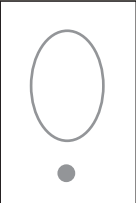


Cut off along the dotted line

Third Stage

Management Physiological <input type="checkbox"/> Manual removal of placenta <input type="checkbox"/> Active <input type="checkbox"/>		Comments, indications, anaesthetic etc <div></div>	
Oxytocics Oxytocin <input type="checkbox"/> Dosage & time given <div></div> Syntometrine <input type="checkbox"/> Ergometrine <input type="checkbox"/>		Blood loss (ml) Measured <div></div> Estimated <div></div> Total <div></div>	Cord No. of vessels <div></div> Placenta Apparently complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Sent for histology <input type="checkbox"/>
		Membranes Apparently complete <input type="checkbox"/> Ragged <input type="checkbox"/> Incomplete <input type="checkbox"/> Comments <div></div>	
Further action <div></div>			

Perineum

Trauma **  None identified <input type="checkbox"/> 1° <input type="checkbox"/> 3b° <input type="checkbox"/> 2° <input type="checkbox"/> 3c° <input type="checkbox"/> 3a° <input type="checkbox"/> 4° <input type="checkbox"/> Labial <input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Episiotomy <input type="checkbox"/> Indication for episiotomy <div></div>		Details of repair Anaesthetic Epidural <input type="checkbox"/> None <input type="checkbox"/> Pudendal <input type="checkbox"/> Spinal <input type="checkbox"/> GA <input type="checkbox"/> Local <input type="checkbox"/> Lignocaine (mls) <div></div> Suture material <div></div> Technique <div></div>		Advice given Extent of trauma <input type="checkbox"/> Hygiene <input type="checkbox"/> Type of repair <input type="checkbox"/> Diet, including fibre <input type="checkbox"/> Pain relief <input type="checkbox"/> Pelvic floor exercises <input type="checkbox"/> Post repair Finish date and time: <div></div> Haemostasis <input type="checkbox"/> Sutures for removal <input type="checkbox"/> Vaginal pack in situ <input type="checkbox"/> Analgesia <input type="checkbox"/> PV & PR examination <input type="checkbox"/> Antibiotics <input type="checkbox"/> Tampon removed <input type="checkbox"/> Laxatives <input type="checkbox"/> Swab count inc. number. <div></div> Needle count <div></div> Count performed by: Signature* <div></div> Signature* <div></div> For postnatal consultant review <input type="checkbox"/> Comment <div></div>	
Pre-repair Repair required No <input type="checkbox"/> Yes <input type="checkbox"/> Discussed with mother <input type="checkbox"/> Agreed <input type="checkbox"/> Catheterised <input type="checkbox"/> Indwelling <input type="checkbox"/> PR prior to repair <input type="checkbox"/> Tampon <input type="checkbox"/> Venue for repair (room/theatre) <div></div> Repair by <div></div> Start date and time <div></div> Swab count inc. number <div></div> Needle count <div></div> Count by: Signature* <div></div> Signature* <div></div>					

Immediate Postnatal Observations

If further observations required commence Trust TPR or MEWS chart

Date/Time	Temp	Pulse	Resps	O ₂ Saturation	BP	Uterus	Lochia / Blood loss	Wound / Drains	Perineum	Urine	Pain	Signature *

Comments / Actions <div></div>
--

Intrapartum Action plans

Blood group Haemoglobin (g/dl) Group & save ☐ Cross match ☐ units

Name

Unit number

Birth Action PlansPaediatrician to be present ☐ Seniority :**Birth Summary - Mother****Labour onset**

- ☐ None
☐ Spontaneous
☐ Induced
☐ Augmented

Indication

Delivery

Forceps

Caesarean:
(See page 16 for classifications)

Baby 1 Baby 2

- Normal ☐
Vaginal breech ☐
Ventouse ☐
☐
☐
1. ☐
2. ☐
3. ☐
4. ☐

Pain Relief

- ☐ None ☐ Entonox ☐ Spinal
☐ H₂O ☐ Narcotics ☐ Epidural
☐ TENS ☐ Pudendal ☐ Combined spinal/epidural

Complementary therapies:

Rupture of Membranes

Spontaneous ☐ Artificial ☐ Indication
Date Time Duration hrs / mins

Length of Labour

	Date	Time	
Onset of est. labour	<input type="text"/>	<input type="text"/>	Twin 2 delivered <input type="text"/>
Fully dilated	<input type="text"/>	<input type="text"/>	Length (hrs/mins)
Pushing commenced	<input type="text"/>	<input type="text"/>	1st stage <input type="text"/> / <input type="text"/>
Head delivered	<input type="text"/>	<input type="text"/>	2nd stage <input type="text"/> / <input type="text"/>
Baby delivered	<input type="text"/>	<input type="text"/>	3rd stage <input type="text"/> / <input type="text"/>
End of third stage	<input type="text"/>	<input type="text"/>	Duration of labour <input type="text"/> / <input type="text"/>

Third Stage (See page 18 for further details)

Placenta Apparently complete ☐ **Membranes** Apparently complete ☐
Incomplete ☐ Incomplete ☐
Total blood loss (ml) Ragged ☐

Comments

Birth Attendants

Baby 1

Baby 2

Delivered by
Midwife at del
Others present

Place of Birth**Maternal Position** at delivery**Maternal complications****Postnatal risk factors** for thromboembolism

None identified ☐
Prolonged labour ☐ Dehydration ☐
Mid cavity rotation ☐ Severe infection ☐
Excessive blood loss ☐ Hyperemesis ☐
Other: (refer to page 2)

Perineum (See page 18 for full details)**Bloods****Maternal blood taken**No ☐ Yes ☐**Cord blood taken**No ☐ Yes ☐

Signature*

Date/Time

* Signatures must be listed on page 1 for identification