

SECTION C. LABOR AND DELIVERY SUMMARY

I

II

	<u>CLINICIAN</u>		<u>DON'T</u>	<u>OB DESIGNEE</u>	
	<u>YES</u>	<u>NO</u>	<u>KNOW</u>	<u>YES</u>	<u>NO</u>
d. Maternal diabetes.....1	1	2	<-8>	d. Maternal Diabetes.....1	2
e. Other maternal indication.....1 (SPECIFY) _____	1	2	<-8>	e. Other Maternal Indication.....1 (SPECIFY) _____	2
f. Fetal indication, IUGR.....1	1	2	<-8>	f. Fetal Indication, IUGR.....1	2
g. Fetal indication, postdates.....1	1	2	<-8>	g. Fetal Indications, Postdates.....1	2
h. Other fetal indication.....1 (SPECIFY) _____	1	2 (C6)	<-8> (C6)	h. Other Fetal Indications.....1 (SPECIFY) _____	2 (C6)
C6. Fetal distress.....1	1	2	<-8>	C6. Fetal Distress.....1	2
C7. Fetal scalp electrode used.....1	1	2 (C8)	<-8> (C8)	C7. Fetal Scalp Electrode Used.....1	2 (C8)
a. Date of first application ___/___/___ M D Y				a. Date of First Application ___/___/___ M D Y	
b. Time of first application ___ : ___ AM.....1 PM.....2				b. Time of First Application ___ : ___ AM.....1 PM.....2	
C8. Intrauterine pressure catheter (IUPC) Internal monitoring.....1	1	2 (C9)	<-8> (C9)	C8. Intrauterine Pressure C (IUPC) Internal Monitoring.....1	2 (C9)
a. Date of first application ___/___/___ M D Y				a. Date of First Application ___/___/___ M D Y	
b. Time of First Application ___ : ___ AM.....1 PM.....2				b. Time of First Application ___ : ___ AM.....1 PM.....2	

<u>NOT</u> <u>RECORDED</u>
3
3
3
3
3(C6)
3
3 (C8)
3 (C9)