|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Child 1** | **Child 2** | **Child 3** | **Child 4** |
| Maternal age |  |  |  |  |
| Paternal age |  |  |  |  |
| Pregnancy number |  |  |  |  |
| Past losses |  |  |  |  |
| Space between pregnancies |  |  |  |  |
| Space between babies |  |  |  |  |
| Health pre conception |  |  |  |  |
| Initial preg signs/symptoms |  |  |  |  |
| Emotional response |  |  |  |  |
| Bleeding/spotting in pregnancy |  |  |  |  |
| Initially |  |  |  |  |
| During pregnancy |  |  |  |  |
| Anything triggering |  |  |  |  |
| Health during pregnancy |  |  |  |  |
| **Mum** supplements pre conception |  |  |  |  |
| Supplements in pregnancy |  |  |  |  |
| Supplements in breastfeeding |  |  |  |  |
| Pre conceptual **paternal** supplements |  |  |  |  |
| Type of diet |  |  |  |  |
| Exercise |  |  |  |  |
| Stress pre pregnancy |  |  |  |  |
| Stress in pregnancy |  |  |  |  |
| Stress end of pregnancy |  |  |  |  |
| Maternal inner contentment |  |  |  |  |
| Wellness in pregnancy |  |  |  |  |
| Heartburn |  |  |  |  |
| Other body issues |  |  |  |  |
| Treatments? |  |  |  |  |
| Weight gain |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Child 1** | **Child 2** | **Child 3** | **Child 4** |
| Maternal habits |  |  |  |  |
| Caffeine |  |  |  |  |
| Alcohol/smoking |  |  |  |  |
|  |  |  |  |  |
| Dental amalgams |  |  |  |  |
| Dental treatment in pregnancy |  |  |  |  |
| Maternal vaccination in preg |  |  |  |  |
|  |  |  |  |  |
| **Paternal** habits |  |  |  |  |
| Caffeine |  |  |  |  |
| Alcohol/smoking |  |  |  |  |
| Dental amalgams |  |  |  |  |
| Diet prior conception |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Child 1** | **Child 2** | **Child 3** | **Child 4** |
| **Maternal** wellness |  |  |  |  |
| General wellness |  |  |  |  |
| Incidents |  |  |  |  |
| Scanning/testing |  |  |  |  |
| Emotions |  |  |  |  |
| Vaccinations during |  |  |  |  |
| **BIRTH** |  |  |  |  |
| Location (home/hospital) |  |  |  |  |
| Gestational age |  |  |  |  |
| Pre labour |  |  |  |  |
| Baby position |  |  |  |  |
| Labour Total/2nd stage |  |  |  |  |
| Interventions |  |  |  |  |
| Time of transition |  |  |  |  |
| Pain relief |  |  |  |  |
| Incidents during |  |  |  |  |
| Birth? |  |  |  |  |
| Baby weight |  |  |  |  |
| Incidents after |  |  |  |  |
| Blood transfusion |  |  |  |  |
| Time in hospital |  |  |  |  |
| Cold (as a helper) offered |  |  |  |  |
| Food given in hospital |  |  |  |  |
| General care |  |  |  |  |
| Perineum |  |  |  |  |
| Peri massage prior? |  |  |  |  |
| Bleeding after |  |  |  |  |
| Surgery? |  |  |  |  |
| Maternal complications? |  |  |  |  |
| Peri intactness |  |  |  |  |
| Weight loss |  |  |  |  |
| Thyroid health |  |  |  |  |
| Health in general |  |  |  |  |
| Sleeping |  |  |  |  |
| Recovery in general |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BABY** | **Child 1** | **Child 2** | **Child 3** | **Child 4** |
| Apgar? (if known) |  |  |  |  |
| To mum immediately? |  |  |  |  |
|  To breast -immediately? |  |  |  |  |
| Cord intactness?(Blood to bub?) |  |  |  |  |
| Vaccinations |  |  |  |  |
| Baby happy? |  |  |  |  |
| Baby condition? |  |  |  |  |
| General comments? |  |  |  |  |
| Baby post birth |  |  |  |  |
| Sleeping position |  |  |  |  |
| Baby shocked? |  |  |  |  |
| Comforting behaviour |  |  |  |  |
| Sleep ease |  |  |  |  |
| Easy baby? |  |  |  |  |
| Well baby? |  |  |  |  |
| Digestive problems |  |  |  |  |
| Chiro care |  |  |  |  |
| Teething |  |  |  |  |
| Milestones |  |  |  |  |
| Crawling etc |  |  |  |  |
| Walking start |  |  |  |  |
|  Language |  |  |  |  |