Midwives Alliance of West Virginia

Mother's Name _____
Address _____
Phone _____ Date of Birth _____ Age _____
Support Person _____
Circle One: FOB Doula Family/Friend Other: _____

Indication for Transport: **Date** _____ **Time** _____

History

Allergies: _____
Medications/Supplements: _____
Relevant Prenatal Hx (current pregnancy) _____
_____
_____
_____
Relevant OB Hx (past pregnancies) _____
_____
Med/Surg Hx _____
_____

G____ **P**____ (**T** ___ **P**___ **A**___ **L** ___)

EDD _____ **Wks. Gest.** _____

Current Wt: _____ **Ht**: _____

Pre-pregnancy wt: _____

BP range prenatally: _____

Total number prenatal visits: _____

Antepartum/Intrapartum Summary

Labor Stages: **Date**: **Time**:

SROM/AROM	_____	_____
Onset 1st stage	_____	_____
Complete dilation	_____	_____
Onset 2nd stage	_____	_____
NSVD	_____	_____
Placenta	_____	_____

EBL _____ **ml**

Perineum/Laceration:
☐None ☐1 ☐2 ☐3 ☐4

Site: ☐Perineal ☐Periurethral ☐Vaginal ☐Cervical

Repaired: ☐yes ☐no

Fluid char/amt _____
AROM indication _____
FHT range _____
FHT method: ☐Doppler ☐Fetoscope
☐Vtx ☐OP ☐Breech ☐Other: _____
☐CCT ☐Spontaneous ☐Intact
☐Manual removal

Episiotomy:
☐None ☐Midline ☐Mediolateral
Extension:
Indication:
Details:

Laboratory Testing: **Result(s)** **Date(s)**

Blood Type/Rh:	_____	_____
Hgb/Hct:	_____	_____
GDM Screen:	_____	_____
Antibody Screen:	☐Neg ☐Pos	_____
Rubella:	☐Neg ☐Pos	_____
RPR/VDRL:	☐Neg ☐Pos	_____
HBsAg:	☐Neg ☐Pos	_____
GC/CT:	☐Neg ☐Pos	_____
GBS:	☐Neg ☐Pos	_____
HIV:	☐Neg ☐Pos	_____
Pap:	☐Neg ☐Pos	_____
Other:		

RhoGAM given? ☐yes ☐no Date: _____

Summary (include all medications/routes, treatments, complications): _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Contact

Midwife contact info:
Name: _____ Phone: _____