

Case History for Pregnant Mothers

Name: _____

Previous chiropractic care? _____

Who referred you here? _____

Prenatal history:

- 1) Is this your first pregnancy?
- 2) How many other births have you had?
- 3) How many weeks pregnant are you now?
- 4) Have you experienced any traumas during this pregnancy (accidents, falls)?
Please describe:
- 5) Any medications taken during this pregnancy?
- 6) Do you smoke or drink alcohol?
- 7) Have you had any evaluation procedures (ultrasound, amniocentesis, chorionic villus sampling)?
- 8) Please list dates, frequency and reason for these procedures:
- 9) How has your diet been during this pregnancy?
- 10) Have there been any stressful events in your life during this pregnancy?
- 11) What are your most significant fears associated with this birth?
- 12) Who is your birth care provider?
- 13) Will you have someone with you at birth for support (other than birth care provider)? Please specify who:
- 14) Where do you plan on delivering?
- 15) Have you put together a birth plan?

Previous Birth History:

- 1) Place of birth: hospital, birthing center, home
- 2) Delivering Practitioner: OB/Gyn, Certified Nurse Midwife, Certified Practicing Midwife, Lay Midwife
- 3) Position of Delivery: Lithotomy position (on back with feet up), On your side, Kneeling, Squatting, Other?
- 4) Was labor induced? (Contractions were stimulated *prior* to the natural onset of labor) Yes No Unknown
- 5) Were your membranes ruptured by your care provider? Yes No Unknown
- 6) Were contractions stimulated intravenously with pitocin once labor started? Yes No Unknown
- 7) Did you receive any pain medications or anesthesia?
Please specify type used:

If you had an epidural, how many centimeters were you dilated when it was administered?
- 8) Did you experience back pain during labor? Yes No Unknown
- 9) Did you deliver vaginally? Yes No
- 10) Baby presentation at time of delivery: Normal, Posterior, Brow, Facial, Breech
If breech, please specify type: Footling, Frank, Complete, Kneeling
Was there any visible injury to your baby? Yes No Unknown
If so, where on your baby was the injury sustained?
- 11) Did your care provider assist delivery with his/her hands?
Was there any turning of the neck, or traction (pulling) applied to the neck?
- 12) Were operative devices used to facilitate the birth? Yes No Unknown
Which type? Forceps Vacuum Extraction
If yes, were there any visible signs of injury to your baby?
If yes, where was the injury sustained?
- 13) Was there a birthing coach present? Husband, Doula, Friend, Other
If other, please specify:
- 14) At what week of pregnancy was your baby born?