MATERNITY CASE RECORD

DEPARTMENT OF HEALTH

MATERNITY CASE RECORD

TO ACCOMPANY THE PATIENT WHEN TRANSFERRED

Province __________________ **District** _______________ **Clinic / Hospital No:** ________

Clinic / CHC	Hospital I / II / III	Name of Institution: ________________________	Firm/Unit: _______________

Medical Aid _______________ **Member's Name** ________________________ **No:** __________

Name: ____ **Race** ________________

ID No. ______________________ **Marital Status:** _____________________ **Age:** __________

Religion: ____ **Occupation:** ______________

Address: **Tel: (Home)** ______________

Residential: ______________________________________ **(Work)** ______________

______________________________________ **(Cell)** ______________

____

Postal Code: ____________________

Postal: ____

____

____

Postal Code: ____________________

Contact Person: _________________________________ **Relation to Patient:** ______________

Address: ______________________________________ **Tel: (Home)** ______________

______________________________________ **(Work)** ______________

Postal Code: ______________________ **(Cell)** ______________

PREVIOUS ADMISSIONS IN THE CURRENT PREGNANCY

Hospital	Date Admitted	Date Discharged	Diagnosis & Treatment

ANTENATAL DETAILS

** COMPLETE THIS PAGE ONLY IF UNBOOKED OR ANC CARD NOT AVAILABLE*

Parity ________ **Gravidity** ________ **Booking Clinic** ________________ **No. of visits** ________

Cycle: Regular ______ **Length** ________ **LNMP** ________ **EDD** ________ **Date of Quickening** ________

Contraception : Last one used ________________________________

Pregnancy | Planned/Unplanned | Accepted/Not accepted | **Remarks:** ________________

Complaints during this pregnancy ________________________________

Previous C/S : Number ____________ **Type of C/S** ________________

Reasons for C/S ________________________________

Complications during C/S ________________________________

Other Operations ________________________________

Previous/Current Illnesses	Asthma	Heart Disease	TB	Diabetes	Hypertension	Other	

Give Details ________________________________

Medication: Present ________________________________

Past ________________________________

Allergy ________________________________

Substance abuse ________________________________

Family-History: multiple pregnancy, congenital abnormalities, DM, HPT, other: ________________

Socio-economic history/transport ________________________________

PREVIOUS PREGNANCIES											
No	**Del. Year**	**Gest. in Weeks**	**Dur. of Labour**	**Mode of Del.**	**Place of Del.**	**Alive/ SB NND/NOD**	**Cond. At Del.**	**Sex**	**Wt. Kg**	**Breast Fed/ Duration**	**Complications**

Reason for admission: ________________________________

Referred from/by: ________________________________

RISK FACTORS (From History)

1. ________________
2. ________________
3. ________________
4. ________________
5. ________________
6. ________________

Name: ________________ **Signature** ________________ **Date** ________________

CLINICAL NOTES

Date/ Time	Remarks
	EXAMINATION FINDINGS IF NOT IN LABOUR

CLINICAL NOTES

Date/ Time	Remarks

CLINICAL NOTES

Date/ Time	Remarks

OBSERVATION CHART

IF THE DIAGNOSIS OF LABOUR IS DOUBTFUL

OBSERVATION (4 hourly until labour is established)

	Contraction		Liquor			FH	Maternal			Urine				Vaginal Exam.		Drugs		Name & Signature
Date/Time	Strength	Freq	Clear	MSL	Blood Stain		Resp/ Pulse	BP	Temp	Prot.	Ket.	Glu.	Vol.	Dilatation	Effacement	Dose & Route	Drops /Min.	

LABOUR - INITIAL ASSESSMENT

CLINICAL HISTORY

Date		Time		Assessed by			
If Referred	From		Time of referral		Time of Admission		
Reasons for Referral							
Date & Time : onset of	Labour		ROM		Bleeding		
Booked	Yes	No	**If No Give reason**				
Details	Name of Clinic		Gest. Age at first booking		No. of Visits		
Hb		**Bl.Gp**		**RPR/VDRL**		**HIV**	
Problems at ANC							
Main Complaints/Problems:							

EXAMINATION

Gen. Exam.	Pulse		BP		Temp		Appearance	
Chest:								
CVS:								
Other Systems:								

ABDOMINAL EXAMINATION

Gest. Age	By Dates		Palp		SFH		Sonar			
Lie			**Level of Head (in fifths)**							
Presentation			**Attitude**							
Liquor Volume			Normal	**EFW**						
Contractions	Yes	No	Unsure	<20sec	20-40sec	>40sec	**FH**	Normal	Abnormal	Absent
Type of FH Abnormality										

VAGINAL EXAMINATION

Speculum	Liquor		Blood		Cervix					
Digital Exam	**Cervix**	Thick	Thin	Oedematous	Not felt	**Application**	Good	Poor		
Cervical dilatation		Effacement		Position						
Presentation		**Position**		**Moulding**	**OP**	0	+	++	+++	
Station	-3	-2	-1	0	+1	+2	+3			
					PP	0	+	++	+++	
Attitude	Well Flexed	Deflexed		**Caput**	0	+	++	+++		
Liquor	Clear	MSL	**Grade**	I	II	III	Blood stained	Offensive		
Pelvic Assessment	Adequate	Doubtfully	Inadequate							

RISK FACTORS

Maternal	Fetal	Labour

SUMMARY / Diagnosis / Management

Patient to be managed at:	CLINIC		HOSPITAL	

PARTOGRAM

NAME ______________________ PARITY __________ AGE _______ DATE __________ PELVIS __________ EFW ______

RISK FACTORS ____ DURATION OF LABOUR O/A ______

____ DURATION OF ROM O/A ______

LOW RISK

HIGH RISK

FETAL CONDITION		
BASELINE	NORMAL (120-160)	
	> 160	
	< 120	
VARIABILITY	GOOD	
	POOR	
	INTERMEDIATE	
DECELERARIONS	EARLY	
	LATE	
	VARIABLE	
	MIXED	
LIQUOR		
MOULDING	OP	
	PP	
CAPUT		

PROGRESS OF LABOUR

Denote Position e.g. LOA

Cervical length I

Cervical dilatation X

CERVICAL DILATION AND EFFACEMENT

LEVEL OF HEAD

10 9 8 7 6 5 4 3 2 1 0

Alert line

Action line

TIME

NAME AND SIGNATURE OF PERSON EXAMINING

	Contractions per 10 mins. ■ > 40 sec □ 20-40 sec ▚ < 20 sec	**CONTRACTION**	5 4 3 2 1
		DRUGS AND INTRAVENOUS FLUIDS	
		Oxytocin	Amount Drops per minute
MATERNAL CONDITION	Pulse BP	**B.P. AND PULSE**	210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60
		URINE	Prot. Ket. Glucose Vol. Temp. Initials

MANAGEMENT	**ASSESSMENT TIME**				
	PROBLEMS IDENTIFIED				
	ACTION TAKEN				

CLINICAL NOTES

Date/ Time	Remarks

FORCEPS DELIVERY / VACUUM EXTRACTION

Date		**Time**		**Performed By:**		**Assisted by:**	
INDICATIONS:							

CONDITION BEFORE DELIVERY

Fetal Heart	Normal	Abnormal	Rate		**CTG**	Yes	No
Type of FH Abnormality							
Level of Head		**Mat. Pulse**		**BP**		**Urinary Catheter**	Yes / No

VAGINAL EXAMINATION

Cervical dilatation				**Oedema**		Yes	No	**Application**	Good				Poor
Level of Head		**Position**			**Flexion**				**Caput**	0	+	++	+++
Station	+3	+2	+1	0	-1	-2	-3		**Moulding**	OP	0	+	++	+++
Liquor	Clear	MSL	**Grade**	I	II	III	Blood Stained		PP	0	+	++	+++
Pelvic Assessment													
Other Findings													

DRUGS (including dosage)

ANAESTHESIA						
General	Local	Epidural	Pudendal	Spinal	Saddle	Other
Details of problems						

FORCEPS DELIVERY

Instrument Type		**Application**	Easy	Difficult	Very Difficult	Failed
Number of Pulls		**Application-Delivery Time**				
Comments						

VACUUM EXTRACTION

Cup	Type		Size		**Application**	Easy	Difficult	Very Difficult	Failed
No. of Pulls		Strength of traction			Did cup slip?	Yes	No	No. of times cup slipped	
Site of Application					**Application-Delivery Interval**				
Equipment problems? Explain									
Comments									

OUTCOME (FORCEPS OR VACUUM)

Time Procedure Commenced			**Time Completed**		
Condition of baby at birth	APGAR	1 min		5 min	
Injuries?					
Maternal Injuries?					
Comments					

REMARKS & POST-PROCEDURAL INSTRUCTIONS

NAME:	**SIGNATURE:**

CAESAREAN SECTION

INDICATIONS
1.
2.
3.
4.

Date of Op		**Time Commenced**		**Time Completed**	
Surgeon			**Assistant**		
Anaesthetist			**Midwife**		

OPERATIVE PROCEDURE...	

PRE-OP DETAILS					
Date of decision		Time of decision for Op		By whom	

Mat. Pulse		BP		Temp		Level of the Head		Foleys catheter	Yes	No

Pre-Op. Drugs	

Fetal Heart	Present	Absent	Uncertain	**Fetal distress**	Yes	No
Give details...						

OPERATION PROCEDURE AND FINDINGS			
Anaesthetic	General	Other	Give details

Problems with Anaesthetic	

Skin Incision	Transverse	Midline	Other	Details
Uterine Incision	Lower Segment	Classical	DeLee	Other...

Uterine Scar	Intact	Dehisced	**Fetal Presentation**		**Fetal Position**	
Prolonged Incision-Delivery Time	Yes	No	**Difficulty with delivery of baby**	Yes	No	

Reasons	

Liquor	Increased	Decreased	Clear	MSL	**Grade**	I	II	III	Blood Stained	Offensive
Placenta	Upper Segment	Praevia	Anterior	Posterior	Central	**Retroplacental Clot**	Yes	No		

Other Placental Abnormalities	
Uterine Abnormalities	
Uterine Tears... Give Details	

Tubal ligation	Yes	No	Type...	

Other findings at Op...	
Closure	
Drains	
Further description of operation	
Estimated Blood Loss	

Resuscitation of baby	Yes	No	**Resuscitated By**	

Details of Resuscitation	
Post-operative Management	

SUMMARY OF LABOUR

SECOND STAGE

Time fully Dilated		**Bearing Down Began at**		**Time of Delivery**	
Method of Delivery		**Delivered by**		**Assisted by**	
Comments					
Complications....					

NEONATE	Male	Female	Alive	FSB	MSB	NND	Weight	ID band on ?	Cord clamp?
1.									
2.									

Konakion	Yes	No	**Eye drops**	Yes	No	**Type**		**Given by**	

APGAR ASSESSMENT

APGAR	0	1	2	1 min	5 min
Heart Rate	Absent	<100 beats/min	>100 beats/min		
Respiration	Absent	Weak cry, slow & irregular respiration <20 min	Good cry		
Muscle Tone	Limp	Some flexion of extremities	Active motion good, flexion of extremities		
Response to stimulation	No response	Grimace	Cry, cough, sneeze or urinate		
Colour	Blue or pale	Body pink, extremities blue	Completely pink		
			APGAR SCORE		

ANESTHESIA

General	Regional	Epidural	Spinal	Saddle	Combination	Local	Pudendal	Perineal
Given by					**Details ...**			

SUMMARY OF DURATION OF LABOUR

	ONSET OF LABOUR		DURATION OF LABOUR		MEMBRANES	
	DATE	TIME	HOURS	MINUTES	AROM / SROM	
First Stage					**Time of ROM**	
Second Stage					**Time of delivery**	
Third Stage					**Dur. of ROM.**	
TOTAL DURATION OF LABOUR					**Blood loss in mL**	

THIRD STAGE

PLACENTA, MEMBRANES & CORD							
Method of Delivery					**Umbilical Cord**	Normal	Abnormal
Placenta	Normal	Abnormal	Complete	Incomplete	**Membranes**	Complete	Incomplete
Give details...							

Placenta	No. of vessels in Cord		Retroplacental clot	Yes	No		Yes	No

FOURTH STAGE - Time of observation		**Observed by**	

Temp		**Resp/Pulse**		**BP**		**Urine passed**	Yes	No	**Urinary Catheter**	Yes	No

Uterus contracted	Yes	No	**Uterus ruptured**	Yes	No	**Cord/Maternal blood taken**	Yes	No

Cervical tears	Yes	No	**Give details...**

Perineum	Intact	1 Tear	2 Tear	3 Tear	Episiotomy	Repaired by

Blood loss		**If PPH give details of management...**

Breast feeding initiated	Yes	No	**If no give reasons...**	

TRANSFER TO WARD BY: **RECEIVED IN WARD BY:** **TIME:**

Condition satisfactory **Mother**	Yes	No	**Baby**	Yes	No	
Further management, mother and/or baby						

CLINICAL NOTES

Date/ Time	Remarks

ASSESSMENT OF NEWBORN

Name ________________ **Hospital No.** ________________ **D.O.B.** ____________ **Time of Birth** ____________

RESUSCITATION DETAILS										
No resuscitation required	**Oxygen by Mask**	**Intubation**	**Tracheal Suction**	**Drip**	**Adrenaline**	**Narcan**	**Cardiac Massage**			
Time Resusc. Commenced		**Time Resusc. Completed**		**Apgar**	1 min		5 min			

RESUSCITATION SEQUENCE AND SUMMARY

____

____

____

____

PROBLEMS WITH RESUSCITATION (Equipment, staff, etc.)

____

____

____

____

INITIAL PHYSICAL ASSESSMENT OF NEWBORN									**Male**	**Female**
Weight		Length		HC		**Gest. Age**	By obstet Ass.		By Physical Score	
RPR/VDRL	Date taken		Not taken	Positive	Negative	Awaiting Results				
If RPR/VDRL positive ? Action Taken...										
Blood Group		**Rh+ve**	**Rh neg.**	**Antibodies**	Present	Absent				

FIRST EXAMINATION TICK LIST

General	Well	Sick			General	Well	Sick
Temperature	36-37 C	>37,5 C	<35,5 C		**Legs**	Normal	Less than normal
Appearance	Well nourished	Obese	Thin	Dysmorphic	**Feet**	Normal	Clubbed
Odour	Normal	Offensive			**Toes**	Normal	Abnormal
Behaviour	Responsive	Lethargic	Irritable	Jittery	**Arms**	Normal	Not moving
Head shape	Normal	Asymmetrical	Caput				Fracture
		Haematoma	Trauma		**Fingers**	Normal	Abnormal
Fontanelles	Normal	Bulging	Large		**Mouth**	Normal	Cleft
		Sunken	Third		**Palate**	Intact	Cleft
Colour	Pink	Blue	Pallor		**Tongue**	Normal	Large
Heart rate	120-160/min	<120/min	>160/min				Protruding
Resp. rate	40-60/min	Fast >60 min	Slow < 40 min		**Chin**	Normal	Small
Recession	Absent	Costal	Sternal		**Back**	Normal	Meningocoele
Breath sounds	Quiet	Grunting	Noisy				Sacral dimple
Abdomen	Normal	Distended	Hepatomegaly		**Muscle Tone**	Normal	Hypertonic
	Scaphoid	Splenomegaly					Hypotonic
Skin	Intact	Jaundice	Rash		**Genitalia**	Normal	Ambiguous
		Bruising	Purpura		**Urine**	Passed	Not passed
		Pustiles			**Anus**	Patent	Imperforate
Cry	Normal	Hoarse	Absent		**Meconium**	Passed	Not passed
		High-pitched			**Eyes**	Normal	Abnormal
Umbilicus	Normal	Moist	Mec. Stained		**Reflexes**	Normal	Abnormal

		Red	Bleeding			
Assessment						
Assessed by:		**Rank:**		**Signature:**		
Supervised by:		**Rank:**		**Signature:**		

PUERPERIUM: NOTES / PROCEDURES

(Mother and baby)

Date	**Time**	**Remarks**	
		MOTHER	**BABY**

PUERPERIUM: NOTES / PROCEDURES
(Mother and baby)

Date	Time	Remarks	
		MOTHER	BABY

CONTROL CHART: PUERPERIUM

DAY										
DATE										
TIME										
Temperature C	40									
	39.5									
	39									
	38.5									
	38									
	37.5									
	37									
	36.5									
	36									
PULSE										
BLOOD PRESSURE										
RESPIRATION										
FUNDAL HEIGHT IN CM	24									
	22									
	20									
	16									
	14									
	12									
	10									
	8									
HAEMOGLOBIN/Colour										
BREASTS										
UTERUS										
PERINEUM										
LOCHIA										
URINE										
BOWEL ACTION										
LEGS										

SIGNATURE									

DISCHARGE SUMMARY

(To be filled in the Postnatal Ward. Copy to go with patient to the clinic and/or doctor)

Name: ______________________________ **Clinic/Hospital No.** ______________________

MOTHER					
Delivery	Date		Type		Place
Medical Problems					
Surgical Problems					
Obstetric Problems					
Present Medication					
Discharge Medication					

EXAMINATION ON DISCHARGE								
Looks well	**Looks ill**	**Pulse**		**BP**		**Temp**		**Breasts**
HOF			**Vaginal Bleeding**	Mild	Moderate	Excessive		
Perineum	Intact	**Epis/Tear**	Clean	Septic	**Urinary Output**	Good	Poor	Nil
Remarks:								

FAMILY PLANNING						
Method discussed	Pill	Injection	IUCD	Condoms	T/L	Vasectomy
Method accepted	Pill	Injection	IUCD	Condoms	T/L	Vasectomy
Breast feeding	Discussed	Yes	No	If no explain		
	Initiated successfully	Yes	No	If no explain		
Contraceptive given/performed by						
Remarks:						

BABY								
	Male	Female	Weight	Head circumference	Length	BCG	Polio	Methods of feeding
1.								
2.								
Remarks:								

POSTNATAL ADVICE ON DISCHARGE
Future pregnancies
Perinatal Care
Future ANC
Future mode of delivery
Future Pap smears/Breast examination
Postnatal exercises

Breast Feeding		
Care of the baby		
Immunisation		
Postnatal visit: Date	**Clinic/Hospital**	
Notification/Registration of Birth		
Name:	**Rank:**	**Signature:**

DISCHARGE SUMMARY

(To be filled in the Postnatal Ward. Copy to go with patient to the clinic and/or doctor)

Name: ______________________________ **Clinic/Hospital No.** ______________

MOTHER					
Delivery	Date		Type		Place
Medical Problems					
Surgical Problems					
Obstetric Problems					
Present Medication					
Discharge Medication					

EXAMINATION ON DISCHARGE									
Looks well	**Looks ill**	**Pulse**		**BP**		**Temp**		**Breasts**	
HOF			**Vaginal Bleeding**	Mild	Moderate	Excessive			
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Remarks:									

FAMILY PLANNING						
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	Male	Female	Weight	Head circumference	Length	BCG	Polio	Methods of feeding
1.								
2.								
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Breast Feeding		
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Immunisation		
Postnatal visit: Date	Clinic/Hospital	
Notification/Registration of Birth		
Name:	Rank:	Signature:

LIST OF ABBREVIATIONS

1. ANC - Antenatal Care
2. AROM - Artificial rupture of membranes
3. C/S - Caesarean section
4. CTG - Cardio-tocograph
5. CVS - Cardiovascular system
6. DM - Diabetes mellitus
7. DOB - Date of birth
8. EDD - Estimated date of delivery
9. EFW - Estimated foetal weight
10. FH - Foetal heart
11. FSB - Fresh stillbirth
12. Hb - Haemoglobin
13. HC - Head circumference
14. HIV - Human immunodeficiency virus
15. HOF - Height of fundus
16. HPT - Hypertension
17. IUCD - Intrauterine contraceptive device
18. LNMP - Last normal menstrual period
19. MSB - Macerated stillbirth
20. MSL - Meconium staining of liquor

21. NND	-	Neonatal death
22. NOD	-	Non obstetric death
23. OP	-	Occipito-parietal
24. PP	-	Parieto-parietal
25. PPH	-	Post partum haemorrhage
26. Rh	-	Rhesus
27. ROM	-	Rupture of membranes
28. RPR	-	Rapid plasmin reagin
29. SFH	-	Symphysis fundal height
30. SROM	-	Spontaneous rupture of membranes
31. TB	-	Tuberculosis
32. VDRL	-	Venereal disease research laboratory