Pregnancy History

Collection date of pregnancy history:		
	(DD-MM-YYYY)	
PREGNANCY HISTORY		
Gravida (number of total prior pregnancies):		
Para gravida (number of total prior pregnancies >20 gestational weeks):		
Number of total prior vaginal deliveries:		
		
Number of total prior caesarean deliveries:		
Currently breastfeeding?	○ Yes	
	○ No	

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