INSERT LOGO HERE

**Labour Summary Sheets - Singleton Birth**

**Client Profile/History**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_(d)\_\_\_\_(m)\_\_\_\_(y)

Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(home)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(other)

Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(birthing person) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(partner)

Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Pregnancies: \_\_\_\_\_

Number of Births: \_\_\_\_\_

Number of Previous Cesareans: \_\_\_\_\_

Number of Living Children: \_\_\_\_\_(#)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ages)

Number of Lost Children: \_\_\_\_\_

Fertility Issues: \_\_\_\_(y)\_\_\_\_(n) If so, what: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For how long: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fertility Treatment(s): \_\_\_\_(y)\_\_\_\_(n)

Unsuccessful Treatment(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Successful Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pregnancy Complications with this pregnancy: \_\_\_\_(y)\_\_\_\_(n)

If so, what: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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GBS status: \_\_\_\_(positive)\_\_\_\_(negative)

Previous Pregnancy Complication(s): \_\_\_(y)\_\_\_(n)

If so, what: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Attended Childbirth Education: \_\_\_\_(y)\_\_\_\_(n)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(where)

Attended Hypnobirthing: \_\_\_\_(y)\_\_\_\_(n)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(where)

Other Classes Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(what/where)

**Labour and Delivery Data**

**\*certain data may have to be estimated, such as stages of labour, etc.**

EDD: \_\_\_\_(d)\_\_\_\_(m)\_\_\_\_(y)

Actual Delivery Date: \_\_\_\_(d)\_\_\_\_(m)\_\_\_\_(y)

Baby’s Gestational Age at Birth: \_\_\_\_\_weeks +\_\_\_\_\_days

Care Provider throughout pregnancy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name)

\_\_\_\_\_(OB)\_\_\_\_\_(Midwife)\_\_\_\_\_(Family Practice Doctor)\_\_\_\_\_(Other)

Care Provider at Delivery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name)

\_\_\_\_\_(OB)\_\_\_\_\_(Midwife)\_\_\_\_\_(Family Practice Doctor)\_\_\_\_\_(Other)

Planned to Deliver at: \_\_\_\_\_(home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(address)

\_\_\_\_\_(hospital)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name)

\_\_\_\_\_(other)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(details)

Actual Place of Delivery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if different from above)

Planned VBAC: \_\_\_\_(y)\_\_\_\_(n)

Support Persons Present (names/relationship):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Early Labour Symptoms Started: \_\_\_\_\_\_\_(time)\_\_\_\_\_(d)\_\_\_\_(m)\_\_\_\_(y)\_\_\_\_\_\_\_\_(total length)

List Early Labour Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Active Labour Started (approximation; 4cm; cxns 5 mins apart): \_\_\_\_\_\_\_(time)\_\_\_\_(d)\_\_\_\_(m)\_\_\_\_(y)\_\_\_\_\_\_\_\_(total length)

Time Transition Started (approximation; 7-8 cm; cxns 3 mins apart): \_\_\_\_\_\_\_\_(time)\_\_\_\_(d)\_\_\_\_(m)\_\_\_\_(y)\_\_\_\_\_\_\_\_\_(total length)

Time Full Dilation Reached: \_\_\_\_\_\_\_\_

Time Pushing Urge Started: \_\_\_\_\_\_\_(time)\_\_\_\_(d)\_\_\_\_(m)\_\_\_\_(y)\_\_\_\_\_\_\_\_(total length)

Time Active Pushing Started: \_\_\_\_\_\_\_(time)\_\_\_\_(d)\_\_\_\_(m)\_\_\_\_(y)\_\_\_\_\_\_\_\_(total length)

Time of Birth: \_\_\_\_\_\_\_(time)\_\_\_\_(d)\_\_\_\_(m)\_\_\_\_(y)

Time of arrival at hospital (if hospital birth): \_\_\_\_\_\_\_\_\_\_\_

Time Labour Support Practitioner Joined Client(s): \_\_\_\_\_\_\_\_\_\_\_\_

Total Length of Labour: from Early Labour to Birth - \_\_\_\_\_\_\_\_hours

from Active Labour to Birth - \_\_\_\_\_\_\_\_hours

SROM: \_\_\_\_(y)\_\_\_\_(n) (If AROM; see ‘Interventions’ below)

\_\_\_\_\_\_\_(time)\_\_\_\_(d)\_\_\_\_(m)\_\_\_\_(y)

Meconium Present: \_\_\_\_(y)\_\_\_\_(n)

\_\_\_\_(light)\_\_\_\_(moderate)\_\_\_\_(thick)

Cause for Concern according to Care Provider: \_\_\_\_(y)\_\_\_\_(n)

If yes, reason for concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Delivery:

\_\_\_\_Vaginal: \_\_\_\_(spontaneous)\_\_\_\_(forceps)\_\_\_\_(vacuum)\_\_\_\_(VBAC)

Reason if forceps/vacuum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tears/Lacerations: \_\_\_\_(y)\_\_\_\_(n)\_\_\_\_(degree) (If episiotomy; see ‘Interventions’ below)

\_\_\_\_Cesarean: \_\_\_\_(planned)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(reason/s)

\_\_\_\_(unexpected)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(reason/s)

Natural Delivery (medication-free): \_\_\_\_(y)\_\_\_\_(n)

Medication: \_\_\_\_(y)\_\_\_\_(n)

If yes, \_\_\_\_\_Antibiotics for GBS positive status

* + - * Time started:\_\_\_\_\_\_\_\_
      * Within 4 hours before delivery:\_\_\_\_(y)\_\_\_\_(n)

\_\_\_\_\_Nitrous Oxide

\_\_\_\_\_IV pain meds\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name)

\_\_\_\_\_Epidural before Active Labour \_\_\_\_(cm)

\_\_\_\_\_Epidural after Active Labour \_\_\_\_\_(cm)

\_\_\_\_\_General Anesthetic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(reason)

\_\_\_\_\_Other Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name)

Reason for Pain Medication (i.e. tired, painful, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Delivery of the Placenta:**

Time of delivery: \_\_\_\_\_\_\_\_ Amount of time between birth of baby and birth of placenta: \_\_\_\_\_\_\_

\_\_\_\_Pitocin Injection Administered

\_\_\_\_Natural Delivery

\_\_\_\_Cord Traction

\_\_\_\_Manual Removal

\_\_\_\_Hemmorhage

Techniques used to stop hemorrhage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interventions:**

\_\_\_\_Induction

Bishop Score before induction: \_\_\_\_\_

Initial Method (Foley Cathetar, Prostaglandin Gel, Cervidil): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Successful: \_\_\_\_(y)\_\_\_\_(n)

\_\_\_\_AROM

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dilation: \_\_\_\_\_cm

Meconium Present: \_\_\_\_(y)\_\_\_\_(n)

\_\_\_\_(light)\_\_\_\_(moderate)\_\_\_\_(thick)

Cause for concern according to Care Provider: \_\_\_\_(y)\_\_\_\_(n)

Reason for concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aspiration at Birth: \_\_\_\_(y)\_\_\_\_(n)

\_\_\_\_Pitocin

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time started: \_\_\_\_\_\_\_Ended: \_\_\_\_\_\_\_\_Total Time: \_\_\_\_\_\_\_\_\_

Dosage Reached: \_\_\_\_\_\_\_\_\_

Successful: \_\_\_\_(y)\_\_\_\_(n)

\_\_\_\_Intermittent Fetal Monitoring

\_\_\_\_Continuous Fetal Monitoring

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Doppler

\_\_\_\_Electronic

\_\_\_\_IV Fluids

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Episiotomy

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree: \_\_\_\_\_\_\_

\_\_\_\_Other Intervention(s)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Baby Data**

Status: \_\_\_\_(living)\_\_\_\_(stillbirth)\_\_\_\_(demise after delivery)

Reason if deceased:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_(m)\_\_\_\_(f)

Weight: \_\_\_\_lbs\_\_\_\_oz\_\_\_\_\_\_\_\_grams

Length: \_\_\_\_cm

Head Circumference: \_\_\_\_cm

APGAR Score: \_\_\_\_(1 min)\_\_\_\_(5 min)\_\_\_\_(10 min if applicable)

Immediate Health Concerns: \_\_\_\_(y)\_\_\_\_(n)

If yes, what: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transfer to NICU: \_\_\_\_(y)\_\_\_\_(n)

If yes, reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time between Birth and Transfer: \_\_\_\_\_\_\_

Skin to Skin Contact: \_\_\_\_(y)\_\_\_\_(n)

\_\_\_\_with birthing person

\_\_\_\_with partner

\_\_\_\_immediately after birth

\_\_\_\_within first half hour after birth

\_\_\_\_after half hour after birth

Breastfeeding: \_\_\_\_(y)\_\_\_\_(n)\_\_\_\_(combination)

\_\_\_\_within half an hour after birth

\_\_\_\_within one hour after birth

\_\_\_\_more than one hour after birth

\_\_\_\_correct latch

\_\_\_\_tongue-tie check

Present:\_\_\_\_(y)\_\_\_\_(n)

Tongue-tie corrected: \_\_\_\_(y)\_\_\_\_(n)

Reviewed by: \_\_\_\_Midwife \_\_\_\_Nurse \_\_\_\_OB \_\_\_\_GP

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postpartum Data**

Weight Loss after Birth: \_\_\_\_(y)\_\_\_\_(n)\_\_\_\_\_\_\_(amount)\_\_\_\_\_\_(percentage of birth weight)

I.V. Fluids during labour:\_\_\_\_(y)\_\_\_\_(n)

Age Returned to Birth Weight: \_\_\_\_\_(weeks)\_\_\_\_(days)

Jaundice: \_\_\_\_(y)\_\_\_\_(n)

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight Gain: \_\_\_\_optimal

\_\_\_\_less then optimal

Recommendation from care provider if less than:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Feeding: \_\_\_\_Exclusively Breastfeeding

\_\_\_\_Direct from breast

\_\_\_\_From bottle

\_\_\_\_Combination

# of feeds from breast in 24 hours: \_\_\_\_

# of feeds from bottle in 24 hours: \_\_\_\_

\_\_\_\_Exclusively Formula Feeding

\_\_\_\_Combination Feeding

# of breastmilk feeds in 24 hours: \_\_\_\_

# of formula feeds in 24 hours: \_\_\_\_

\_\_\_\_On Demand

\_\_\_\_On a Schedule

\_\_\_\_ Difficulties with Breastfeeding

\_\_\_\_ improper latch/latching difficulties \_\_\_\_ baby falling asleep

\_\_\_\_ breast preference \_\_\_\_ concerns about milk supply

Sleeping:

Number of naps per day \_\_\_\_\_ Length of each nap \_\_\_\_\_

Length of awake period between feeds: \_\_\_\_\_

How is the baby put to sleep: \_\_\_\_in arms \_\_\_\_put into crib/bassinet to fall asleep \_\_\_\_other

Bedtime Routine: \_\_\_\_(y)\_\_\_\_(n) If yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swaddling for sleep: \_\_\_\_(y)\_\_\_\_(n)

Comfort Measures for Baby:

\_\_\_\_\_ baby wearing \_\_\_\_ going for walk

\_\_\_\_\_ skin to skin time \_\_\_\_ bathing/showering

\_\_\_\_\_ holding/rocking \_\_\_\_ time in swing or other baby apparatus

Other Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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