

 <b>UPM</b> UNIVERSITI PUTRA MALAYSIA BERIKUMU BERBAKTI	<b>HOSPITAL SULTAN ABDUL AZIZ SHAH</b> <b>UNIVERSITI PUTRA MALAYSIA</b> <b>Document Code: HSAAS/OAG/BR179</b>	Patient Sticker
	<b>LABOUR SUMMARY FORM</b>	

Labour Onset:	Date:	POG:
Spontaneous <input type="checkbox"/>	Oxytocin <input type="checkbox"/>	Induced <input type="checkbox"/>
Prostaglandin <input type="checkbox"/>	Augmented <input type="checkbox"/>	A.R.M. <input type="checkbox"/>
S.R.O.M. <input type="checkbox"/>		
Labour Began:	Membrane Ruptured:	Second Stage of Labour:
Child Born:	Skin Contact:	Placenta Expelled:
Stages of Labour:		
DATE		1 <sup>st</sup> :
TIME		2 <sup>nd</sup> :
		3 <sup>rd</sup> :
Placenta: Complete/ Ragged		<b>Total:</b>
Membrane: Complete/ Ragged		
Conducted by: _____		Witness by : _____
Fetus	Fetus : 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Lie :
During Labour	Vertex <input type="checkbox"/> Breech <input type="checkbox"/> Face <input type="checkbox"/> Brow <input type="checkbox"/> Compound Presentation <input type="checkbox"/>	
	Cord presentation <input type="checkbox"/> Cord Prolapse <input type="checkbox"/> CTG <input type="checkbox"/> Fetal Distress <input type="checkbox"/>	

#### DELIVERY

Vaginal	Cephalic: OA <input type="checkbox"/> OP <input type="checkbox"/> OL <input type="checkbox"/> Face <input type="checkbox"/> Brow <input type="checkbox"/>
	Breech: Extended <input type="checkbox"/> Flexed <input type="checkbox"/> Footling <input type="checkbox"/> Assist. <input type="checkbox"/> Extraction <input type="checkbox"/>
Instrumental	Indication:
	Forceps: Low <input type="checkbox"/> Midcavity <input type="checkbox"/> Rotation <input type="checkbox"/> Rotation <input type="checkbox"/> Failed Forceps <input type="checkbox"/>
	Vacuum : Silicon Cup <input type="checkbox"/> Fetal Cup <input type="checkbox"/> Failed Vacuum <input type="checkbox"/>
Caesarean	Indication :
	Elective <input type="checkbox"/> Emergency <input type="checkbox"/> LSCS <input type="checkbox"/> Classical <input type="checkbox"/> Hysterectomy <input type="checkbox"/>
Others	Cord round neck : Loose <input type="checkbox"/> Tight <input type="checkbox"/> Shoulder Dystocia <input type="checkbox"/>
	Episiotomy <input type="checkbox"/> Vag Tear <input type="checkbox"/> Blood Loss: _____ mls
	Repaired by : <b>3rd stage medication:</b>

#### INFANT BIRTH RECORD

Alive <input type="checkbox"/>	Date of Birth: _____	Birth Weight: _____ kg	Apgar Score :
F.S.B <input type="checkbox"/>	Time : _____	Head Circumference: _____ cm	1 Min : _____
M.S.B <input type="checkbox"/>	Sex: Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Length: _____ cm	5 Min : _____
			10 Min : _____
Cord Blood Collection: Yes <input type="checkbox"/> No <input type="checkbox"/>			G.6.P.D: Yes <input type="checkbox"/> No <input type="checkbox"/>
Fetal Abnormality:			Resuscitation (Method):
Injection	Vitamin K 1gm: Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Injection:	
	Hepatitis B Vac 0.5mls : Yes <input type="checkbox"/> No <input type="checkbox"/>	SN: _____	

#### MOTHER OBSERVATIONS

Temperature: _____ °C	Uterus:
Pulse: _____ min	Perineum Exam:
Blood Pressure: _____ mmHg	Time transfer to Bed :
Doctor Name & Signature:	