

Case History for Pregnant Mothers

First name(s): Surname: Date of Birth:.....

Address: Postcode:.....

Prenatal History.

Is this your first pregnancy?.....yes no If no how many other births have you had?

How many weeks pregnant are you now? Did you smoke or drink alcohol? yes no

Have you experienced any traumas during this pregnancy? (accidents, falls)

Any medications taken during this pregnancy?

Have you had any evaluation procedures: ultrasound amniocentesis chorionic villus sampling other

Please list frequency and reason for these procedures:

How has your diet been during this pregnancy?

Has there been any stressful events in your life during this pregnancy?

Previous birth history

Place of birth: hospital birthing center home

Delivering Practitioner: OB/Gyn Certified Nurse Midwife Certified Practicing Midwife Lay Midwife

Position of Delivery: On back with feet up On Your Side Other?.....

Was labor induced? (contractions were stimulated prior to the natural onset of labor) yes no unknown

If yes, specify type: Drip Prostagland Gel (applied to your cervix) Tablets unknown

Were your membranes ruptured by your care provider? yes no unknown

Were contractions stimulated intravenously with pitocin once labor started? yes no unknown

Did you receive any pain medications or anesthesia? yes no unknown

Please specify type used.....

If you had an epidural, how many centimeters were you dilated when it was administered?

Did you experience back pain during labor? yes no unknown

Did you deliver vaginally? yes no

Baby position at time of delivery: Normal Posterior Brow Facial Breech

If breech, specify type: Footling Frank Complete Kneeling

Was there any visible injury to your baby? yes no unknown

If so, where on your baby was the injury sustained?

Were operative devices used to facilitate the birth? yes no unknown

Which type? Forceps Ventouse/Vacuum Extraction

At what week of pregnancy was your baby born?