

holistic birth care

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Birth Information for Newborn Care Provider

Of a spontaneous vaginal home birth at _____ weeks gestation

Date: _____ Re: *Newborn* _____

To: _____ DOB: __/__/__ Time: _____ Sex: ____

Parents: _____

Address: _____

Phone: _____ Phone: _____

Labor History

Labor onset was spontaneous.

Duration: 1st Stage: _____ hrs _____ mins

2nd Stage: _____ hrs _____ mins

3rd Stage: _____ hrs _____ mins

Membrane Status: SROM _____ AROM _____ at _____ hrs _____ mins before birth

Meconium: None _____ Light _____ Moderate _____ Heavy/particulate _____

Presentation: _____ Comments: _____

Infant

Newborn Assessment Attached.

Suction: None _____ Bulb _____ DeLee _____ On Perineum _____ After Birth _____

O²: None _____ Blow-by _____ @ _____ lmp for _____ mins

GI: Urine _____ Meconium _____ passed within the first 24 hours

Nursing: On demand. Latch-On @ _____ hrs Milk in on day _____

Eye Care: (Erythromycin Ophthalmic) Administered _____ Parents Refused _____

Metabolic Screen: 1st Collection on __/__/__ Day _____ Parents Refused _____

Vitamin K: Administered _____ Location _____ Not Administered _____

Thank you for seeing this client.

Carol Schumacher, CPM