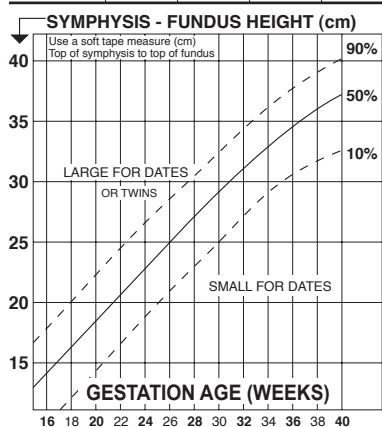


[illegible]

☐ Call schedule ☐ Preterm labour ☐ Hospital admission ☐ Doula ☐ Back to sleep

☐ Risks/benefits of planned or use of blood/blood products ☐ Fetal movement ☐ Birth plan ☐ VBAC ☐ Infant car seats

☐ ☐ Breastfeeding ☐ Pain management ☐ Cesarean

1st US	DD MM YYYY	GA by US	weeks + days	If maternal prenatal screen above cut off, amnio:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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MD / MW