OBSTETRICAL FILE

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

PREGNANCY, LABOUR AND DELIVERY

Weeks of gestation	Type and Rh factor	Antibodies

G	T	P	A	L	Particularities (complications or diagnoses during this pregnancy or previous pregnancies)
Gravida	Term	Premature	Abortion	Live	

Labour

Spontaneous ☐ Induced ☐ Indications : _____

Method : Laminaria ☐ Endocervical catheter ☐ Amniotomy ☐

Onset of labour (a m. d) _____ Time ___ : ___

Ruptured membranes (a m. d) _____ Time ___ : ___

Duration of 1st stage : _____ Prost. ☐

Duration of 2nd stage : _____ • Oral ☐

Duration of 3rd stage : _____ • Vaginal ☐

Total duration : _____ • Cervical ☐

Oxyt. ☐

Analgesia during the last 4 hours (medication, dosage)

Corticosteroids (date and time of first dose)	Antibiotics given

Anesthesia

None ☐ General ☐ Peridural ☐ Spinal ☐ Pudendal ☐ Local ☐

Agent used

N_2O_2 ☐

Delivery

Date (a m. d) _____ Time ___ : ___

Vaginal ☐

HEAD ☐
- Spontaneous ☐ — At vulva ☐ / Low ☐ / Mid ☐
- Forceps ☐
- Vac. ext. ☐
- Rotation ☐ > 45° ☐ < 45° ☐

BREECH ☐
- Spontaneous ☐
- Assisted ☐
- Forceps ☐

VDAC ☐

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 ☐ Pink ☐ Bloody ☐

Meconial ☐
- Tinted ☐
- Thick ☐
- Pea-soupy ☐

Complications

Umbilical cord

Around neck ☐ — Loose ☐ / Tight ☐

Knot ☐

Cut during delivery ☐

Cut after delivery ☐

Placenta

Spontaneous evacuation ☐ Manual evacuation ☐

Mass _____ g Umbilical vessels 2 3

Uterine exploration : Yes ☐ No ☐

Fetal monitoring

clinical ☐ external ☐ internal ☐

Results:

normal ☐ anomalies ☐

Signature of physician

Date (a m. d)

ASSESSMENT OF THE NEWBORN File No.: _____

Sex

Male ☐ Female ☐

Condition

Live ☐ Stillborn ☐

Mass

Mass _____ g

Ophthalmic drops ☐ Vitamin K ☐

Type and Rh

Feeding

Breast ☐ Bottle ☐

Umbilical cord Ph _____

Resuscitation : Yes ☐ No ☐

Specify:

O_2 + free air ☐ O_2 + mask ☐

O_2 + mask and positive ventilation ☐ O_2 + intubation ☐

Anomalies ☐ Complications ☐

Specify:

Tracheal 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 reponse	None	Grimace	Vigorous cry			
Color of teguments	Blue, pale	Body pink, extremities blue	All pink			
			Total			

Signature of assessing physician

Date (a m. d)

EVOLUTION OF THE MOTHER

Post partum

Normal ☐ Abnormal ☐

Lowest Hb _____

Last Hb _____

Puerperal hemorrhage:

Immediate ☐ Late ☐

Transfusion _____ units

Remark:

Anti D immunoglobulin given on: (a m. d)

Date

Rubella vaccine :

MMR ☐ Monovalent ☐

Other ☐ Given on: (a m. d)

Fever

Yes ☐ No ☐

Endometritis ☐ Other pelvic infection ☐

Thromboembolia ☐ Urinary infection ☐ Respiratory infection ☐

Remark:

Medication on discharge:

Contraception ☐ :

Signature of physician

Date (a m. d)

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OBSTETRICAL FILE

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

PREGNANCY, LABOUR AND DELIVERY

Weeks of gestation	Type and Rh factor	Antibodies

G	T	P	A	L	Particularities (complications or diagnoses during this pregnancy or previous pregnancies)
Gravida	Term	Premature	Abortion	Live	

Labour

Spontaneous ☐ Induced ☐ Indications : _____

Method : Laminaria ☐ Endocervical catheter ☐ Amniotomy ☐

Onset of labour (a m. d) _____ Time ___ : ___

Ruptured membranes (a m. d) _____ Time ___ : ___

Duration of 1st stage : _____ Prost. ☐

Duration of 2nd stage : _____ • Oral ☐

Duration of 3rd stage : _____ • Vaginal ☐

Total duration : _____ • Cervical ☐

Oxyt. ☐

Analgesia during the last 4 hours (medication, dosage)

Corticosteroids (date and time of first dose)	Antibiotics given

Anesthesia

None ☐ General ☐ Peridural ☐ Spinal ☐ Pudendal ☐ Local ☐

Agent used

N_2O_2 ☐

Delivery

Date (a m. d) _____ Time ___ : ___

☐ Vaginal

☐ HEAD
- ☐ Spontaneous
- ☐ Forceps
- ☐ Vac. ext.
- ☐ Rotation > 45° ☐ < 45° ☐
- ☐ At vulva
- ☐ Low
- ☐ Mid

☐ BREECH
- ☐ Spontaneous
- ☐ Assisted
- ☐ Forceps

☐ VDAC

☐ 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 ☐ Pink ☐ Bloody ☐

Meconial ☐
- • Tinted ☐
- • Thick ☐
- • Pea-soupy ☐

Umbilical cord

Around neck ☐ [Loose ☐ Tight ☐]

Knot ☐

Cut during delivery ☐

Cut after delivery ☐

Placenta

Spontaneous evacuation ☐ Manual evacuation ☐

Mass _____ g Umbilical vessels 2 3

Uterine exploration : Yes ☐ No ☐

Complications

Fetal monitoring

clinical ☐ external ☐ internal ☐

Results:

normal ☐ anomalies ☐

Signature of physician

Date (a m. d)

ASSESSMENT OF THE NEWBORN File No.: _____

Sex

Male ☐ Female ☐

Condition

Live ☐ Stillborn ☐

Mass

Mass _____ g

Ophthalmic drops ☐ Vitamin K ☐ Type and Rh

Feeding

Breast ☐ Bottle ☐

☐ Umbilical cord Ph _____

Resuscitation : Yes ☐ No ☐

Specify:

O_2 + free air ☐ O_2 + mask ☐

O_2 + mask and positive ventilation ☐ O_2 + intubation ☐

Anomalies ☐ Complications ☐

Specify:

Tracheal 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 reponse	None	Grimace	Vigorous cry			
Color of teguments	Blue, pale	Body pink, extremities blue	All pink			
			Total			

Signature of assessing physician

Date (a m. d)

EVOLUTION OF THE MOTHER

Post partum

Normal ☐ Abnormal ☐

Lowest Hb _____

Last Hb _____

Puerperal hemorrhage:

Immediate ☐ Late ☐

Transfusion _____ units

Anti D immunoglobulin given on: (a m. d) Date

Rubella vaccine :

MMR ☐ Monovalent ☐

Other ☐ Given on: (a m. d)

Remark:

Fever

Yes ☐ No ☐

Endometritis ☐ Other pelvic infection ☐

Thromboembolia ☐ Urinary infection ☐ Respiratory infection ☐

Remark:

Medication on discharge:

Contraception ☐ :

Signature of physician

Date (a m. d)

OBSTETRICAL FILE

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

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Analgesia during the last 4 hours (medication, dosage)

Corticosteroids (date and time of first dose)	Antibiotics given

Anesthesia

None ☐ General ☐ Peridural ☐ Spinal ☐ Pudendal ☐ Local ☐

Agent used

N_2O_2 ☐

Delivery

Date (a m. d) _____ Time ____ : ____

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☐ HEAD
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- ☐ Spontaneous
- ☐ Assisted
- ☐ Forceps

☐ VDAC

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- ☐ Low transversal
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Around neck ☐ [Loose ☐ Tight ☐] Knot ☐

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Placenta

Spontaneous evacuation ☐ Manual evacuation ☐

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Uterine exploration : Yes ☐ No ☐

Complications

Fetal monitoring

clinical ☐ external ☐ internal ☐

Results:

normal ☐ anomalies ☐

Signature of physician

Date (a m. d)

ASSESSMENT OF THE NEWBORN File No.: _____

Sex	Condition	Mass
Male ☐ Female ☐	Live ☐ Stillborn ☐	Mass _____ g
Ophthalmic drops ☐ Vitamin K ☐	Type and Rh	

Feeding

Breast ☐ Bottle ☐

☐ Umbilical cord Ph _____

Resuscitation : Yes ☐ No ☐

Specify:
- O_2 + free air ☐
- O_2 + mask ☐
- O_2 + mask and positive ventilation ☐
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Anomalies ☐ Complications ☐

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Signature of assessing physician

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EVOLUTION OF THE MOTHER

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Signature of physician

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