

**OBSTETRICAL FILE
USER PROFILE**

Key		
Region of pain	Uterine fundus	Lochia
P = Perineum	F = Firm	T = Traces
A = Abdomen	S = Soft	S = Slight (1/4 s.p.)
X = Other (documented)	C = Centered	M = Average (1/2 s.p.)
	L = Deviates to the left	F = Full s.p.
	D = Deviates to the right	



Immediate post partum (≤ 2 hours)									
Date of birth			Number	Sutures	Needles	Instruments	Compresses	Interv.	Interv.
Year	Month	Day	Start						
			Additional						
Time of birth			Removal						
			Verification						

Year	Date		Time	Temperature (°C)	Blood pressure	Pulse/Respiration	SpO ₂ (%)	Pain scale (0-10)	Region of pain	Fundal height	Uterine fundus	Lochia	Clot(s)	Uterine massage	Skin-to-skin	Additional notes	Initials	
20	M	D	(0-24)															
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Time	Catheterization/urination		Urination after delivery:		<input type="checkbox"/> No <input type="checkbox"/> Yes _____ ml		Initials		Signature		Initials		Signature		Initials		Signature	
Time	Of user transfer:				Accompanied by:													
	<input type="checkbox"/> Stretcher	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walking	<input type="checkbox"/> BA	<input type="checkbox"/> Nurse	<input type="checkbox"/> NA												

5B