

**Birth History**

Hospital

Obstetrician

Pregnancy #

High Risk Pregnancy

Term? If no, # of weeks.

Delivery type(if C/S, indicate reason)

Delivery complication

Apgar Score

NICU(if Yes, indicate reason)

Birth weight and Length

Discharge weight and Date

Maternal Group B Strep

Maternal Hepatitis B (Pos, Neg or Unknown)

Hep B vaccine (date)

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



Maternal Blood Type

Infant Blood Type

Direct Coombs

Newborn Hearing screening done and NL?

Breast or Bottle

Other

Visit Documents

Navigational Anchors in Birth History

1. Prescriptions
2. Visit Documents