MNRS
Maternal/Newborn Record System™

Labor and Delivery Summary

To order call: **1.800.247.2343** Re-order No. **5876N**

Labor Summary

G	T	Pt	A	L	Type and Rh

Presentation **Position**

- ☐ Vertex
- ☐ Face or brow
- ☐ Breech _____
- ☐ Transverse lie ☐ Compound
- ☐ Unknown

Intrapartum Events ☐ None

- ☐ No prenatal care
- ☐ Preterm labor (less than or equal to 37 wks.)
- ☐ Postterm (greater than or equal to 42 wks.)
- ☐ Febrile (greater than or equal to 100.4°)
- ☐ PROM (greater than or equal to 1 hr. before onset of labor)
- ☐ Meconium
- ☐ Foul smelling fluid
- ☐ Polyhydramnios/Oligohydramnios
- ☐ Abruption
- ☐ Placenta previa
- ☐ Bleeding-site undetermined
- ☐ Preeclampsia (mild) (severe)
- ☐ Seizure activity
- ☐ 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
- ☐ Cephalopelvic disproportion
- ☐ Cord prolapse
- ☐ Decreased FHT variability
- ☐ Prolonged fetal bradycardia
- ☐ Prolonged fetal tachycardia
- ☐ Recurrent late decelerations
- ☐ Recurrent variable decelerations
- ☐ Acidosis (pH less than 7.1)
- ☐ Anesthetic complications
- ☐ _____
- ☐ _____
- ☐ _____

Induction ☐ None

☐ AROM ☐ Oxytoc. ☐ Cervical Ripening

Augmentation ☐ None

☐ AROM ☐ Oxytoc. ☐ _____

Monitor ☐ None

	FHT	UC
External	☐	☐
Internal	☐	☐

Medications Total dosage

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Time of last narcotic : A P

Delivery Data

Method of Delivery

Cephalic

- ☐ Spontaneous Type
- ☐ Low forceps } _____
- ☐ Mid forceps }
- ☐ Rotation _____ to _____
- ☐ Vacuum extraction

Breech

- ☐ Spontaneous
- ☐ Partial extraction *(assisted)*
- ☐ Total extraction
- ☐ Forceps to A.C. head

Cesarean *(details in operating notes)*

- ☐ Low cervical: transverse
- ☐ Low cervical: vertical
- ☐ Classical
- ☐ Cesarean hysterectomy

Placenta

- ☐ Spontaneous
- ☐ Expressed
- ☐ Manual
- ☐ Adherent
- ☐ Ut. exploration

Configuration

- ☐ Normal
- ☐ Abn. _____

If weighed: _____ gms.

Blood loss
☐ less than 500 ml.
☐ greater than or equal to 500 ml.
Specify amount, detail in Remarks
(_____ ml.)

Cord

- ☐ Nuchal cord x _____
- ☐ True knot
- [2] [3] Umbilical vessels

Cord blood: (to lab) (refrig.) (discard)

For: ☐ Type ☐ Coombs ☐ VDRL & Rh ☐ _____

Episiotomy ☐ None

- ☐ Median Suture
- ☐ Mediolateral _____
- ☐ Other _____

Laceration ☐ None

[1] [2] [3] [4] Degree perineal

- ☐ Vaginal
- ☐ Cervical
- ☐ Uterine rupture
- ☐ Other _____

Surgical Procedures ☐ None

- ☐ Tubal ligation ☐ Curettage
- ☐ Other _____

Sponge/Needle Counts: ☐ Correct

Delivery Data (cont.)

Delivery Anesthesia ☐ None

1 = Local 2 = Pudendal 3 = Paracervical
4 = Epidural 5 = Spinal 6 = General

No.	Agent/Drug	Dose
No.	Agent/Drug	Dose

Administered by: _____

Delivery Room Meds. ☐ None

Agent/Drug	Dose	Route
Time : A P	Sig.	
Agent/Drug	Dose	Route
Time : A P	Sig.	
Agent/Drug	Dose	Route
Time : A P	Sig.	

Chronology Date

		Time
EDC	mo / day / yr	
ADMIT TO HOSPITAL	mo / day / yr	: A P
MEMBRANES RUPTURED	mo / day	: A P
ONSET OF LABOR	mo / day	: A P
COMPLETE CERVICAL DIL	mo / day	: A P
DELIVERY OF INFANT	mo / day	: A P
DELIVERY OF PLACENTA	mo / day	: A P

Infant Data

Apgar Scores

	Heart rate	Respiration	Muscle tone	Reflex irritation	Skin color	Totals
1 min						
5 min						
10 min						

Resuscitation ☐ None [spontaneous respiration]

- ☐ Oxygen
- ☐ Bag and mask
- ☐ Intubation
- ☐ Ext. cardiac massage
- ☐ Other _____

____ mins. to sustained respiration

Infant Data (cont.)

Medications ☐ None

- ☐ Volume expander
- ☐ Sodium bicarbonate
- ☐ Drug antagonists
- ☐ Umbilical catheter
- ☐ Other _____

_____

Medications checked below were administered in the delivery room. Otherwise reference the Newborn Flow Record.

- ☐ Erythromycin1/2%
- ☐ $AgNo_3$ 1% or _____
- ☐ Aqueous Vitamin K IM

Admin. by: _____

Initial Newborn Exam

- ☐ **No observed abnormalities**
- ☐ Gross congenital anomalies
- ☐ Mec. staining ☐ Trauma
- ☐ Petechiae ☐ Other

Describe _____

_____
_____
_____
_____

Basic Data

ID bracelet no. _____

Hospital record no. _____

☐ Male ☐ Female

Birth order: _____ of [1] [2] [3] [4]

Weight _____

Length _____

Output

- ☐ Urine
- ☐ Meconium
- ☐ Gastric _____ (ml.)

Transferred

- ☐ To newborn nursery
- ☐ With mother
- ☐ To NICU
- ☐ _____

Deceased:
☐ Antepartum
☐ Intrapartum
☐ Neonatal (in delivery room)

Date mo / day / yr Time : A P

Remarks: _____

_____

Pediatrician/Resuscitator Nurse

Assisting **Attending** Date completed mo / day / yr

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