



Pregnancy Outcome Tracking

Date Completed: ___/___/___ **Name:** _____

Completed By: Head Start Staff: _____

Pregnancy Outcome: [] Live birth [] Spontaneous abortion [] Fetal death/stillborn
[] Ectopic pregnancy [] Induced abortion [] Other

Outcome date: ___/___/___

(Live Birth Only)

Delivery location: Hospital Birthing center At home Other: _____

Delivery type: Vaginal C-section

Plurality: Single Twin Triplet Quad or higher

***Infant Outcome:**

Child Name	Date of Birth	Gender		Birth Order	Birth Weight	Admitted to NICU/Drug Addiction	Infant Died		Date of Death
		Male	Female				Yes	No	

Complications associated with this delivery:

- [] Pre-eclampsia/Eclampsia [] Pre-term labor [] Premature membrane rupture
- [] Placenta previa [] Abruptio placentae [] Fetal distress
- [] Postpartum hemorrhage [] Other: Specify _____
- [] None of the above

Comments

