CROYDON OBSTETRIC DEPARTMENT

Surname					Forenames (in full)								
Maiden Name					Previous	Previous Names							
Address					Change	Change of Address							
Telep							 ion			Reli	aion		
-						-	/larriage				_		
				9		9						•	
	,						rigin					gin	
Husba	and's I	Name (ii	n full) _					Hu	sband's	Occu	oation	- I	
Next o	of Kin							Tel	ephone	No			
Genei	ral Pra	actitione	er			Ac	ldress						
Telep	hone	No											
Date	of Boo	oking_		Gravida		L.M.P	E.D.D			Men	strual	Cycle	
MEDI	CAL H	ISTORY											
Heart					Hypert	ension		N	leurolog	jical [Disord	ers	
Lungs	i				Diabet	es	Other Illness						
Kidne	ys				Epileps	sy	Psychiatric History						
Rubel	la				Blood	Transfusion .	ansfusion Allergies						
		TORY:		Dishatas			ll mandani da				T. D.		
							-	T.B					
		Abnorn OBSTETI											
		Pregn	ancy		Labour								Inf. Live
No.	Year	Duration	Abnor- malities	Induction Spontaneous or Induced	Duration	Delivery Spontaneous or Instrumental	Where Delivered	Sex	Birth Weight	L.B. S.B.	Bottle or Breast	Peurperium	or Dead - Cause of Death
_													

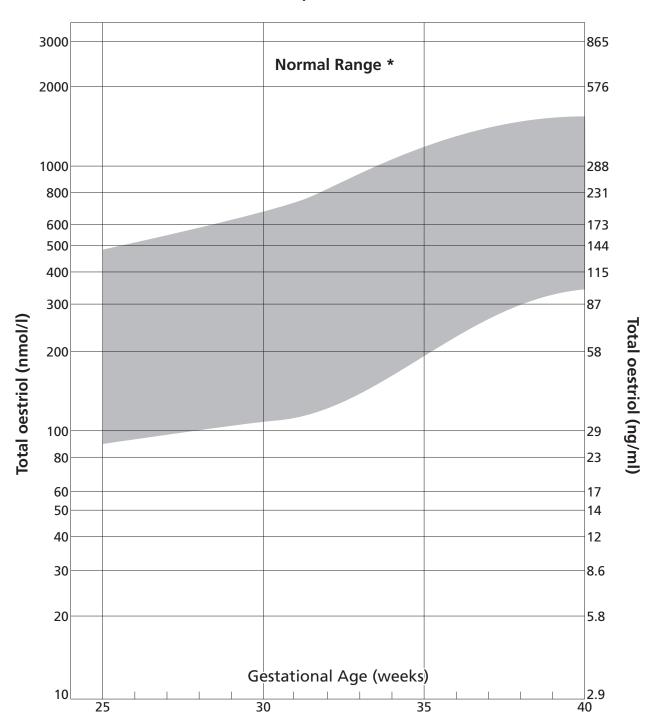
ANTE NATAL RECORD

L.M.P						Height Date of Quickening						
								Date of Q	uickening			
	orugs				-							
		GENER	RAL EXAN	MINATION				PEI	VIC EXAI	MINATIO	N	
General	Condition	າ				V.E.	at bookir	ng				
Teeth _			Contact	Lenses								
Heart _			Lungs _			Clini	cal Pelvin	netry				
Varicose	Veins											
Breasts			Nipples			X-Ra	y Pelvime	etry				
Feeding												
Fit for Ir	nhalationa	al Analge	esia	YES / NO								
Signatu	re		T	Date		Sign	ature		T	D	ate	
Date	Weeks of Gestation by date	Weeks by Ultra Sound	Uterine size	Presentation	Relation of Presenting Part to Brim		Activity	B.P.	Urine	Weight	Oedema	Hb

Method of Contraception	Blood Examination at Booking:	Booking Arrangements Hospital: Mayday	tal: Mayday ay / Planned Early Transfer		
Infertility Investigations	Group Rh antibodies YES / NO	Medical / Social			
	Hb	Signature of Doctor			
Drugs	Feto Proteins	G.P.O Don	nino		
	V D R L	Home Confinement			
	Sickling Test POS / NEG	Home Conditions: suitab	ole / unsuitable		
Bleeding	Rubella Titre	_ Co-op Card: sent / given	Date		
Discharge	BCG Form given/not given	Rubella Vaccination requ	uired YES / NO		
Vomiting		Consent of Patient			
Smoking		Signature	Date		
Alcohol		of witness			
	COMMENTS	Date of Next Appointment	Signature		

DOCTOR'S LETTERS

PREGNANCY OESTRIOL (Serum/plasma values)



ULTRASOUND REPORTS

PATHOLOGICAL REPORTS

OESTRIOL REPORTS

Date 1st Scan	Est	. Gestation		
BIPARIETAL DIAMETER		ŀ	HEAD/ABDOMEN C	IRCUMFERENCE RATI
-10				
9				1.30
8				1.25
7				1.20
6				1.15
0				1.13
5				1.10
4		_		1.05
-3				1:00
,				
.7				0:95

-0:90-

E.D.D. __

L.M.P. ___

WEEKS GESTATION

ANTE NATAL ADMISSIONS

DATE & TIME	SIGNATURE

LABOUR WARD ADMISSIONS

RECORD 1				
Reason for Admission	Date	& Time of Adı	mission	
General Condition	Temp	Pulse	Resp	BP
Period of Gestation	Estimate	ed Fetal Matur	rity	
Presentation, Position and Engagement of Fetus			F.H	
Frequency and Type of Uterine Contractions			Urine	
Membranes: Intact / Ruptured Date and Time of R	lupture		Colour of Liq	uor
Outcome: Transfer to A.N. Ward / Delivered / Discha	arged Home		Date	
RECORD 2				
Reason for Admission	Date	& Time of Adı	mission	
General Condition	Temp	Pulse	Resp	BP
Period of Gestation	Estimate	ed Fetal Matur	rity	
Presentation, Position and Engagement of Fetus			F.H	
Frequency and Type of Uterine Contractions			Urine	
Membranes: Intact / Ruptured Date and Time of R	lupture		Colour of Liq	uor
Outcome: Transfer to A.N. Ward / Delivered / Discha	rged Home		Date	
RECORD 3				
Reason for Admission	Date	& Time of Adı	mission	
General Condition	Temp	Pulse	Resp	BP
Period of Gestation	Estimate	ed Fetal Matur	rity	
Presentation, Position and Engagement of Fetus			F.H	
Frequency and Type of Uterine Contractions			Urine	
Membranes: Intact / Ruptured Date and Time of R	lupture		Colour of Liq	uor
Outcome: Transfer to A.N. Ward / Delivered / Discha	rged Home		Date	
CONSE	NT BY PATIEN	NT / RELATIV	E	
1				
of				
Hereby consent to undergo whatever procedure may			f my baby	
I also consent to the administration of general, local	•		-	ance has been given to me
that I will be attended by any particular practitioner.				3
Signed		Date		
3				

Signature witnessed by ______ Status _____

NOTES ON LABOUR

DATE & TIME	SIGNATURE

NOTES ON LABOUR (Continued)

DATE & TIME	SIGNATURE
-	

LABOUR SUMMARY (Please tick or delete as appropriate)

	OF LABOUR						Stage	Duration		
	Commenced	Membranes	Commenced	Child	3rd Stage		1st			
LABOUR	1st Stage	Ruptured	2nd Stage	Born	Completed		2nd			
Date						I.D.I.	3rd			
Time							TOTAL			
		1						'		
ONSET: Spont	aneous / Induc	ed								
INDUCTION:					AUGMENTATIO	N:				
Prostin E					Prostin E					
4RM					ARM					
ARM & Synto	cinon				ARM & Synticin	on				
Syntocinon					Syntocinon					
MONITOR: Y	ES / NO Extern	al / Internal / I	ntrauterine Cath	eter						
SINGLE / MUL	TIPLE PREGNAN	NCY: (Specify)								
			METH	IOD OF DE	LIVERY					
SPONTANEOL	JS:									
NSTRUMENT	AL / OPERATIVI	E:								
Forceps					Failed Forceps					
√entouse Extr	raction				Failed Ventous	Extraction_				
√entouse & F	orceps				Forceps & Vent	ouse				
3reech: Assis	ted / Extraction	1			Caesarian Section	on: Elective	/ Emergency_			
			PRESENT	TATION AT	DELIVERY					
√ertex:					Complete Breed	ch				
P.O.P					Footling Breech					
Face					Shoulder					
3row					Compound					
Frank Breech					Cord					
				PERINEUM						
ntact					Lacerations 1°_					
Episotomy					2°_					
Extended Epis	sotomy				3°_					
				3RD STAG	E					
METHOD OF I	DELIVERY									
PLACENTA: C	omplete / Inco	mplete	Weight			Туре				
State of Place	nta									
	Complete / Inco									
f PPH (500 m	ls and over) sta	te any predisp	osing factors							
					_					

_P.V.____

_P.R.__

Suturing_

Signature of Doctor_____

OXYTOCIC DRUGS

Post Mortem: YES / NO

Dosage	Stage at which drug given:
Syntometrine I.M	
Ergometrine I.V	
Ergometrine I.M	
Not given	
ANALGESIA / ANAESTHESIA	OTHER DRUGS GIVEN PRIOR TO OR DURING LABOUR
Systemic	Uterine Relaxant
Epidural	Steroids
Inhalation Analgesia	Other (please state)
Local Anaesthetic	
Pudendal Block	
General Anaesthetic	
COMMENTS ON DELIVERY	CONDITION OF MOTHER ON COMPLETION OF LABOUR
	Temperature
	Pulse
	Resp
	B.P
	Uterus
	Anti D given YES / NO
	Drugs given (please state)
	Passedurine: YES / NO
	ATTENDANTS:
	Delivered by:
INFANT: Male Female	Midwife in charge of case
AliveStillborn_Fresh / Macerated	Doctor in attendance
Neonatal Death	Perineum repaired by
Apgar Score: 1 min5 min	Anaesthetist
Weight Gestation	Paediatrician
Resuscitation	
Trauma	
Abnormality	
Transferred to Special Care Baby Unit YES / NO	

PUERPERIUM

RUBELLA VACCINE
Date Given
Doseage
Signature

DATE	SIGNATURE

PUERPERIUM

DATE	SIGNATURE

PROCEDURE CONTINUED

PUERPERIUM

DATE	SIGNATURE

EXAMINATION PRIOR TO DISCHARGE FROM HOSPITAL

General Condition		Date of Examination				
Breasts						
easts	Feeding: Breast / Bottle					
Uterus		B.P				
nsfer to Community YES / NO District	Urinalysis					
Remarks / Special Instructions:						
Transfer to Community YES / NO	District					
Post Natal Appointment: Date	Clinic_	G.P				
Signature		Date				
	P	OST NATAL VISIT				
Symptoms:						
Backache		Date				
		Weeks after delivery				
		B.P				
Urinary		Urine				
Prolapse						
Onset of Period						
Examination:						
General		_Abdomen				
	Uterus	Cervix				
Vaginal	Perineum					
3						
Contraceptive Advice						
Remarks and Treatment						
nemand and meatment						
Signature		Date				

SUMMARY

BOOKED / UNBOOKED

Date of Anto	e Natal Admission	Discharge_		
Date of Adn	nission in Labour	Date of De	elivery	
Pregnancy_				
Labour				
Epidural	Episiotomy_	Perineal La	aceration	
Duration of				
Labour:		2nd Stage		
		IlBlood Transfusion		
Duarnarium				
Puerperium_				
Anti D: give	en / not given Rubella Vaccine	e: given / not given		
Infant:	Sex	Discharge v	veight	
	Birth weight	B.C.G. give	n / not given	
	L.B./S.B./N.N.D			
	Abnormalities			
Advice conc	erning future pregnancies:			
Doctor's Sign	nature		Date	

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6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6	10 2 6 10 2 6 10 2 6 5	10 2 6 10 2 6 10 2 6 10					
6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6	10 2 6 10 2 6 10 2 6 1	10 2 6 10 2 6 10 2 6 10					
6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6	10 2 6 10 2 6 10 2 6 1	10 2 6 10 2 6 10 2 6 10			1		
			2 6 10 2 6 10 2 6	6 10 2 6 10 2 6 10 2 6	10 2 6 10 2 6 10 2 6 10	10 2 6 10 2 6 10 2 6 10 2	2 6 10 2 6
	+						
	+ +					1	