NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EDB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAST PREGNANCY HISTORY**

# Please list all past pregnancies, miscarriages, and abortions. Use back of page if more space needed.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 |
| **DATE** |  |  |  |  |  |  |  |  |  |
| **WEEKS**  **GESTATION** |  |  |  |  |  |  |  |  |  |
| **GENDER** |  |  |  |  |  |  |  |  |  |
| **INDUCED? HOW?**  **WHY?** |  |  |  |  |  |  |  |  |  |
| **BABY**  **WEIGHT** |  |  |  |  |  |  |  |  |  |
| **1ST STAGE**  **(4 - 10CM) TIME** |  |  |  |  |  |  |  |  |  |
| **2ND STAGE**  **(PUSHING) TIME** |  |  |  |  |  |  |  |  |  |
| **LABOR**  **COMPLICATIONS** |  |  |  |  |  |  |  |  |  |
| **EPISIOTOMY OR TEAR? REPAIR?** |  |  |  |  |  |  |  |  |  |
| **POSTPARTUM COMPLICATIONS** |  |  |  |  |  |  |  |  |  |
| **BABY COMPLICATIONS** |  |  |  |  |  |  |  |  |  |
| **PLACE OF BIRTH** |  |  |  |  |  |  |  |  |  |
| **CARE PROVIDER** |  |  |  |  |  |  |  |  |  |
| **PAIN RELIEF**  **MEASURES** |  |  |  |  |  |  |  |  |  |
| **BREASTFED? HOW LONG? PROBLEMS?** |  |  |  |  |  |  |  |  |  |
| **FEELINGS ABOUT BIRTH** |  |  |  |  |  |  |  |  |  |
| **HEALTH OF CHILD** |  |  |  |  |  |  |  |  |  |