

Obstetrical History

This documentation form is a companion document to the prenatal care map. It can be used to list details of other pregnancies/ and births.

Note: This is not a mandatory documentation tool, however may be added to the chart as a supplementary form when the PHN feels it would be helpful

Obstetrical History

Item	Description
Date (Month, DD, YYYY)	Document the child's date of birth
Place of birth/Abortion	The location of the birth/abortion
Hours in labour	Indicate the length of time in hours the women was in labour
Gestation Age (Weeks)	Document the infant's gestational age at birth. Note: In the prenatal period, the SOCG ¹ recommends gestational age be assessed with quality and precision to reduce potential fetal harms and interventions.
Type of Birth	Indicate the type of birth as: <ul style="list-style-type: none">- SVD (Spontaneous Vaginal Delivery)- Forceps (Assisted Birth)- Vacuum (Assisted Birth)- C/S (Cesarean Section)
Perinatal Complications	Describe any complications associated with the perinatal period
Gender	State gender of infant
Birth Weight (g)	Indicate birth weight in grams
Breastfed	Document infant feeding practices
Present Health of Infant	Describe present health and any concerns