

**SECTION C. LABOR AND DELIVERY SUMMARY**

<b>I</b>				<b>II</b>			
<u>CLINICIAN</u>				<u>OB DESIGNEE</u>			
e. Cesarean Delivery Was (CIRCLE ONLY ONE)				e. Cesarean Delivery Was (CIRCLE ONLY ONE)			
Primary, Planned.....1				Primary, Planned.....1			
Primary, Unplanned.....2				Primary, Unplanned.....2			
Repeat, Planned.....3				Repeat, Planned.....3			
Repeat, Unplanned.....4				Repeat, Unplanned.....4			
Don't Know.....<-8>				Not Recorded.....5			
<b>I</b>			<b>II</b>				
<u>CLINICIAN</u>			<u>OB DESIGNEE</u>		<u>NOT</u>		
<u>YES</u>	<u>NO</u>	<u>DON'T</u>	<u>YES</u>	<u>NO</u>	<u>RECORDED</u>		
f. Indications for Cesarean:			f. Indications for Cesarean:				
i. Cephalopelvic Disproportion.....1			i. Cephalopelvic Disproportion.....1				
ii. Failure to Progress.....1			ii. Failure to Progress.....1				
iii. Fetal Distress.....1			iii. Fetal Distress.....1				
iv. Breech or Other Abnormal Lie.....1			iv. Breech or Other Abnormal Lie.....1				
v. Maternal Active Herpes.....1			v. Maternal Active Herpes.....1				
vi. Placenta Previa.....1			vi. Placenta Previa.....1				
vii. Multiple Gestation.....1			vii. Multiple Gestation.....1				
viii. Maternal Indication.....1			viii. Maternal Indication.....1				
(SPECIFY) _____			(SPECIFY) _____				
ix. Fetal Indication.....1			ix. Fetal Indication.....1				
(SPECIFY) _____			(SPECIFY) _____				
x. Other.....1			x. Other.....1				
(SPECIFY) _____			(SPECIFY) _____				



