

OBSTETRICAL FILE
PROGRESS OF LABOUR



Year			Date of birth			Room no.		File no.	
Month		Day							
First and last name at birth									
Usual name or spouse's name									
Address									
Postal code			Area code		Telephone			Sex	
								M <input type="checkbox"/> F <input type="checkbox"/>	
Health insurance no.						Name of attending physician			

Key

Uterine activity Intensity: **MI** = Mild **MO** = Moderate **ST** = Strong Resting tone: **S** = Soft **F** = Firm
Auscultation method **IA** = Intermittent auscultation **EEFM** = External electronic fetal monitoring **IEFM** = Internal electronic fetal monitoring
FHR or BR **FHR** = Fetal heart rate **BR** = Basic rate
Rhythm/variability Rhythm at IA: **R** = Regular **I** = Irregular
 Variability at EFM or IFM: **A** = Absent **MI** = Minimal **MO** = Moderate **MA** = Marked
Decelerations **UV** = Uncomplicated variable **CV** = Complicated variable **L** = Late **E** = Early
Classification Type of tracing: **N** = Normal **AT** = Atypical **AB** = Abnormal
Pain scale No pain 0 1 2 3 4 5 6 7 8 9 10 Maximum pain imaginable

Year	Date	Time	Maternal assessment				Uterine activity				Fetal assessment				Vaginal examination			Treatment and remarks	Initials	
			Temperature (°C)	Blood pressure	Pulse/respiration	O ₂ saturation	Frequency (nb/10 min)	Duration (sec)	Intensity	Resting tone	Pain scale	Auscultation method	BR/FHR	Rhythm/variability	Decelerations	Classification	Dilatation			Effacement
M	D	(0-24)																		
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