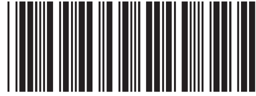
OBSTETRICAL FILE

PREGNANCY, LABOUR AND DELIVERY ASSESSMENT OF THE NEWBORN AND EVOLUTION OF THE MOTHER



DT9057

Year | Date of birth Month | Day | Room no. | File no.

First and last name at birth

Usual name or spouse's name

Address

Postal code | Area code | Telephone | Sex M ☐ F ☐

Health insurance no. | Name of attending physician

PREGNANCY, LABOUR AND DELIVERY

Weeks of gestation	Type and Rh factor	G Gravida	T Term	P Premature	A Abortion	L Live	GBS Gr. B strep
Antibodies							

Particularities (complications or diagnoses during this pregnancy or previous pregnancies)

Labour

☐ Spontaneous ☐ Stimulation ☐ Induction ☐ Maturation

INDICATIONS:

☐ Probe ☐ Oxytocin ☐ PG E_1 E_2 F_2 ☐ Amniotomy

Onset of labour: Year Month Day — Time :

Ruptured membranes S A: Year Month Day — Time :

Stage 1 Active phase :
Stage 2 Passive phase :
Active phase :
Stage 3 :
Total duration :

Analgesia (name of agent) — Time of last dose :

Corticosteroids (date) — Time of first dose :

Antibiotics given (name) — Time of first dose :

Anesthesia None ☐ — ☐ General ☐ Peridural ☐ Spinal ☐ Pudendal ☐ Local

Agent used ☐ N_2O_2

Delivery

Date: Year Month Day — Time of birth :

☐ **Vaginal**

☐ HEAD
☐ Spontaneous ☐ Forceps ☐ Vac. ext. — ☐ At vulva ☐ Low ☐ Mid
☐ Rotation ☐ > 45° ☐ < 45°

☐ BREECH
☐ Spontaneous ☐ Assisted ☐ Forceps

☐ **VBAC**

☐ **Cesarean**
☐ REPEATED ☐ PRIMARY
☐ Low transversal ☐ Low vertical ☐ High vertical

Type of forceps | Position at application | Station

Indication for forceps, vacuum extractor or cesarean

Episiotomy

☐ None ☐ Midline ☐ Mediolateral

Tear

☐ None ☐ Periurethral ☐ Vaginal

Perineal: 1 2 3 4 ☐ Cervical — Blood loss ______ mL

Amniotic fluid

☐ Oligoamnios ☐ Normal ☐ Hydramnios
☐ Clear ☐ Pink ☐ Bloody ☐ Meconial

Specifics

Umbilical cord

☐ **Around neck** ☐ Loose ☐ Tight
☐ Knot
☐ Umbilical vessels 2 3
☐ Cut during delivery
☐ Cut after delivery

Placenta

Time of delivery: ____ : ____

Evacuation: ☐ Spontaneous ☐ Manual

Normal appearance: ☐ Yes ☐ No

Uterine exploration: ☐ Yes ☐ No

Placenta stored at 4°C ☐

Placenta sent to laboratory for anatomopathological exam ☐

Placenta returned to the family ☐

Fetal monitoring

☐ Intermittent auscultation ☐ External ☐ Internal

Results: ☐ Normal ☐ Atypical ☐ Abnormal

Signature of physician | Permit number | Date (year, month, day)

ASSESSMENT OF THE NEWBORN — File No:

Sex: ☐ Male ☐ Female

Condition: ☐ Live ☐ Stillborn

Mass: g

☐ Ophthalmic drops ☐ Vitamin K — Type and Rh

Feeding: ☐ Breast ☐ Bottle

Umbilical cord pH: ☐ Arterial ______ ☐ Venous ______

Resuscitation ☐ **Yes** ☐ **No**

☐ PPV ☐ PPV + O_2 ☐ Cardiac massage
☐ Intubation ☐ Tracheal aspiration

Rx:

☐ Anomalies ☐ Complications

Specify:

Aspiration ☐ With syringe ☐ With oro-gastric tube

Parents informed ▶ ☐ Yes ☐ No

APGAR	0	1	2	1min.	5 min.	10 min.
Heart rate	Absent	Under 100	Over 100			
Respiration	Absent	Irregular, slow	Good, crying			
Muscle tone	Flaccid	Flexion of extremities	Active motions			
Reflex response	None	Grimace	Vigorous cry			
Colour of teguments	Blue, pale	Body pink, extremities blue	All pink			
			Total			

Signature of assessing physician | Permit number | Date (year, month, day)

EVOLUTION OF THE MOTHER

Postpartum

☐ Normal ☐ Abnormal

Lowest Hb ______

Puerperal hemorrhage: ☐ Immediate ☐ Late

Transfusion ______ units

Anti D immunoglobulin given on: Year Month Day

Rubella vaccine: ☐ MMR ☐ Monovalent ☐ Other — Given on: Year Month Day

Remarks:

Fever

▶ ☐ Yes ☐ No ☐ Thromboembolia ☐ Endometritis

☐ Urinary infection ☐ Respiratory infection ☐ Other pelvic infection

Remarks:

Medication on discharge: ☐ Contraception

Signature of physician | Permit number | Date (year, month, day)