

# 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 our Laboratory's Secure email.  
Please see 'Contact' on our website.  
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.**