

Pregnancy and birth feedback

You may also fill out the form on our website
Please fill out the form and save it.
Email the saved PDF file to LAB@TRIANGLEN.DK
Thank you very much.

It is **very important** for us to know the outcome of your pregnancy. We are also obliged to report the outcome of all pregnancies to the Danish health authorities.
Therefore, we kindly ask you to fill out this form and return it to us.

Woman's name: _____ **Woman's date of birth:** _____

Have you given birth? Yes No

If no: Miscarriage in pregnancy week _____ Ectopic pregnancy **Date:** _____

Comments: _____

When you have given birth

If you had more than one baby, please fill out one form for each child.

Date of birth (baby): _____ **Hospital:** _____

In which week of the pregnancy did you give birth? _____ The labour was spontaneous Induced

How did you give birth? Transvaginally (normal) Cup/forceps Caesarean section

It was a Girl Boy **Weight at birth:** _____ grams

Apgar score: After 1 minute: _____ After 5 minutes: _____

Were you hospitalised during pregnancy? No Yes If yes, why? _____

Was the the baby hospitalised? No Yes If yes, why? _____

Comments: _____

Thank you very much.