OBSTETRICAL FILE

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

DT9057

Date of birth: Year | 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 ☐ At vulva
☐ Forceps ☐ Low
☐ Vac. ext. ☐ 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 ☐ Bloody ☐ Pink ☐ Meconial

Complications

Umbilical cord
☐ **Around neck** ☐ Loose ☐ Tight
☐ Knot
☐ Cut during delivery
☐ Cut after delivery

Placenta
Time of delivery: ____ : ____
Evacuation: ☐ Spontaneous ☐ Manual
Mass ________ g — Umbilical vessels 2 3
Uterine exploration: ☐ Yes ☐ No

Fetal monitoring
☐ Intermittent auscultation ☐ External ☐ Internal
Results: ☐ Normal ☐ Atypical ☐ Abnormal

Signature of physician — 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 — 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 — Date (year, month, day)