

BIRTH NOTES

Client name: _____ Birth Location: _____

Date: _____ # weeks pregnant: _____ Station at time of arrival: _____

Dilation at time of arrival: _____ Care provider: _____

First Sign of Labor: _____

Time of membrane rupture: _____ Time of onset of active labor: _____

Labor/Birth Planned as: _____

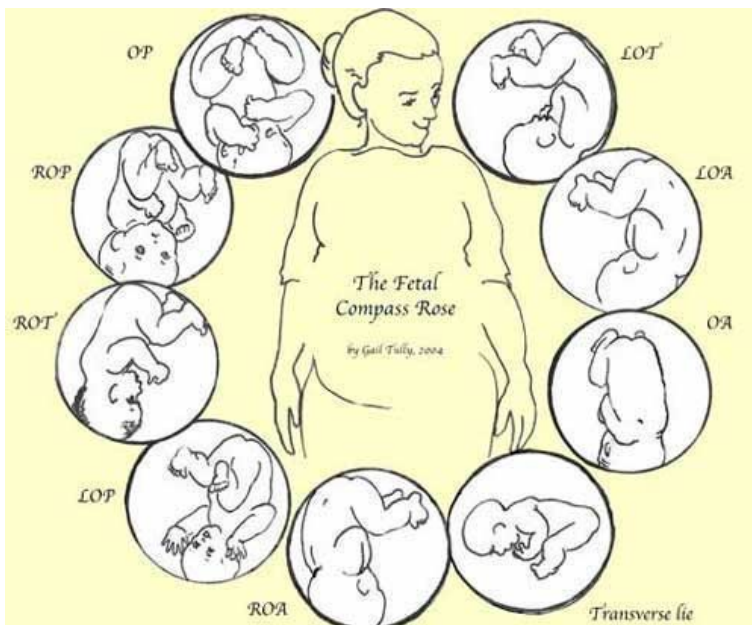
Main struggle: _____

Begin Pushing Time: _____ Time of Birth: _____

Weight/height etc.: _____

Main Victory: _____

Ultimate Birth outcome: _____



Baby's Position Notes:	Time/change

BIRTH NOTES

	Notes
Care Provider Notes	
Interventions Notes	
Comfort Measures used	

BIRTH NOTES

Nurses/Assistant Notes	
Environment Notes	
Notes On Your Service	

BIRTH TIMELINE

Event/aspect	Time/note