

<i>Birth #</i>	<i>Woman's Name, Partner, and Support Persons</i>		<i>Significant History</i>	<i>Birth Story</i>		<i>Age</i>
<i>G/P/Gest Age</i>						<i>ROM</i>
<i>Fetal Status</i>	<i>Labor Meds</i>	<i>Interventions</i>	<i>Client's Address</i>			
<i>Baby's Name/Gender</i>		<i>Date and time of birth</i>	<i>Apgar and Weight</i>	<i>Lacerations/ Epis</i>	<i>Length Labor Stages</i>	
<i>Third and Fourth Stage</i>			<i>Birth Position</i>		<i>Postpartum</i>	<i>Feeding</i>
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