



Case History for Pregnant Mothers

In addition to the New Patient Health History Form, please complete this pregnancy case history.

Patient Data

First Name _____ Last Name _____ Date _____ Chart# _____

Prenatal history:

- 1) Is this your first pregnancy? _____
- 2) How many other births have you had? _____
- 3) How many weeks pregnant are you now? _____
- 4) Have you experienced any traumas during this pregnancy? (accidents, falls)
Please describe _____
- 5) Any medications taken during this pregnancy? _____
- 6) Do you smoke or drink alcohol? _____
- 7) Have you had any evaluation procedures (ultrasound, amniocentesis, chorionic villus sampling) ? _____
- 8) Please list dates, frequency and reason for these procedures:

- 9) How has your diet been during this pregnancy? _____
- 10) Has there been any stressful events in your life during this pregnancy? _____
- 11) What are your most significant fears associated with this birth?

- 12) Who is your birth care provider? _____
- 13) Will you have someone with you at birth for support (other than birth care provider)
Please specify who _____
- 14) Where do you plan on delivering? _____
- 15) Have you put together a birth plan? _____

Previous Birth History:

1) Place of birth: hospital, birthing center, home.

2) Delivering Practitioner: OB/Gyn, Certified Nurse Midwife, Certified Practicing Midwife, Lay Midwife

3) Position of Delivery: Lithotomy position (on back with feet up), On Your Side, Kneeling, Squatting, Other?_____

4) Was labor induced? (Contractions were stimulated *prior* to the natural onset of labor) Yes No Unknown

If yes, specify type: Pitocin, Prostaglandin Gel (applied to your cervix), Unknown

5) Were your membranes ruptured by your care provider? Yes No Unknown

6) Were contractions stimulated intravenously with pitocin *once* labor started?
Yes No Unknown

7) 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?_____

8) Did you experience back pain during labor? Yes No Unknown

9) Did you deliver vaginally? Yes No

10) Baby presentation 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?_____

11) Did your care provider assist delivery with his/her hands? Yes No Unknown

Was there any turning of the neck, or traction (pulling) applied to the neck?
Yes No Unknown

12) Were operative devices used to facilitate the birth? Yes No Unknown

Which type? Forceps Vacuum Extraction

If yes, was there any visible signs of injury to your baby? Yes No Unknown

If yes, where was the injury sustained?_____

13) Was there a birthing coach present? husband, doula, friend, other

If other, please specify:_____

14) At what week of pregnancy was your baby born?_____