Homebirth Application (1)

Please Bring This Completed Form to Register Your Child's Out-of-Hospital Birth

Child's Information

4. Plurality Select a Value	**5. Birth Order:** Select a value	**6. Number of live births for this pregnancy**
10. First Name:	**10b. Middle Name:**	**10c. Last Name:**
10d. Suffix: Select One	**11. Child's date of birth:** / /	**12. Child's time of birth:** : AM ☐ PM ☐
13. Child's Sex: ☐ Male ☐ Female ☐ Undetermined	**14. Social Security Number Requested:** ☐ Yes ☐ No	

Address Child was Born at?

15a. Residential Address:		**15d. County:** Wake
15c. State: North Carolina	**15e. City:**	**15f. Zip Code:**

Mother's Information

Mother's Current (Legal) Name

16a. First Name:	**16b. Middle Name:**	**16c. Last Name:**

Mother's Name Prior to Marriage (Maiden)

17a. First Name:	**17b. Middle Name:**	**17c. Last Name**

Homebirth Application (2)

18a. Mother's Marital Status:	18b. Mother's date of divorce or husband's date of death	19a. Mother's date of birth:
Select a value	/ /	/ /
19c. Mother's birthplace (State):	**20. Mother's Social Security Number:**	**21. Mother's Education:**
	- -	Select a value

22a. Address:	Outside USA? ☐ Yes ☐ No	If so, where?

22b. State:	22c. County	22d. City/Town	22e. Zip Code	22g. Is address inside city limits? ☐ Yes ☐ No

Mother's Mailing Address Information

23a. Is Mother's mailing address same as residence address? ☐ Yes ☐ No	23b. Address:	
23c. State:	**23d. City/Town**	**23e. Zip Code**

24. Is mother of Hispanic Origin?	25. Mother's race?	
a. ☐ No, Not Spanish/Hispanic/Latina	a. ☐ White	j. ☐ Other Asian
b. ☐ Yes, Mexican/Mexican-American/Chicano	b. ☐ Black or African-American	Specify
c. ☐ Yes, Puerto Rican	c. ☐ American Indian or Alaska Native (name of the enrolled or principal tribe)	k. ☐ Native Hawaiian
d. ☐ Yes, Cuban		l. ☐ Guamanian or Chamorro
e. ☐ Yes, Other Spanish/Hispanic/Latina	d. ☐ Asian Indian	m. ☐ Samoan
(Specify)	e. ☐ Chinese	n. ☐ Other Pacific Islander
f. ☐ Unknown	f. ☐ Filipino	Specify
	g. ☐ Japanese	o. ☐ Other
	h. ☐ Korean	Specify
	i. ☐ Vietnamese	p. ☐ Unknown

Homebirth Application (3)

Husband's Information

Husband's Current (Legal) Name

26a. First Name:	26b. Middle Name:	26c. Last Name:

26d. Suffix:	27a. Husband's date of birth:	28. Husband's birthplace (State):	Outside USA?	If so, where?
Select One	/ /		☐ Yes ☐ No	

29. Husband's Social Security Number:	30. Husband's Education Level:	31a. Is husband's residence the same as mother's residence?
	Select a value	☐ Yes ☐ No

31b. Address:	Outside USA?	If so, where?
	☐ Yes ☐ No	

31c. State:	31d. County	31e. City/Town	31f. Zip Code

Husband's Mailing Address Information

32a. Is Huband's mailing address same as Mother's mailing address? ☐ Yes ☐ No	32b. Address:

32c. State:	32d. City/Town	32e. Zip Code

33. Is Husband of Hispanic Origin?

a. ☐ No, Not Spanish/Hispanic/Latina

b. ☐ Yes, Mexican/Mexican-American/Chicano

c. ☐ Yes, Puerto Rican

d. ☐ Yes, Cuban

e. ☐ Yes, Other Spanish/Hispanic/Latina

(Specify)

f. ☐ Unknown

Homebirth Application (4)

34. Husband's race?

- a. ☐ White
- b. ☐ Black or African-American
- c. ☐ American Indian or Alaska Native (name of the enrolled or principal tribe)
- d. ☐ Asian Indian
- e. ☐ Chinese
- f. ☐ Filipino
- g. ☐ Japanese
- h. ☐ Korean
- i. ☐ Vietnamese
- j. ☐ Other Asian

Specify

- k. ☐ Native Hawaiian
- l. ☐ Guamanian or Chamorro
- m. ☐ Samoan
- n. ☐ Other Pacific Islander

Specify

- o. ☐ Other

Specify

- p. ☐ Unknown

Father's Information

Father's Current (Legal) Name

35a. First Name:	35b. Middle Name:	35c. Last Name:

35d. Suffix:	36a. Father's date of birth:	37. Father's birthplace (State):	Outside USA?	If so, where?
Select One	/ /		☐ Yes ☐ No	

38. Father's Social Security Number:	39. Father's Education Level:	40a. Is father's residence the same as mother's residence?
	Select a value	☐ Yes ☐ No

40b. Address:	Outside USA?	If so, where?
	☐ Yes ☐ No	

40c. State:	40d. County	40e. City/Town	40f. Zip Code

Homebirth Application (5)

Mailing Address Information

41a. Is Father's mailing address same as Mother's mailing address? ☐ Yes ☐ No	41b. Address:	
41c. State:	41d. City/Town	41e. Zip Code

42. Is Father of Hispanic Origin?

a. ☐ No, Not Spanish/Hispanic/Latina

b. ☐ Yes, Mexican/Mexican-American/Chicano

c. ☐ Yes, Puerto Rican

d. ☐ Yes, Cuban

e. ☐ Yes, Other Spanish/Hispanic/Latina

(Specify)

f. ☐ Unknown

43. Father's race?

a. ☐ White

b. ☐ Black or African-American

c. ☐ American Indian or Alaska Native (name of the enrolled or principal tribe)

d. ☐ Asian Indian

e. ☐ Chinese

f. ☐ Filipino

g. ☐ Japanese

h. ☐ Korean

i. ☐ Vietnamese

j. ☐ Other Asian

Specify

k. ☐ Native Hawaiian

l. ☐ Guamanian or Chamorro

m. ☐ Samoan

n. ☐ Other Pacific Islander

Specify

o. ☐ Other

Specify

p. ☐ Unknown

Pre-Delivery (General)

44. Did the mother receive WIC (Women, Infant, and Children) food for herself?

☐ Yes ☐ No

Homebirth Application (6)

45a. Principal source of payment for this delivery:	46a. Was mother transferred into a facility for maternal medical or fetal indications for delivery?	46b. If Yes, from which facility?
☐ Medicaid ☐ Private Insurance ☐ Self-Pay ☐ Self-Insurance ☐ Unknown	☐ Yes ☐ No	
45b. Other Source (cash, etc.):		

Prenatal

47. Did the mother receive Prenatal Care?	47b. First Visit date:
☐ Yes ☐ No	/ /
47c. Last Visit date: / /	47d. Total number of prenatal visits for this pregnancy:

48a. Number of previous live births (do not include this child):	48d. Date of last live birth: / /
48b Number now living :	48e. Number of other pregnancy outcomes (do not include this child):
48c. Number of previous live births now dead (do not include this child):	48f. Date of last other pregnancy outcome: / /

Risk Factor

49. Risk Factor in this pregnancy (Check all that apply):

a. ☐ Diabetes (select one of the following):

☐ Prepregnancy (diagnosis prior to this pregnancy)

☐ Gestational (diagnosis in this pregnancy)

b. ☐ Hypertension (select one of the following):

☐ Prepregnancy (chronic) ☐ Gestational (PIH, preeclampsia) ☐ Eclampsia

Homebirth Application (7)

Risk Factors (continue)

c. ☐ Previous preterm birth

d. ☐ Other Previous poor pregnancy outcome
(Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)

e. ☐ Pregnancy resulted from infertility treatment (Check all that apply):

☐ Fertility-enhancing drugs, artificial insemination, or intrauterine insemination

☐ Assisted reproductive technology
(e.g. In Vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT))

f. ☐ Mother had a previous cesarean delivery

If selected, how many? ☐

g. ☐ None of the above

h. ☐ Unknown

Mother's Health Information

50. Mother's Height a. Feet b. Inches	51a. Mother's prepregnancy weight in pounds?	51b. Mother's weight at the time of delivery in pounds
52. Date last normal menses began: / /		

53. Infections present and/or treated during this pregnancy (check all that apply):

a. ☐ Gonorrhea
b. ☐ Syphilis
c. ☐ Chlamydia
d. ☐ Hepatitis B
e. ☐ Hepatitis C
f. ☐ None of the above
g. ☐ Unknown

h. Was mother tested for HBsAG: ☐ Yes ☐ No

i. Date Tested: / /

j. Test Results: ☐ Positive ☐ Negative ☐ Unknown

54. Obstetric Procedures (check all that apply):

a. ☐ Cervical cerclage

b. ☐ Tocolysis

c. ☐ External cephalic version:

☐ Successful

☐ Failed

d. ☐ None of the above

e. ☐ Unknown

Homebirth Application (8)

Cigarette Use	Onset of Labor
55a. Three months before pregnancy **Cigarettes per day:** **55b. Second trimester (second three months of pregnancy)** **Cigarettes per day:** **55c. First Trimester (first three months of pregnancy)** **Cigarettes per day:** **55d. Third trimester (third three months of pregnancy)** **Cigarettes per day:**	**56. Onset of Labor (check all that apply):** **a. ☐ Premature Rupture of the membranes (prolonged greater than or equal to 12 hours)** **b. ☐ Precipitous Labor (less than 3 hours)** **c. ☐ Prolonged Labor (greater than or equal to 20 hours)** **d. ☐ None of the above** **e. ☐ Unknown**

57. Onset of Labor (check all that apply):	
a. ☐ Induction of labor **b. ☐ Augmentation of labor** **c. ☐ Non-vertex presentation** **d. ☐ Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery** **e. ☐ Antibiotics received by mother during labor** **f. ☐ Clinical chorioamnionitis diagnosed during labor or maternal temperature is greater than or equal to 38°C (100.4°F)**	**g. ☐ Moderate/heavy meconium staining of the amniotic fluid** **h. ☐ Fetal intolerance of labor such that one or more of the following action was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery** **i. ☐ Epidural or spinal anesthesia during labor** **j. ☐ None of the above** **k. ☐ Unknown**

Method of Delivery

58a. Was delivery with forceps attempted but unsuccessful?	58b. Was delivery with vacuum extraction attempted but unsuccessful?
☐ Yes ☐ No ☐ Unknown	**☐ Yes ☐ No ☐ Unknown**

Homebirth Application (9)

58c. Fetal presentation at birth?

a. ☐ Cephalic fetal presentation

b. ☐ Breech fetal presentation

c. ☐ other fetal presentation

d. ☐ Unknown

58d. Final route & method of delivery?

☐ Vaginal ☐ Cesarean ☐ Unknown

58e. If cesarean, was a trial of labor attempted?

☐ Yes ☐ No

Maternal Morbidity

59. Complication associated with labor and deliver (check all that apply):

a. ☐ Maternal transfusion

b. ☐ Third or fourth degree perineal laceration delivery

c. ☐ Ruptured uterus

d. ☐ Unplanned hysterectomy

e. ☐ Admission to intensive care unit

f. ☐ Unplanned operating room procedures following delivery

g. ☐ None of the above

h. ☐ Unknown

Newborn (General)

Birth Weight

60a. Pounds:	60b. Ounces:	60c. Grams:

Obstetric Estimate of Gestation

61. Obstetric estimate of gestation (completed weeks):

APGAR Score

62. Score at 5 minutes:	62b. If the 5 minute score is less than 6:	Score at 10 minutes:

Abnormal Conditions

63. Abnormal conditions of newborn (*check all that apply*):

a. ☐ Assisted ventilation required immediately following delivery

b. ☐ Assisted ventilation required for more than six (6) hours

c. ☐ NICU admission

d. ☐ Newborn given surfactant replacement therapy

d. ☐ Antibiotics received by the newborn for suspected neonatal sepsis

e. ☐ Seizures or serious neurologic dysfunction

g. ☐ Significant birth injury (*skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention*

h. ☐ None of the above i. ☐ Unknown

Homebirth Application (10)

Congenital Anomalies

64. Congenital anomalies of newborn (*check all that apply*):

- **a.** ☐ Anencephaly
- **b.** ☐ Meningomyelocele/Spina bifida
- **c.** ☐ Cyanotic congenital heart disease
- **d.** ☐ Congenital diaphragmatic hernia
- **e.** ☐ Omphalocele
- **f.** ☐ Gastroschisis
- **g.** ☐ Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- **h.** ☐ Cleft lip with or without cleft palate
- **i.** ☐ Cleft palate alone
- **j.** ☐ Down syndrome:
  - ☐ Karyotype confirmed
  - ☐ Karyotype pending
- **k.** ☐ Suspected Chromosomal disorder:
  - ☐ Karyotype confirmed
  - ☐ Karyotype pending
- **l.** ☐ Hypospadias
- **m.** ☐ None of the above
- **n.** ☐ Unknown

Infant's Transfer Information

65a. Was infant transferred within 24 hours delivery?

☐ Yes ☐ No

65b. If 'Yes', name of facility infant transferred to:

Infant's Vaccination

67a. Was infant vaccinated with Hepatitis B vaccine?

☐ Yes ☐ No

67b. If 'Yes', include vaccination date:

/ /

Breastfeeding

66. Is infant being breastfed at discharge?

☐ Yes ☐ No

Infant Status

68. Is infant living at time of report?

☐ Yes ☐ No

Homebirth Application (11)

Attendant Information	Certifier Information
69a. Attendant:	**70a. Certifier:**
69b. First Name:	**70b. First Name:**
69c. Middle Name:	**70c. Middle Name:**
69d. Last Name:	**70d. Last Name:**
69e. Suffix: Select One	**70e. Suffix:** Select One
69f. Title:	**70f. Date Certified:** / /
69g. Other:	**70g. Title :**
69h. License Number:	**70h. Other:**
69i. NPI:	**70i. License Number:**
	70j. NPI:

Submit Application