Hospital/Birth

Hospital

notes

Obstetrician

notes

Pregnancy #

notes

High Risk Pregnancy

notes

Term? If no, # of weeks.

notes

Delivery type(if C/S, indicate reason)

notes

Delivery complication

notes

Apgar Score

notes

NICU(if Yes, indicate reason)

notes

Birth weight and Length

notes

Discharge weight and Date

notes

Maternal Group B Strep

notes

Maternal Hepatitis B (Pos, Neg or Unknown)

notes

Hep B vaccine (date)

notes

Bilirubin Screening (Blank if none; Transcutaneous and Serum if done)

notes

Maternal Blood Type

notes

Infant Blood Type

notes

Direct Coombs

notes

Newborn Hearing screening done and NL?

notes

Breast or Bottle

notes

Other

notes

Navigational Anchors in Birth History