

Cut off along the dotted line

Operative details

Procedure

Ventouse ☐ Caesarean ☐ Classification ***
Forceps ☐ Other

Indication

Suspected fetal compromise ☐ Failure to progress ☐ Breech ☐
Antepartum haemorrhage ☐ Other

Pre-delivery findings

Abdominal palpation

Presentation
Lie
Position
Engagement

Vaginal examination

Not performed ☐

Cervix position
consistency
length
dilatation

Presenting part

station
position
caput
moulding

Liquor

None ☐
Clear ☐
Light meconium ☐
Thick meconium ☐
Bloodstained ☐

Fetal heart

CTG performed ☐ Normal ☐
Baseline Suspicious ☐
Variability Pathological ☐
Accelerations Predelivery FBS ☐
Decelerations FBS result

Pre-delivery bladder care Bladder emptied Yes ☐ No ☐ Indwelling catheter Yes ☐ No ☐ Time

Delivery decision made by **Consultant aware** Yes ☐ No ☐ **Consultant present** Yes ☐ No ☐

Anaesthetic/Analgesia

None ☐ Epidural ☐ Perineal infiltration ☐ Pudendal ☐ Spinal ☐ General anaesthetic ☐

Alerts/Comments (eg allergic reaction, difficult intubation, O₂ for 4hrs post op, dural tap observed)

Events

Assisted delivery

Decision time	<input type="text"/> : <input type="text"/>
Venue for procedure	
Type of instrument used	
Time instrument applied	<input type="text"/> : <input type="text"/>
Duration of application	<input type="text"/> minutes
Rotation	
Number of pulls	
Change of instrument	
Episiotomy	
Liquor	
Time baby delivered	<input type="text"/> : <input type="text"/>
Position at delivery	
Placenta delivered	
Cord pH	

Caesarean section

Decision time	<input type="text"/> : <input type="text"/>
Time arrived in theatre	<input type="text"/> : <input type="text"/>
Time of knife to skin	<input type="text"/> : <input type="text"/>
Time of knife to uterus	<input type="text"/> : <input type="text"/>
Type of uterine incision	
Liquor	
Time baby delivered	<input type="text"/> : <input type="text"/>
Decision to delivery time	<input type="text"/> minutes
Placenta delivered	
Tubes and ovaries	
Skin closed	
Cord pH	
Time out of theatre	<input type="text"/> : <input type="text"/>

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Details

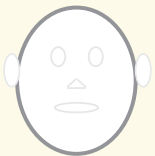
Closure and sutures

Swabs checked and correct

Instruments checked and correct

Estimated blood loss

Post-delivery instructions



Draw any abrasions / marks and position of instruments

	Yes	No
Drains	<input type="checkbox"/>	<input type="checkbox"/>
Urinary catheter	<input type="checkbox"/>	<input type="checkbox"/>
Sutures for removal	<input type="checkbox"/>	<input type="checkbox"/>
Suggest for VBAC next time	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up required	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Anti-coagulation therapy	<input type="checkbox"/>	<input type="checkbox"/>
Anti-embolic stockings	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
Analgesia	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Staff present

Surgeon

Anaesthetist

Assistant

ODP

Midwives

Paediatrician

Time called	Time arrived
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Others

Signature*

Date/Time

Key to abbreviation: ODP = Operating Department Practitioner

* Signatures must be listed on page 1 for identification

Name

Unit No