st stage:** _____
2nd Stage: _____ **3rd Stage:** _____ **Total:** _____

Complications: _____
Meds/Herbs: _____

Delivery/Post-Partum:

Baby's Initials: _____ **DOB:** _____ **T:** _____ **F/M:** _____

City and State: _____

Home: _____ **Birth Center:** _____ **Hospital:** _____

APGAR (1 min): _____ **(5 min):** _____ **(10 min):** _____

Placenta: Schultz _____ **Duncan:** _____ **Features:** _____

Placental Delivery (time): _____ **Blood loss w/placenta:** _____ **Total:** _____

Birth Weight: _____ **Length (cm):** _____ **Head Circumference (cm):** _____

Gestational Assessment: _____ **Newborn Interventions:** _____

Resuscitation: _____

Birth Summary and Assessment

Birth #:

Delivery/Post-Partum (cont)

Congenital Abnormalities: _____

Maternal Interventions: _____

Meds/Herbs: _____

Episiotomy: _____ **Lacerations: Skid:** _____ **1st:** _____ **2nd:** _____ **3rd:** _____ **4th:** _____

Suture Type: _____ **# Sutures:** _____ **Location(s):** _____

Hospital Transfer:

Indications for Transfer:

Mother:

Infant:

Name of Hospital:

Delivery Doctor: _____ **Vaginal Birth:** _____ **C/S:** _____

Complications:

Student:

| | | | |
|-----------------------|---------------------|---------------------|----------------------|
| Vaginal Exam: | Observed ___ | Assisted ___ | Performed ___ |
| FHT Monitoring | Observed ___ | Assisted ___ | Performed ___ |
| Delivery | Observed ___ | Assisted ___ | Performed ___ |
| Suturing | Observed ___ | Assisted ___ | Performed ___ |
| Newborn Exam | Observed ___ | Assisted ___ | Performed ___ |

Birth Team:

Primary: _____ **Assistant:** _____

Student: _____ **Doula/Other:** _____

Licensed Practitioner's Signature and date:

Birth Narrative:

Learning Objectives/Skills attained at birth:

Student's Name:

Signature: _____

Date: _____

Licensed Practitioner's Name:

Licensed Practitioner's Signature: _____

Date: _____