

CLIENT LABOR LOG

TRAINEES ONLY: Please fill out and scan form then email to info@carriagehousebirth.com

General Information

Client Name:

Partners Name (if applicable):

Coping techniques used:

Delivered in: Bed Tub other

Primary Pushing Position:

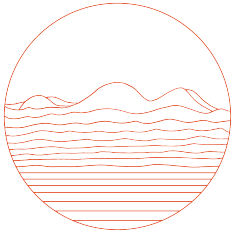
Pushing technique:

Clients Position at Delivery:

Care Provider:

Nurse/Birth Assistant Name:

Other:



Please Check all that apply:

Augmentation

- IV
- Hep-Lock
- Induction
- Foley Catheter
- Pitocin
- Cervical Ripening Agent
- Nipple Stimulation
- Enema
- Castor Oil
- Herbs

Membranes

- AROM
- SROM

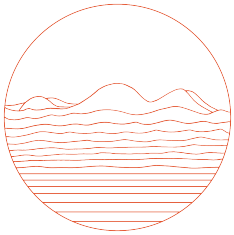
Time this occurred:_____

Meconium Present? Y N

___Born in the caul

Monitoring

- EFM
- IFM
- Doppler
- Wireless Monitor



Other Interventions

- ___ Intrauterine pressure catheter
- ___ Amnio-infusion
- ___ Oxygen

Assisted Delivery

- ___ Vacuum
- ___ Forceps
- ___ Episiotomy
- ___ Cesarean Delivery

Medications

- ___ Epidural/Spinal

Placement time: _____ Cervical Dilation: _____

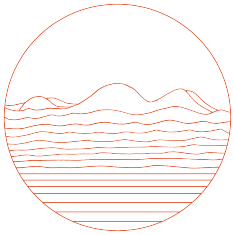
- ___ Analgesic Pain Medication

Time Given: _____ Cervical Dilation: _____

- ___ Nitrous Oxide

Time Started: _____ Cervical Dilation: _____

Other Medications: _____



Carriage House
BIRTH

Baby

Position of baby at birth: _____

Date/Time of birth: _____

APGAR score: 1min: _____

5min: _____

Sex of baby: _____

Birth weight: _____

Height: _____

Baby transferred to ICU: _____

Newborn Nursery: _____

Other hospital: _____