

Manitowoc County Emergency Childbirth Record

(complete and attach to infant's run sheet)

1. Presentation (head or feet): _____

2. Time of Birth: _____

3. Date of Birth: _____

4. Nuchal (neck) Cord: _____ Yes _____ No
Number of Times: _____

5. Membranes Ruptured at: _____ A.M. _____ P.M.
Appearance of Fluid: _____ Clear (cloudy) _____ Meconium stained
_____ Blood stained

6. Apgar Scoring:

	- 0 -	- 1 -	- 2 -	
A = Appearance (color)	Blue, pale	Body pink, blue hands and feet	Entirely pink	_____
P = Pulse (heart rate)	Absent	Less than 100	100+	_____
G = Grimace (reflex irritability)	No response	Grimace	Cough or sneeze	_____
A = Activity (muscle tone)	Limp	Some flexion of extremities	Active motion	_____
R = Respirations	Absent	Slow, irregular	Good crying	_____

TOTAL SCORE _____

7. Time Placenta Delivered: _____
Appearance: _____ Intact _____ Not Intact

8. Number of Vessels in Cord: _____
(if cut)

9. Infant Resuscitation: _____ Stimulation _____ Oxygen
(if necessary) _____ CPR _____ Time Begun
_____ Time Terminated

10. Remarks: _____

11. Signature of EMT/Delivery Personnel and ID Numbers: _____