

SECTION C. LABOR AND DELIVERY SUMMARY

I			II		
	CLINICIAN		OB DESIGNEE	NOT	
	YES	NO		YES	NO
C1. Artificial rupture membranes.....1	2 (C2)	<-8> (C2)	C1. Artificial Rupture Membranes.....1	2 (C2)	3 (C2)
a. Date ___/___/___			a. Date ___ / ___ / ___		
M D Y			M D Y		
b. Time ___:___ AM.....1			b. Time ___:___ AM....1		
PM.....2 (C3)			PM....2 (C3)		
C2. Spontaneous rupture membranes.....1	2(C3)	<-8> (C3)	C2. Spontaneous Rupture Membranes.....1	2 (C3)	3 (C3)
a. Date ___/___/___			a. Date ___ / ___ / ___		
M D Y			M D Y		
b. Time ___:___ AM.....1			b. Time ___:___ AM....1		
PM.....2			PM....2		
C3. Character of amniotic fluid: (CIRCLE ONLY ONE CODE)			C3. Character of Amniotic Fluid: (CIRCLE ONLY ONE CODE)		
a. Clear.....1			a. Clear.....1		
b. Meconium.....2			b. Meconium.....2		
c. Port-wine.....3			c. Port-wine.....3		
d. Purulent.....4			d. Purulent.....4		
e. Don't Know.....-8			e. Not Recorded-8		
C4. Onset of spontaneous or induced labor resulting in delivery.....1	2 (C5)	<-8> (C5)	C4. Onset of Spontaneous or Induced Labor Resulting in Delivery.....1	2 (C5)	3 (C5)
a. Date ___/___/___			a. Date ___ / ___ / ___		
M D Y			M D Y		
b. Time ___:___ AM.....1			b. Time ___:___ AM....1		
PM.....2			PM....2		
C5. Labor induced.....1	2 (C6)	<-8> (C6)	C5. Labor Induced.....1	2 (C6)	3 (C6)
(SPECIFY REASON)			(SPECIFY REASON)		
a. Premature rupture of membranes.....1	2	<-8>	a. Premature Rupture of Membranes.....1	2	3
b. Chorioamnionitis.....1	2	<-8>	b. Chorioamnionitis.....1	2	3
c. Hypertension complications.....1	2	<-8>	c. Hypertension Complications.....1	2	3