



Delivery Notification and Summary

Fax to: (361) 882-4520 For Questions, call: (877) 324-7543 (877-DCHP-KIDS)

Facility of Birth: _____
 Circle responses where appropriate, skip if not applicable.

Patient Demographics: This can be provided by attaching the admission face sheet	
Mother's Name:	Date Mother admitted:
Mothers DOB:	Mother's Health Plan ID number:
Mother's Address:	County of Residence:
Member Phone number:	
Insurance Type: STAR or CHIP Any other Insurance: No or Yes, if Yes, name? _____	
General Information	
Date of delivery:	EDC:
Delivering Physician:	
Delivery type: Vag or C/Section	Induction: Yes or No
Indication for Induction: Maternal, Fetal, Elective. If other, please explain under comments.	
Comments:	
Vaginal Delivery Information	
Type: Spontaneous or VBAC	Episiotomy: Yes or No
If episiotomy, type: Midline, R medial, L medial	
Rupture of membranes type: Spontaneous, Premature, Artificial	
Lacerations: None, 1 st degree, 2 nd degree, 3 rd degree	
Delivery Assistance: Forceps , Vacuum extraction	
C/Section Information	
Type: Primary or Repeat	Priority: Scheduled or Emergency
Indication: Failed trial of labor, Failed VBAC, Fetal distress, Maternal, Elective <39 wks, Elective >39 wks	
Placental complications: Placenta Previa, Placenta abruption	
Baby Information	
Gender: Male or Female	Baby Name:
Baby viability status: Live or Deceased	
If deceased, findings: Missed abortion, fetal demise, stillborn, spontaneous abortion, termination	
Baby admit status (required): Well baby or NICU admit	Gestational Age:
If preterm, did mother receive steroids? Yes, No, Unknown	
Weight in lbs/ounces:	Or weight in Grams:
Apgar 1:	Apgar 2:
Multigestation: Yes or No If yes, please create a sheet for each baby	Birth Order: 1 2 3 4
Newborn's Physician:	

Signature of Hospital Employee: _____ Date: _____

Revised 3/16/2012