

Labor and Delivery Note

(by Dr. Jen Pearson – to be used to complete the Delivery Summary)

Stage I:

- Duration
- Description of labor
 - Onset
 - Progression
 - Membrane status
 - Fetal well being
 - Type of monitoring
- Analgesics used
- Position of infant presentation
- Any other pertinent information from this stage

Stage II:

- Duration
- Description of this stage (to include same points as above) as well as the description of delivery (i.e.: spontaneous vs. forceps, etc.)
- Episiotomy – if applicable
- Analgesics used
- Apgars and infant status
- Sex, weight and any other pertinent infant data
- Any other pertinent information from this stage

Stage III:

- Duration
- Description of placental delivery and cord status (i.e. expressed, spontaneous, etc.)
- Medications given
- Estimated Blood Loss
- Status of perineum and further maternal anatomy and description of any repair required
- Complications
- Status of mother and baby
- Any other pertinent information from this stage

Example of Delivery Note:

Stage I: 7 hours 35 minutes

Spontaneous rupture of membranes with normal progressive labor following. Fetal heart tones normal with variable decelerations over last half hour of Stage I with good return to baseline. Good accelerations throughout. Doppler monitoring initially with continuous external fetal monitors placed at about 6 cm. Epidural placed at 8 cm. with good pain relief. OA presentation of fetus.

Stage II: 1 hour 20 minutes

Continued normal progression of labor with good fetal decent. Variable decelerations continued throughout with continued immediate return to baseline. Fetal scalp electrode placed due to variable decelerations and difficulty tracking heart tones. Spontaneous delivery of vigorous male infant over midline episiotomy Epidural analgesia adequate, no additional local block required. Male infant with Apgars of 8 at 1 minute and 9 at 5 minutes, weight 8# 6oz.

Stage III: 12 minutes

Spontaneous delivery of intact placenta, 3 vessel cord. 10 units of IM pitocin given with good uterine contraction EBL <500 cc. Second degree perineal laceration with superficial periurethral tear. Perineal laceration repaired with 3.0 vicryl with good results. Periurethral tear did not require repair. No complications. Mother and baby in stable condition in delivery room.