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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	T	P	A	L	GBS
		Gravida	Term	Premature	Abortion	Live	Gr. B strep

Antibodies

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

Labour

☐ Spontaneous ☐ Stimulation ☐ Induction ☐ Maturation

INDICATIONS:

☐ Probe ☐ Oxytocin ☐ PG E☐ 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 ☐ BREECH

☐ Spontaneous	☐ At vulva	☐ Spontaneous
☐ Forceps	☐ Low	☐ Assisted
☐ Vac. ext.	☐ Mid	☐ Forceps

☐ Rotation ☐ > 45° ☐ < 45°

☐ **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

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	Condition	Mass
☐ Male ☐ Female	☐ Live ☐ Stillborn	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)

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