

MOTHER'S AGE (AT TIME OF DELIVERY) <i>19</i>	BLOOD TYPE <i>A pos</i>	RH SENSITIZATION (IF YES, GIVE TYPE) <input type="checkbox"/> YES <input type="checkbox"/> NO		
TOTAL NUMBER OF PREGNANCIES <i>9</i>	BORN ALIVE <i>-</i>	PREMATURE <i>-</i>	NOW LIVING <i>-</i>	DIED WITHIN 28 DAYS OF BIRTH <i>-</i>
(DO NOT INCLUDE THIS NEWBORN)	FETAL DEATHS AT ANY TIME AFTER CONCEPTION		UNDER 20 WEEKS	20 WEEKS AND OVER
MATERNAL DISEASE(S) <i>None -</i>		COMPLICATIONS OF THIS PREGNANCY <i>Saline Infusion</i>		
E.D.C.	MEMBRANES RUPTURE	<input checked="" type="checkbox"/> SPONTANEOUSLY	<input type="checkbox"/> ARTIFICIALLY	DATE <i>8/28</i> TIME <i>6:30</i> A.M.
ANALGESIA (TYPE AND TIME) <i>Aspirin 4 AM. 2:20 PM. 11 AM.</i>		ANESTHESIA (TYPE AND DURATION) <i>None -</i>		
COMPLICATIONS OF DELIVERY <i>None -</i>		PRESENTATION <i>V4 ROP</i>		

INFANT RECORD

EYE PROPHYLAXIS CORD CHECKED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE <i>Ag No 3 170</i>	NURSES SIGNATURE <i>R. Schindler</i>
WEIGHT <i>2-14 1/2</i>	LENGTH	IDENTIFICATION METHOD USED <i>ID Bands + footprints</i>
IDENTIFICATION AND SEX CHECKED BY	SIGNATURES: DELIVERY ROOM NURSE AND NURSERY NURSE <i>R. Schindler - B. Schindler</i>	
APGAR SCORE <i>To ICH - fetus active + weak cry -</i>	1 MINUTE <i>6</i>	5 MINUTES <i>2</i>

NEW BORN INFANT RECORD