

1. Mother's PHN:
2. Maternal age:
3.

G	T	P	A	L
4. Date of waterbirth – Month: Day: Year:
5. Gestational Age:
6. In what facility did the waterbirth occur?
7. What was the length of:
 - a) Active labour? hours minutes
 - b) Second stage? hours minutes
8. Perineum /Vagina /Cervix
 - a) Intact
 - b) Laceration
9. Birth weight:
10. Were there complications of the birth requiring the client to exit the tub AFTER the birth of the head and BEFORE the birth of the body (i.e. shoulder dystocia or tight nuchal cord)?
11. What were the one-minute and five-minute APAGR scores?

One minute: Five minute:
12. What newborn resuscitative efforts were required following birth?

<input type="checkbox"/> Initial steps	<input type="checkbox"/> PPV
<input type="checkbox"/> CPAP	<input type="checkbox"/> Other - Please describe in detail:
<input type="checkbox"/> Oxygen	
13. Was the baby admitted to the IN or NICU following birth? If so, please describe reason for admission and length of stay:
14. Name of RM / Physician attending: