

Interne Formulare

Datei: M:\Interne Formulare\Kiwu\Mappen IVF_ICSI Englisch\Rückmeldung Schwangerschaftsverlauf nach Kinderwunschbehandlung englisch Version 3.docx



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Pregnancy Feedback

Please put this in your Motherpass and fill it out with the doctor after the birth or the end of the pregnancy and send it back to our office. Thank you!

Last Name _____ First Name _____ Birthdate: _____

Pregnancy through:

Insemination Puncture Cryo Date of the Transfer/Insemination _____

Abort Date of the Abort _____

EDD (due to conception): _____

Abortion Date of the abortion _____

Single Pregnancy amniotic cavity Heartbeat
 Twin **Child 1:** amniotic cavity Heartbeat
Child 2: amniotic cavity Heartbeat
 Triplet **Child 1:** amniotic cavity Heartbeat
Child 2: amniotic cavity Heartbeat
Child 3: amniotic cavity Heartbeat

Complications in the pregnancy with allegation of the pregnancy week

none pregnancy diabetes early contractions
 bleedings preeclampsia Hellp-Syndrome
 imminent preterm birth placenta praevia early placenta detachment
 early rupture o.t.membranes amniotic infection syndrome
 intrauterine growth retardation Other _____

Date of the birth _____ Pregnancy Week _____

Delivery of childbirth

spontaneous vaginal (forceps, force cup) C-section pelvic presentation

	Child 1	Child 2	Child 3
Gender	<input type="checkbox"/> boy <input type="checkbox"/> girl	<input type="checkbox"/> boy <input type="checkbox"/> girl	<input type="checkbox"/> boy <input type="checkbox"/> girl
Weight	_____	_____	_____
Size	_____	_____	_____

State of the child	<input type="checkbox"/> healthy	<input type="checkbox"/> healthy	<input type="checkbox"/> healthy
	<input type="checkbox"/> intensive care	<input type="checkbox"/> intensive care	<input type="checkbox"/> intensive care
	<input type="checkbox"/> stillbirth	<input type="checkbox"/> stillbirth	<input type="checkbox"/> stillbirth

Thank you for your cooperation! We wish you all the best! Your office team!