

SECTION C. LABOR AND DELIVERY SUMMARY

I

II

		<u>CLINICIAN</u>		<u>DON'T</u>
		<u>YES</u>	<u>NO</u>	<u>KNOW</u>
C9.	Fetal Scalp Blood Sampling Done.....	1	2 (C10)	<-8> (C10)
	Number of Times: <input type="checkbox"/> <input type="checkbox"/>			
C10.	Delivery information.....	1	2 (sect D)	<-8>(sect D)
a.	Date of Delivery			
	___ / ___ / ___			
	M D Y			
b.	Time of Delivery			
	___ : ___ AM.....1			
	PM.....2			
c.	Type of Delivery			
	Vaginal.....1			
	Cesarean.....2 (C10e)			
d.	Vaginal Delivery Was (CIRCLE ONLY ONE):			
	Cephalic Spontaneous.....1			
	Cephalic Assisted with Forceps.....2			
	Cephalic Assisted with Vacuum.....3			
	Cephalic Assisted with Forceps and Vacuum.....4			
	Breech with or without use of Forceps...5			
	Assisted vs. Spontaneous Vaginal Delivery, Not Recorded.....6			

		<u>OB DESIGNEE</u>		<u>NOT</u>
		<u>YES</u>	<u>NO</u>	<u>RECORDED</u>
C9.	Fetal Scalp Blood Sampling Done.....	1	2 (C10)	3 (C10)
	Number of Times: <input type="checkbox"/> <input type="checkbox"/>			
C10.	Delivery information.....	1	2(sect D)	3(sect D)
a.	Date of Delivery			
	___ / ___ / ___			
	M D Y			
b.	Time of Delivery			
	___ : ___ AM.....1			
	PM.....2			
b.	Type of Delivery			
	Vaginal.....1			
	Cesarean.....2 (C10e)			
d.	Vaginal Delivery Was (CIRCLE ONLY ONE):			
	Cephalic Spontaneous.....1			
	Cephalic Assisted with Forceps.....2			
	Cephalic Assisted with Vacuum.....3			
	Cephalic Assisted with Forceps and Vacuum.....4			
	Breech with or without use of Forceps...5			
	Assisted vs. Spontaneous Vaginal Delivery, Not Recorded.....6			

PROMPT:IF C10c= 1 (TO INDICATE VAGINAL DELIVERY) ANSWER C10d AND THEN SKIP TO C12

