Arkansas Department of Human Services
Division of Children and Family Services
HOSPITAL DATA

Patient _____ Race _____ Delivery Date _____ Time _____ am/pm

Hospital _____ Date Discharged _____

Gestation (Weeks) _____ Complications during Pregnancy _____

I. **TYPE OF DELIVERY:**

Forceps – Yes ☐ No ☐ Degree of Difficulty – Easy ☐ Moderate ☐ Difficult ☐

Type – Transverse ☐ Cephalic ☐ Cesarean ☐ Vaginal ☐

II. **LABOR RECORD:**

Precipitate Labor ☐ Prolonged Labor ☐ Intra-Partum Hemorrhage ☐

Duration of Labor (Hours)_____ Spontaneous ☐ Induced ☐ How?_____

Analgesics:_____ _____ _____

Type Amount Time Before Delivery

Anesthesia:_____ _____ _____

Type Amount Time Before Delivery

III. **BABY'S RECORD:**

___ _____ _____ Head Chest Apgar_____

Sex Birth Weight (lbs., oz.) Length at Birth (inches) Circumference (inches) 1 min. 5 min

. Neurological Signs - Cry ☐ Moro ☐ Sucking ☐ Rooting ☐ Clenched Fist ☐

_____ _____

General Reaction Congenital Malformations or Anomalies

Use of Oxygen ☐ Intratracheal Catheter ☐ Resuscitator ☐ Incubator ☐

Cord Abnormalities – Yes ☐ No ☐ Meconium in Amniotic Fluid – Yes ☐ No ☐

Delivery Room Medication_____

Progress in the Nursery:

Any Deviations from Normal –_____

Fretful ☐ Listless ☐ Cyanotic ☐ Jaundiced ☐

Infection, Fever_____ Results of PKU test_____

Other Information_____

_____ _____

Recommendations at Discharge Weight at Discharge (lbs., oz.)

_____ _____

Name of Attending Physician Date

CFS-457 (02/2005)