Worksheet for Newborn's Birth Certificate

CHILD	Child's Name (first, middle, last) – Jr. etc.	Sex	Time of Birth	Date of Birth
	Street Address of Birth (home, birth center)	City, Town or Location		County
MOTHER	Mother's legal name (first, middle, last)			Date of Birth
	Mother's maiden name			Birth Place (state, territory, country)
	Residence of mother – State	County		City, Town or Location
	Street and Number	Apt.	Zip Code	Inside City Limits ☐ Yes ☐ No
FATHER	Father's Name (first, middle, last)	Date of Birth		Birth Place (state, territory, country)

CERTIFIER	Certifier's or Attendant's Name

MOTHER	Mother's Mailing Address Same as Residence? ☐ Yes ☐ No			
	Mailing Address if different from residence	City	State	Zip
	Mother Married (at birth, conception or any time between) ☐ Yes ☐ No If no, has paternity acknowledgement been signed? ☐ Yes ☐ No			Social Security # for Child? ☐ Yes ☐ No
	Mother's Social Security Number	Father's Social Security Number		
FATHER	Race (white, American Indian, Black, etc.)	Origin or Descent (Mexican, Puerto Rican, German, etc.)		Education Primary (0-12) College (1-5) +
MOTHER	Race (white, American Indian, Black, etc.)	Origin or Descent (Mexican, Puerto Rican, German, etc.)		Education Primary (0-12) College (1-5) +
	Date of last normal menstrual period _____ Month of pregnancy prenatal care began _____		Total prenatal visits _____ Mother's primary occupation _____	

THIS BIRTH	First Pregnancy? ☐ Yes ☐ No	Birth Weight	Apgar Scores 1 min. 5 min.	Gestational Age	History of Childhood Deafness in family? ☐ Yes ☐ No

PREVIOUS PREG.	**LIVE BIRTHS** # Living _____ ☐ None Now Dead # _____ ☐ None Date of last live birth	**TERMINATIONS** Spontaneous # _____ Induced # _____ Date of last termination	Mother Transferred prior to delivery? ☐ Yes ☐ No If yes, where _____ Infant transferred ☐ Yes ☐ No If yes, where _____

MEDICAL RISK FACTORS FOR THIS PREGNANCY

- ☐ Anemia (Hct. < 30 / Hgb. < 10)
- ☐ Cardiac disease
- ☐ Acute or chronic lung disease
- ☐ Diabetes
- ☐ Genital herpes
- ☐ Hydramnios/Ogliohydramnios
- ☐ Hemoglobinopathy
- ☐ Hypertension, chronic
- ☐ Hypertension, pregnancy related
- ☐ Eclampsia
- ☐ Incompetent cervix
- ☐ No prenatal visits
- ☐ Previous infant 4000 + grams
- ☐ Previous preterm, SGA or < 2500 g
- ☐ Renal disease
- ☐ Rh sensitization
- ☐ Uterine bleeding
- ☐ Syphilis
- ☐ Rubella
- ☐ None
- ☐ Other _____

OTHER RISK FACTORS FOR THIS PREGNANCY

- ☐ Tobacco use?
- ☐ Avg. # of cigarettes/day _____
- ☐ Alcohol use?
- ☐ Avg. # drinks/week _____
- ☐ Weight gained _____

OBSTETRIC PROCEDURES

- ☐ Amniocentesis
- ☐ Electronic fetal monitoring
- ☐ Induction of labor
- ☐ Stimulation of labor
- ☐ Tocolysis
- ☐ Ultrasound
- ☐ None
- ☐ Other

COMPLICATIONS OF LABOR or DELIVERY

- ☐ Febrile (> 100˚F or 38˚C)
- ☐ Meconium, moderate/heavy
- ☐ Premature rupture of membranes
- ☐ Abruption placenta
- ☐ Placenta previa
- ☐ Other excessive bleeding
- ☐ Seizures during labor
- ☐ Precipitious labor (< 3 hours)
- ☐ Prolonged labor (> 20 hours)
- ☐ Dysfunctional labor
- ☐ Breech / Malpresentation
- ☐ Celphalpelvic disproportion
- ☐ Cord prolapse
- ☐ Anesthetic complications
- ☐ Fetal distress
- ☐ None
- ☐ Other

METHOD OF DELIVERY

- ☐ Vaginal
- ☐ VBAC
- ☐ Primary C-Section
- ☐ Repeat C-Section
- ☐ Forceps
- ☐ Vacuum
- ☐ Version and Extraction

ABNORMAL CONDITIONS OF THIS NEWBORN

- ☐ Anemia (hct. < 39 / Hbg. < 13)
- ☐ Injury occurring during birth
- ☐ Fetal alcohol syndrome
- ☐ Hyaline membrane distress / RDS
- ☐ Meconium aspiration syndrome
- ☐ Assisted ventilation < 30 mins.
- ☐ Assisted ventilation > 30 mins.
- ☐ Seizures
- ☐ None
- ☐ Other

CONGENITAL ANAMOLIES of CHILD

- ☐ Anencephalus
- ☐ Spina bifida / Meningocele
- ☐ Hydrocephalus
- ☐ Microcephalus
- ☐ Other CNS anomalies

_____

- ☐ Heart malformations
- ☐ Other circulatory / resp. anomalies

_____

- ☐ Rectal atresia / stenosis
- ☐ Tracheo-esophageal fistula / atresia
- ☐ Omphalocele / Gastroschisis
- ☐ Other gastrointestinal anomalies

_____

- ☐ Malformed genitals
- ☐ Renal agenesis
- ☐ Other urogenital anomalies

_____

- ☐ Cleft lip / palate
- ☐ Polydactyly / Syndactyly / Adactyly
- ☐ Club Foot
- ☐ Diaphragmatic hernia
- ☐ Other musculoskeletal/integumental anomalies _____

_____

- ☐ Down's syndrome
- ☐ Other chromosomal anomalies

_____

- ☐ None
- ☐ Other