



MNRS

Maternal/Newborn
Record System™

Labor and Delivery Summary

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To order call: **1.800.247.2343**

Re-order No. **5712N**

Labor Summary

G	T	Pt	A	L	Type and Rh	EDD
/	/	/	/	/	/	/

Prenatal Events

None

- No Prenatal Care
- Late Prenatal Care
- Preterm Labor (less than or equal to 37 Weeks)
- Postterm Labor (greater than or equal to 42 Weeks)
- Previous Cesarean
- Prenatal Complications
- Refer to Prenatal Records

Intrapartal Events

Maternal

- Febrile (greater than or equal to 100.4°F/38°C)
- Bleeding—Site Undetermined
- Preeclampsia (mild) (severe)
- Seizure Activity
- See Labor Progress Chart
- Medications
- None

Date	Time	Medication	Dose	Route

- Transfusion _____ units
- Blood Component _____
- _____

Amniotic Fluid

- PROM AROM Date _____ Time _____
- Premature ROM Prolonged ROM
- Clear
- Meconium-Stained (describe) _____
- Bloody
- Foul Odor
- Cultures Sent _____ Time _____
- Polyhydramnios
- Oligohydramnios
- _____

Placenta

- Placenta Previa
- Abruptio Placenta
- _____

Labor

- Precipitous Labor (less than 3 hrs)
- Prolonged Labor (greater than or equal to 20 hrs)
- Prolonged Latent Phase
- Prolonged Active Phase
- Prolonged 2nd Stage (greater than 2.5 hrs)
- Secondary Arrest of Dilatation
- Induction None
- AROM Oxytocin Cervical Ripening
- Augmentation None
- AROM Oxytocin _____

Labor Summary (Cont'd.)

Fetus

Gestational Age (Wks) _____ By Dates
 _____ By Ultrasound

Presentation

- Vertex
- Face/Brow
- Breech Frank Complete
- Single Footling
- Double Footling
- Transverse Lie Back-up Back-Down
- Compound
- Unknown
- Cephalopelvic Disproportion (CPD)
- Cord Prolapse
- Shoulder Dystocia

Position

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Monitor None FHR UC
 External Internal

- Fetal Bradycardia
- Fetal Tachycardia
- Sinusoidal Pattern
- Accelerations Spont. Uniform
- Decelerations Early Late
- Variable Prolonged
- Scalp pH less than or equal to 7.1
- _____
- FM Discontinued _____ Time _____
- FHR Prior to Delivery _____ bpm Time _____

Delivery Data

- Support Person Present Yes No
- Delivery Location
- LDR LDRP DR OR
- Birthing Center _____
- Sponge Counts Correct N/A Yes No
- Needle Counts Correct N/A Yes No
- Vaginal Pack Count Correct N/A Yes No
- Estimated Blood Loss _____ mL

Method of Delivery

- Vaginal VBAC
- Number Previous Cesareans _____
- Vertex
- Spontaneous
- Assisted _____ to _____
- Manual Rotation
- Forceps (type _____)
- Outlet Low Mid
- Vacuum Extraction Duration _____ Min.
- Degree of suction _____ kg/cm²
- Number of pop offs _____
- Breech (type _____)
- Spontaneous
- Partial Extraction (assisted)
- Total Extraction
- Forceps Assist
- Piper _____

Method of Delivery (Cont'd.)

- Cesarean
- Scheduled Unscheduled
- Emergency
- Primary Repeat (x _____)
- Other _____
- Operative Indication
- Previous Uterine Surgery
- Arrest of Descent
- Failure to Progress
- Placenta Previa
- Abruptio Placenta
- Fetal Malpresentation _____
- Non reassuring FHR Pattern _____
- Other _____
- Uterine Incision
- Low Cervical, Transverse
- Low Cervical, Vertical
- Classical
- Hysterectomy No Yes
- Tubal Ligation No Yes
- Skin Incision
- Vertical
- Pfannenstiel

Episiotomy

- None
- Midline
- Mediolateral L R
- Laceration/Episiotomy Extension None
- Periurethral
- Vaginal
- Cervical
- Uterine
- Perineal 1° 2° 3° 4°
- Repair Agent Used _____
- Vagina free of sponges

Placenta

- Delivery Time _____
- Spontaneous
- Expressed
- Manual Removal
- Adherent (type _____)
- Uterine Exploration
- Curettage
- Configuration
- Normal
- Abnormal _____
- Weight _____ gms
- Disposition Lab _____ Refrig _____

Cord

- Nuchal Cord (x _____)
- Cord Gases Sent Results _____
- Cord Saved (min. 8 inches)
- True Knot Length _____ cms
- 2 Vessels
- 3 Vessels
- Cord Blood To Lab Refrig Discard
- Lab Type + Rh Cultures Coombs
- pH _____

Date Completed ____/____/____

(Signature)



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Delivery Anesthesia None

- Local Pudendal General
- Epidural Spinal

Date	Time	Medication	Dose	Effect

Complications None

Delivery Medications None

Date	Time	Medication	Dose	Route Site	Init

Chronology

Event	Date	Time	Total Time Hrs/Min
EDD			
Admit to Hospital			
Membranes Ruptured			
Onset of Labor			
Complete Cervical Dilatation			
Delivery of Infant			
Delivery of Placenta			
			Total Labor

Infant Data

Male Female
 ID/Band No. _____
 Condition Alive Stable Fair Critical
 Stillbirth Antepartum Intrapartum
 Neonatal Death
 Birth Order _____ of 1 2 3 4
 Repeat Apgar every 5 min until score greater than or equal to 7

Apgar Score	1 min	5 min	10 min	15 min
Heart Rate				
Respiratory Effort				
Muscle Tone				
Reflex Irritability				
Color				
Total				

Scored by _____

Airway

- Bulb Suction
- Suction Catheter Size _____ Fr
 - Mouth Pressure _____
 - Nose _____ millimeters Hg
 - Pharynx At Delivery

Infant Data (Cont'd.)

Airway (cont'd.)

- Endotracheal Tube Size _____ Fr
 - Vigorous
 - Not Vigorous
 - Meconium Below Cords Times _____
 - Meconium Aspirator
 - Endotracheal Tube

Breathing

- Spontaneous
- O₂ _____ Liters
 - Free Flow Time Init. _____
 - PPV
 - Bag/Mask Time Init. _____
 - ET Tube Size _____ Fr Time Init. _____
 - CPAP _____ millimeters
- minutes to First Gasp _____
- minutes to Sustained Respiration _____

Circulation

- Spontaneous
- External Cardiac Massage
 - Time Initiated _____ Time Completed _____
 - minutes for HR greater than 100 _____
 - Heart Rate (bpm) _____
 - Time _____
 - Time _____
 - Time _____

IV Access

- Umbilical Catheter
- Peripheral Line

Person Managing Resuscitation:

Neonatal Medications None

Medication	Dose	Route Site	Init	Date	Time
Vitamin K					
Erythromycin					
Hepatitis B					

- Hepatitis B: Mfg _____
- Lot # _____ Expire Date _____

Lab Data None

Blood Gases	Sent	Umb Art	Umb Vein
pH			
pO ₂			
pCO ₂			
HCO ₃			
Base Deficit/Excess			

Test	Result
Glucose	

Initial Newborn Exam

- Weight _____ gms _____ lbs _____ ozs Deferred
- Length _____ cms _____ ins Deferred
- Head _____ cms _____ ins Deferred
- Chest _____ cms _____ ins Deferred
- Abdomen _____ cms _____ ins Deferred
- Temp _____ Axillary
- AP _____ Resp _____ BP _____
- No Observed Abnormalities
- Abnormalities Noted
 - Meconium Staining Cephalhematoma
 - Petechiae Other _____
- Describe _____

Intake None

- Breast Fed Formula Glucose Water
- Output None
- Urine Stool (type _____)
- Gastric Aspirate _____ mL per hour

Examined By

- Transfer With Mother
- To Newborn Nursery
- To NICU
- _____

Date _____ Time _____

Mode of Transport _____

Delivery Personnel

- RN (1) _____
- (2) _____
- Anesthesiologist/CRNA _____
- CNM _____
- Physician—Attending _____
- Physician—Assist (1) _____
- (2) _____

- Technician _____
- Pediatric Provider _____
- Notified Present at Birth
- APRN _____

Others Present _____

Remarks:

Date Completed ____/____/____
 (Signature) _____