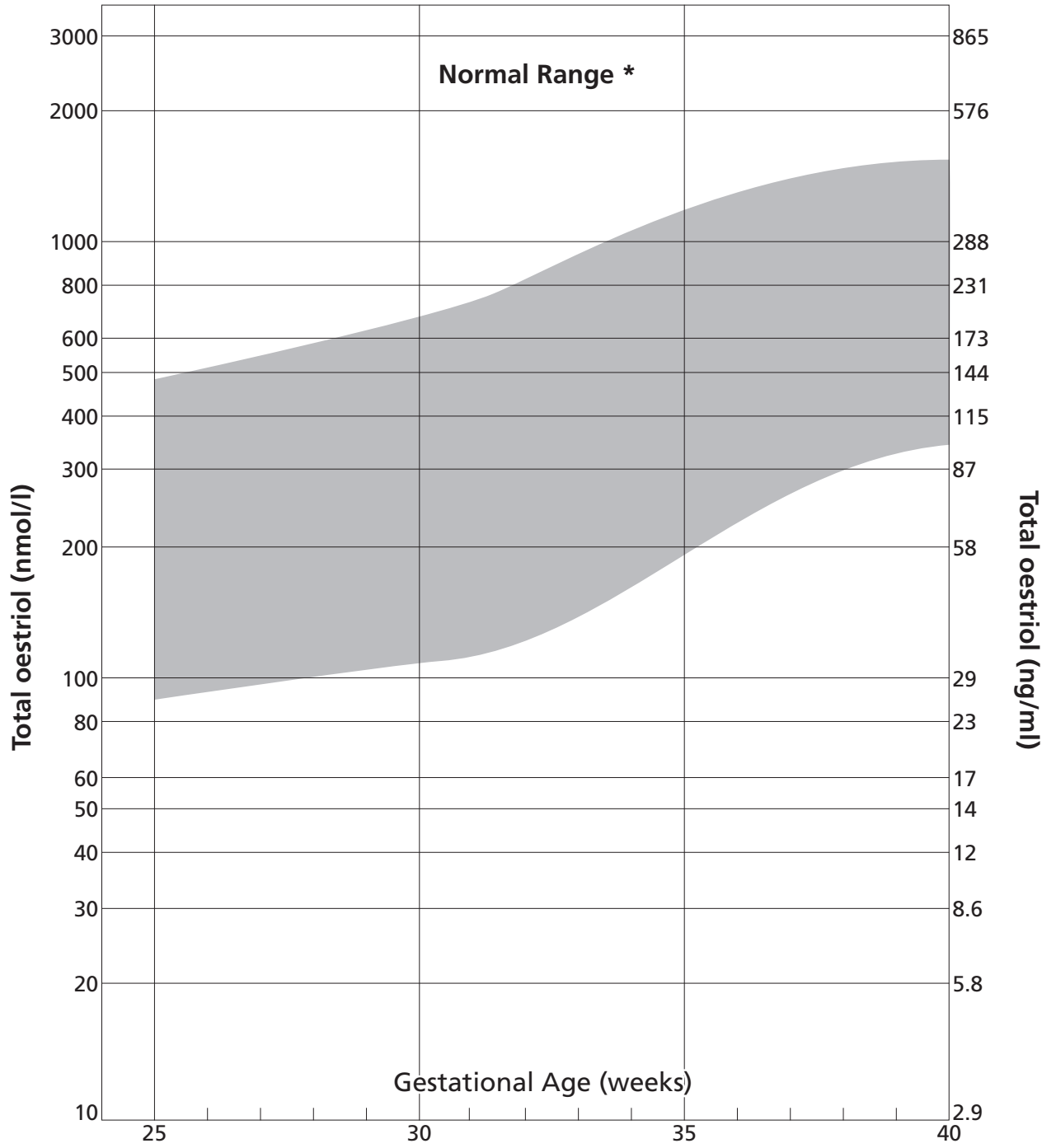


DOCTOR'S LETTERS

PREGNANCY OESTRIOL (Serum/plasma values)



ULTRASOUND REPORTS

PATHOLOGICAL REPORTS

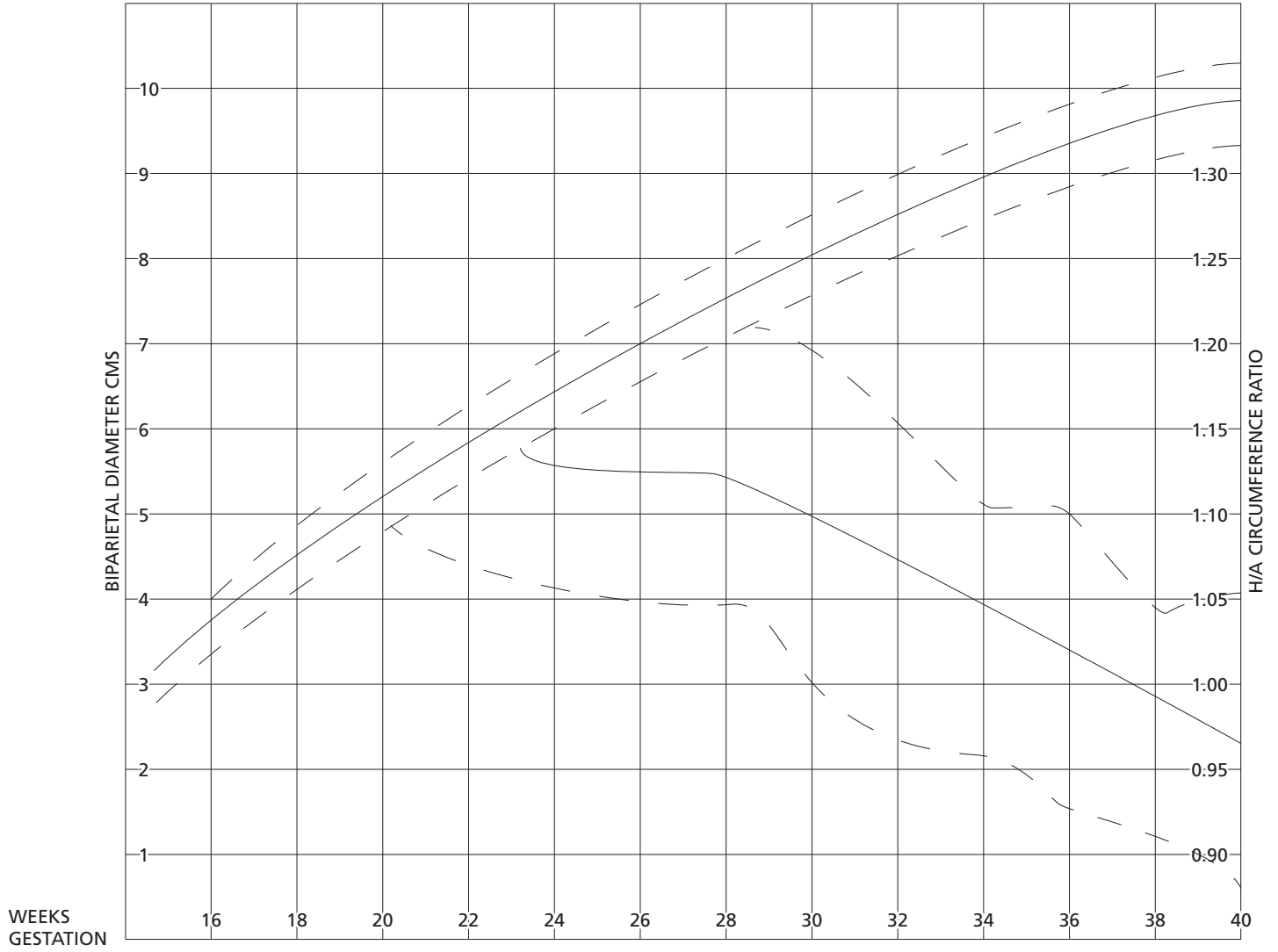
OESTRIOL REPORTS

L.M.P. _____ E.D.D. _____

Date 1st Scan _____ Est. Gestation _____

BIPARIETAL DIAMETER

HEAD/ABDOMEN CIRCUMFERENCE RATIO



ANTE NATAL ADMISSIONS

DATE & TIME		SIGNATURE

LABOUR WARD ADMISSIONS

RECORD 1

Reason for Admission _____ Date & Time of Admission _____
General Condition _____ Temp _____ Pulse _____ Resp _____ BP _____
Period of Gestation _____ Estimated Fetal Maturity _____
Presentation, Position and Engagement of Fetus _____ F.H. _____
Frequency and Type of Uterine Contractions _____ Urine _____
Membranes: Intact / Ruptured Date and Time of Rupture _____ Colour of Liquor _____
Outcome: Transfer to A.N. Ward / Delivered / Discharged Home Date _____

RECORD 2

Reason for Admission _____ Date & Time of Admission _____
General Condition _____ Temp _____ Pulse _____ Resp _____ BP _____
Period of Gestation _____ Estimated Fetal Maturity _____
Presentation, Position and Engagement of Fetus _____ F.H. _____
Frequency and Type of Uterine Contractions _____ Urine _____
Membranes: Intact / Ruptured Date and Time of Rupture _____ Colour of Liquor _____
Outcome: Transfer to A.N. Ward / Delivered / Discharged Home Date _____

RECORD 3

Reason for Admission _____ Date & Time of Admission _____
General Condition _____ Temp _____ Pulse _____ Resp _____ BP _____
Period of Gestation _____ Estimated Fetal Maturity _____
Presentation, Position and Engagement of Fetus _____ F.H. _____
Frequency and Type of Uterine Contractions _____ Urine _____
Membranes: Intact / Ruptured Date and Time of Rupture _____ Colour of Liquor _____
Outcome: Transfer to A.N. Ward / Delivered / Discharged Home Date _____

CONSENT BY PATIENT / RELATIVE

I _____
of _____

Hereby consent to undergo whatever procedure may be necessary for the birth of my baby.

I also consent to the administration of general, local or other anaesthetics for this purpose. No assurance has been given to me that I will be attended by any particular practitioner.

Signed _____ Date _____

Signature witnessed by _____ Status _____

LABOUR SUMMARY
(Please tick or delete as appropriate)

DURATION OF LABOUR

LABOUR	Commenced 1st Stage	Membranes Ruptured	Commenced 2nd Stage	Child Born	3rd Stage Completed	I.D.I.	Stage	Duration
							Date	
Time							2nd	
							3rd	
							TOTAL	

ONSET: Spontaneous / Induced

INDUCTION:

Prostin E _____

ARM _____

ARM & Syntocinon _____

Syntocinon _____

MONITOR: YES / NO External / Internal / Intrauterine Catheter

SINGLE / MULTIPLE PREGNANCY: (Specify) _____

AUGMENTATION:

Prostin E _____

ARM _____

ARM & Syntocinon _____

Syntocinon _____

METHOD OF DELIVERY

SPONTANEOUS: _____

INSTRUMENTAL / OPERATIVE:

Forceps _____

Ventouse Extraction _____

Ventouse & Forceps _____

Breech: Assisted / Extraction _____

Failed Forceps _____

Failed Ventous Extraction _____

Forceps & Ventouse _____

Caesarian Section: Elective / Emergency _____

PRESENTATION AT DELIVERY

Vertex: _____

P.O.P. _____

Face _____

Brow _____

Frank Breech _____

Complete Breech _____

Footling Breech _____

Shoulder _____

Compound _____

Cord _____

PERINEUM

Intact _____

Episotomy _____

Extended Episotomy _____

Lacerations 1° _____

2° _____

3° _____

3RD STAGE

METHOD OF DELIVERY _____

PLACENTA: Complete / Incomplete Weight _____ Type _____

State of Placenta _____

Membranes: Complete / Incomplete / Ragged

LENGTH OF CORD _____ cms Number of Blood Vessels _____ Blood Loss _____ mls

If PPH (500 mls and over) state any predisposing factors _____

BLOOD TRANSFUSION YES / NO Amount _____ units

PERINEAL REPAIR

Suturing _____ P.V. _____ P.R. _____

Signature of Doctor _____

OXYTOCIC DRUGS

Dosage

Stage at which drug given:

Syntometrine I.M. _____
Ergometrine I.V. _____
Ergometrine I.M. _____
Not given _____

ANALGESIA / ANAESTHESIA

Systemic _____
Epidural _____
Inhalation Analgesia _____
Local Anaesthetic _____
Pudendal Block _____
General Anaesthetic _____

OTHER DRUGS GIVEN PRIOR TO OR DURING LABOUR

Uterine Relaxant _____
Steroids _____
Other (please state) _____

COMMENTS ON DELIVERY

CONDITION OF MOTHER ON COMPLETION OF LABOUR

INFANT: Male _____ Female _____
Alive _____ Stillborn_Fresh / Macerated _____
Neonatal Death _____
Apgar Score: 1 min _____ 5 min _____
Weight _____ Gestation _____
Resuscitation _____

Trauma _____

Abnormality _____

Transferred to Special Care Baby Unit YES / NO
Post Mortem: YES / NO

Temperature _____
Pulse _____
Resp _____
B.P. _____
Uterus _____
Anti D given YES / NO
Drugs given (please state)
Passedurine: YES / NO

ATTENDANTS:

Delivered by: _____
Midwife in charge of case _____
Doctor in attendance _____
Perineum repaired by _____
Anaesthetist _____
Paediatrician _____

PUERPERIUM

RUBELLA VACCINE

Date Given _____

Doseage _____

Signature _____

DATE		SIGNATURE

PUERPERIUM

DATE		SIGNATURE

PROCEDURE CONTINUED

PUERPERIUM

DATE		SIGNATURE

SUMMARY

BOOKED / UNBOOKED

Date of Ante Natal Admission _____ Discharge _____

Date of Admission in Labour _____ Date of Delivery _____

Pregnancy _____

Labour _____

Epidural _____ Episiotomy _____ Perineal Laceration _____

Duration of Labour: 1st Stage _____ 2nd Stage _____ 3rd Stage _____

Induction / Delivery Interval _____

Blood Loss _____ Blood Transfusion _____ Amount _____

Puerperium _____

Anti D: given / not given _____ Rubella Vaccine: given / not given _____

Infant: Sex _____ Discharge weight _____

Birth weight _____ B.C.G. given / not given _____

L.B./S.B./N.N.D. _____

Abnormalities _____

Advice concerning future pregnancies:

Doctor's Signature _____ Date _____

