

Mother's Pt Sticker

Child's Pt Sticker

MOTHERS WORKSHEET FOR CHILD'S BIRTH CERTIFICATE

CHILD'S DOB CHILD'S MR#

GENERAL INFORMATION

- 1. Born At this facility Before Arrival Home Birth Intended Not Intended Home Birth Unknown if Intended Not Part. Facility
2. Child's Medical Record # 3. Mother's Medical Record #
4. Plurality 5. Birth Order 6. No. of Live Births for this pregnancy
7. Date AOP completed 8. Signed, Notarized & Sealed
9. MOTHER'S MAIDEN NAME

CHILD'S INFORMATION

- 10a. First 10b. Middle 10c. Last
11. Child's DOB 12. Time of Birth 13. Child's Sex 14. SS Req

FACILITY INFORMATION AND PLACE OF BIRTH (15a - 15f defaults to New Hanover Regional Medical Center)

- 15a. Name 15b. Type 15c. State
15d. County 15e. City 15f. NP#

MOTHER'S CURRENT LEGAL NAME

- 16a. First Name 16b. Middle 16c. Last

MOTHER'S NAME PRIOR TO FIRST MARRIAGE

- 17a. First Name 17b. Middle 17c. Last

18. MOTHER'S INFORMATION: Married, Married; husband's information refused; Married, husband not the father (APO)

Married, Husband Info Refused (AOP) Divorced, 280 Days or More Divorced 280 Days or More (AOP)
Widowed, 280 days or more Widowed, 280 days or more (AOP) Never Married Never Married (AOP)

- 18a. Court declaration of Husband not Father Court declaration of Husband not Father (AOP) Not Stated Unknown

- 18b. Mother's Date of Divorce 19a. Mothers DOB 19b. Mothers Age

- 19c. Mother's Birth Place Outside US 20. Mother's SS# / /

- 21. Mother's Highest Level of Education: 8th or Less 9th-12th, no diploma High School Diploma/ GED Some College, No Degree
Associate Degree Bachelor's Degree Master's Degree Doctorate (PhD, EdD, MD, DDS, DVM, LLB,JD)

- 22a. Address Outside US 22b State

- 22c. County 22d. City 22e. Zip 22f. Ext

- 22g. Inside City Limits 23a. Mailing address same as Residence? Yes No

- 23b. Address 23c. State 23d. City 23e. Zip Code

- 24. Is Mother of Hispanic/Spanish or Latina Origin? What is Origin?

- 25. Mother's Race: White Black American Indian or Alaska Native (Tribe) Asian Indian Chinese
Filipino Japanese Korean Vietnamese Other Asian (specify) Native Hawaiian
Guamanian or Chamorro Samoan Other Pacific Islander (specify) Other
(specify)

HUSBAND OR FATHER OF BABY'S INFORMATION (FOB'S INFORMATION IS ITEMS 35A THRU 43P)

HUSBAND'S OR FOB'S CURRENT LEGAL NAME

- 26a. First 26b. Middle 26c. Last 26d Suffix

- 27a. DOB 27b. Age 28. Place of Birth Outside of US

- 29. Husband/FOB's SS# / / 30. Husband's/FOB's Highest Education 8th grade or less 9th-12th No Diploma
High School Diploma/GED Some College, No Degree Associate Degree Bachelor's Degree Master's Degree Doctorate

Husband/FOB's Residence Address: 31a. Same as Mother's 32a. Husband's/FOB's mailing Address (same as residence)
If No: 32b. Address 32c. State 32d. City Zip Code

- 33. Is Husband/FOB of Hispanic/Spanish or Latina Orgin? What is Orgin?

- 34. Husband's/FOB's Race: White Black American Indian or Alaska Native (Tribe) Asian Indian
Chinese Filipino Japanese Korean Vietnamese Other Asian (specify) Native Hawaiian
Guamanian or Chamorro Samoan Other Pacific Islander (specify) Other (specify)

MOTHER'S ADDITIONAL INFORMATION

- 44. Did you receive WIC food for yourself because you were pregnant with this child? Yes No

- 45. Principal Source of Payment: Private Insurance Medicaid Self Pay Other Source

- 46a. Was mother transferred into this facility for maternal, medical or fetal indications for delivery? Yes No

- 46b. Name of Facility

PRENATAL 47a. Did Mother Receive Prenatal Care? Yes No

- 47b. Date of First Visit 47c. Date of Last Visit 47d. No. of prenatal visits

- 48a. No of previous live births 48b. No. of now living 48c. No. of live births now dead

- 48d. Date of Last live birth 48e. Total number of other pregnancy outcomes (losses)

- 48f. Date of last other pregnancy outcome (date of last pregnancy which did not result in a live birth ended)

49. RISK FACTORS IN THIS PREGNANCY

- A. Diabetes (Glucose intolerance requiring treatment): Pre-pregnancy Gestational (diagnosed in this pregnancy)

- B. Hypertension (Elevation of BP above normal for age, gender and physiological condition)

- 1. Pregnancy - (Chronic) (Elevation of BP diagnosed prior to the onset of this pregnancy)
2. Gestational - (PIH, preeclampsia) (Elevation of BP diagnosed during this pregnancy) May include proteinuria, swelling
3. Eclampsia (Pregnancy induced hypertension with proteinuria with generalized seizures or coma)

- C. Previous preterm Births (History of pregnancy(ies) terminating in a live birth of less than 37 completed weeks of gestation)

- D. Other previous poor pregnancy outcome (preinatal death, small for gest. age/IUGR, history of pregnancies into the 20th week)

- E. Pregnancy resulted from infertility treatment (e.g. Clomid, Pergonal) (ART) procedures (e.g. IVF, GIFT and ZIFT) check all

- F. Mother had a previous Cesarean Delivery? How Many G. None of the above

- 50. Mothers Height 50a. Feet 50b. Inches

51a. Pre-pregnancy Weight \_\_\_\_\_ 51b. Weight at time of delivery \_\_\_\_\_

52. Date last normal menses began \_\_\_\_\_

53. Infections present and/or treated during this pregnancy: a. Gonorrhea b. Syphilis c. Chlamydia d. Hepatitis B  
e. Hepatitis C f. None of the above g. Unknown h. Was mother tested for HBsAG \_\_\_\_Yes \_\_\_\_No  
i. Date tested \_\_\_\_\_ j. Test result \_\_\_\_\_

54. Obstetric Procedures : a. Cervical Cerclage b. Tocolysis c. External cephalic version d. None of the above

55. Cigarette Smoking before and during pregnancy: # of cigarettes # of packs  
a. Three months before pregnancy \_\_\_\_\_ or \_\_\_\_\_  
b. First three months of pregnancy \_\_\_\_\_ or \_\_\_\_\_  
c. Second three months of pregnancy \_\_\_\_\_ or \_\_\_\_\_  
d. Third trimester of pregnancy \_\_\_\_\_ or \_\_\_\_\_

56. Onset of Labor a. Premature Rupture of the Membranes (prolonged > 12 hrs) SROM 12 hrs before labor begins  
b. Precipitous Labor (<3 hrs) c. Prolonged Labor (>20 hrs) d. None of the above

57. Characteristics of Labor and Delivery (Check all that apply)

- A. Induction of Labor B. Augmentation of labor C. Non-vertex presentation D. Steroids for fetal lung maturation  
E. Antibiotics received by the mother during labor F. Clinical chorioamnionitis diagnosed during labor or maternal Temperature > 100.4 deg.  
G. Moderate/heavy meconium staining of the amniotic fluid  
H. Fetal intolerance of labor was such that one or more of the following actions was taken: a) in-utero resuscitation measures,  
b) Further fetal assessment c) Operative delivery  
I. Epidural or spinal anesthesia during labor  
J. None of the above

58. Method of Delivery - A. Was delivery with forceps attempted but unsuccessful?  Yes  No

B. Was delivery with vacuum extraction attempted but unsuccessful?  Yes  No

C. Fetal presentation at birth :: Cephalic Breech Other

Final route and method of delivery:

D. Vaginal/Spontaneous Vaginal/Forceps Vaginal/Vacuum Cesarean

E. If cesarean, was a trial of labor attempted (labor allowed, augmented or induction with plans for vaginal delivery)? Yes No

59. Maternal morbidity (serious complications experienced by the mother associated with labor and delivery)

A. Maternal transfusion B. Third or fourth degree perineal laceration C. Ruptured uterus

D. Unplanned hysterectomy E. Admission to intensive care unit F. Unplanned operating room procedure following delivery  
G. None of the above

#### NEWBORN

60. Birthweight: 60a. Pounds \_\_\_\_\_ 60b. Ounces \_\_\_\_\_ 60c. grams \_\_\_\_\_

61. Obstetric estimate of gestation at delivery (completed weeks) \_\_\_\_\_ 62a. APGAR Score at 5 mins \_\_\_\_\_

62b. If 5 min score is less than 6 what is score at 10 mins. \_\_\_\_\_

63. Abnormal conditions of the newborn:

- A. Assisted ventilation required immediately following delivery (given manual breaths for any duration with bag and mask)  
B. Assisted ventilation required for more than six hours (given mechanical ventilation > six hours)  
C. NICU Admission  
D. Newborn given surfactant replacement therapy (for preterm birth or pulmonary injury resulting in respiratory distress)  
E. Antibiotics received by the newborn for suspected neonatal sepsis  
F. Seizure or serious neurologic dysfunction  
G. Significant birth injury (skeletal fractures, peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)  
H. None of the above

64. Congenital anomalies of the newborn (malformation of the newborn diagnosed prenatally or after delivery)

- A. Anencephaly (partial or complete absence of the brain)  
B. Meningocele/Spina Bifida (Do not include Spina Bifida Occulta)  
C. Cyanotic congenital heart disease  
D. Congenital diaphragmatic hernia  
E. Omphalocele (a defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs)  
F. Gastroschisis (herniation of the abdominal contents directly into the amniotic cavity.)  
G. Limb reduction defect (excluding congenital amputation and dwarfing syndromes)  
H. Cleft Lip with or with Cleft Palate  
I. Cleft Palate alone  
J. Down Syndrome – Trisomy 21 a) Karyotype confirmed b. Karyotype pending  
K. Suspected chromosomal disorder a) Karyotype confirmed b. Karyotype pending  
L. Hypospadias (incomplete closure of the male urethra)  
M. None of the above

65A. Was infant transferred within 24 hrs of delivery  Yes  No

65B Name of facility transferred to: \_\_\_\_\_

66. Is infant being breastfed at discharge?  Yes  No

67A. Was infant vaccinated with Hepatitis B vaccine  Yes  No

67B. If yes, include vaccination date \_\_\_\_\_

68. Is infant living at time of report?  Yes  No  Infant transferred, status unknown

ATTENDANT

CERTIFIER