



Assisted Birth Record

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Facility:

Date: / /	Time of examination/decision to assist birth: :	Consultant notified: Dr	Time notified: :
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Name of newborn clinician in attendance:

Other clinicians present:

Indication for assisted birth (accoucheur to document):

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Checklist: Verbal consent obtained Risks and potential complications discussed with mother
 Bladder emptied Anaesthetic / analgesia adequate (specify):
 None Local Entonox gas Spinal / epidural

Abdominal Palpation	Vaginal Examination
Fundus:	Dilatation:
Lie:	Presenting part / attitude:
Presentation / attitude:	Station:
Position:	Position:
Engagement:	Caput/Moulding:

Outcome					
Birth time:	Place of birth: <input type="checkbox"/> OT <input type="checkbox"/> Birth suite	Birth method:	Infant's weight: g	Apgar score: 1 min: 5 min:	Cord pH / lactate: Venous: Arterial:
Perineal status:		Analgesia used for birth:		Estimated blood loss:	

Accoucheur / Midwife Signature			
	Name (print):	Designation:	Signature:
Accoucheur			
Midwife			

DO NOT WRITE IN THIS BINDING MARGIN

v1.00 - 12/2011



SW251

ASSISTED BIRTH RECORD

