

Name: _____

Date: _____

Baby's Arrival

F A P P E A R A N C E Y U Y C Z R
U I J H V A T N E C A M I R G K D
C L I U U Q F X E V I T C A H S Y
I V A C X X A B E W Z U P M R H B
R M R N J W T I Y P W E L I V O F
C S Z S O I Y L R A E G K S L D D
U Y E W C I Q H B L M W S D D I J
M F Z D Z I T C S P L A C E N T A
C R D B R E B I S B F E Y J M F C
I U E Y A B J D S E Z J R Z U S H
S O L Q E B L M T N Y V F X R C V
I B I P N P Y Y B T A E O F T O B
O A V O M U P V M A E R U I S L H
N L E Q R L W J I D X R T C O A D
W A R X J S Y T I V I T C A L P S
P A Y Z M E I K W Z V P L F O X Q
V L R E S P I R A T I O N G C G C

Transitional
Colostrum
Grimace
Sleep
Baby

Circumcision
Placenta
Safety
Early

Respiration
Delivery
Active
Pulse

Appearance
Activity
Labour
Feed