



1 General Information

Infant: _____ Mother: _____

Birth Weight: _____ Birth Length (height): _____ What was your child's gestational age at birth? _____

Place of Birth: _____

Birth Attendants: OB/Gyn: _____

Midwife: _____

Doula: _____

2 Labour & Birth

Mother's position during labour: Back Sitting All Fours Side-lying Standing

Birth Stool Birthing Water Tub Other _____

Duration of Labour: _____ Duration of Delivery (time spent in birth canal): _____

Presentation: Cephalic (head first) Occiput Posterior (facing forward) Breech (feet first)

Details: _____

Was labour induced? Y N Was an episiotomy performed? Y N

Did the mother receive any drugs before, during, or after the birth process: Ptoicin Epidural Morphine

Antibiotics During Labour Other _____

Any assistance required during birth? Manual Traction Forceps Vacuum/Suction Cesarean

Details: _____

Any complications during or after birth? Difficult Birth Excessively Fast Birth Prolonged Birth

Stuck in Birth Canal Cord Around Neck Respiratory Distress/Depression Other _____

Details: _____

Any evidence of trauma during birth? Bruises Marks Odd Shaped Head Other _____

Details: _____

3 Infant History

Was your child alert and responsive within 12 hours of delivery? Y N Comments/Details: _____

Has your baby experienced any of the following? Premature Birth Low APGAR Scores

Low Birth Weight Neonatal ICU Incubation - how long? _____

Separation from Mother - how long? _____

Silver Nitrate Eye Drops Vitamin K Injection Hepatitis Shot

Details: _____

Any congenital anomalies identified? _____

Has your baby experienced any: Breastfeeding Difficulties Formula-Fed Allergies

Breathing Difficulties Colic Digestive Challenges Failure to Thrive Developmental Delays

Details: _____