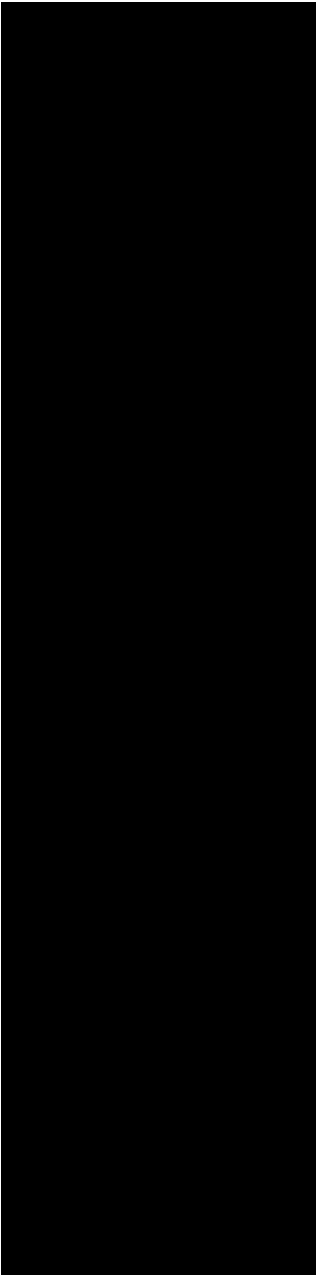
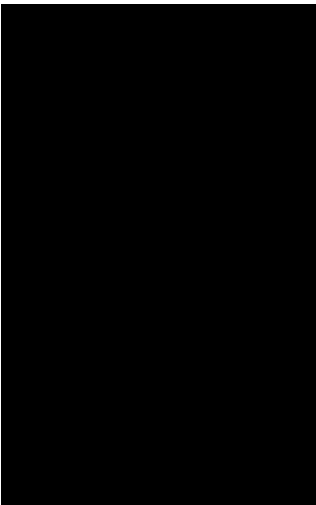


Client name	Date of delivery	Breech	precip breech?	county	GA	Birth weight
	1/1/2021			LA	41/5	4025g
	1/13/2021			LA	41/1	3713
	1/13/2021			LA	40/0	2976
	1/19/2021			LA	39/4	3940
	1/24/2021			LA	38/6	3118
	1/24/2021			LA	38/6	3003
	2/2/2021			LA	39/3	2976
	3/1/2021			Kern	41/6	4394
	2/20/2021			LA	39/5	2834
	2/20/2021			LA	39/2	2891
	3/11/2021			Kern	40/4	3345
	3/12/2021			LA	40/4	3203
	4/5/2021			LA	41/3	3855
	3/26/2021			LA	39/6	3430
	4/20/2021			LA	40/3	2920
	4/29/2021			LA	41/2	3798
	5/4/2021			LA	41/0	3742
	5/13/2021			LA	39/6	4053
	5/21/2021			LA	40/0	4309
	5/19/2021			LA	39/2	3373
	5/28/2021			LA	38/0	2749
	6/3/2021			LA	38/0	3515
	7/2/2021			LA	40/1	4280
	7/16/2021			LA	41/3	2876
	6/21/2021			LA	37/4	2749
	6/25/2021			LA	38/0	3770
	7/8/2021			LA	39/4	3600
	6/25/2021			Kern	36/3	2523
	7/25/2021			LA	40/3	3430
	7/22/2021			LA	39/0	3175
8/11/2021			LA	40/3	4025	
8/12/2021			LA	38/4	3175	
9/1/2021			LA	40/0	3798	



9/12/2021	LA	41/0	3742
9/5/2021	LA	39/5	3855
9/9/2021	LA	37/4	3713
9/28/2021	LA	38/5	3118
11/12/2021	LA	41/3	3798
12/3/2021	LA	39/2	3628
11/28/2021	LA	40/3	4053
11/28/2021	LA	40/0	3657
12/5/2021	LA	40/3	3543
12/10/2021	LA	40/1	3430
12/16/2021	LA	40/5	3090
12/17/2021	LA	39/5	2976
12/22/2021	LA	37/5	2523

Client Name	date or delivery GA/ Term	precip vertex breech # SVD #C/S #VBAC county	birth weight
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Client name _____

Date entered care _____ Gestation _____

Antepartum Termination of transfer _____

Reason _____

Medical or non-medical

Gestational age when left care _____

Date of on set of labor _____ Date of delivery/birth _____

Baby info:

Vertex _____ Breech _____ weight at delivery in grams _____

VBAC

NA _____ Yes _____

How many prior vaginal deliveries has the client had? _____

How Many prior Cesareans has the client had? _____

How many VBACs has the client had? _____

Transfer information – questions asked in the report

Who was transferred? Mother / Baby

Did the client accept transfer of care to another healthcare provider? Yes/ No

When did the transfer occur? Antepartum/Intrapartum/Postpartum

If antepartum or intrapartum, what was the gestational age at time of transfer?

What type of transfer? Non emergent/elective urgent/emergency

What was the primary reason for transfer?

What was the gestational age at delivery?

What was the outcome after transfer?

Was infant delivered out-of-hospital? Yes/No

What was the fetal position at delivery? Vertex/Breech/unknown

What was the infant birth weight?

What was the mode of delivery? Vaginal/cesarean