A 20 yo G1 (now P1) presented to Labor and Delivery in prodromal labor at 4 cm dilation, having been contracting for 2 days. Upon admission, an external heart rate monitor was applied, Pitocin begun for augmentation, and an epidural placed for labor pain relief. Her membranes were artificially ruptured on 1/17 at 1200 for light meconium. An intrauterine pressure catheter (IUPC) was inserted and IV ampicillin begun due to intrapartum fever. After becoming fully dilated and pushing for two hours, the vertex was at +3 station but the patient said she was exhausted. A vacuum was applied and on the next two contractions, traction was applied while she pushed. On 1/18 at 1020, the baby delivered over an intact perineum.

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| **Method of Delivery** | Fetal Presentation: *(select one)* ⬜ Cephalic ⬜ Breech ⬜ Other |
| Route & Method: *(select one)* ⬜ Spontaneous ⬜ Forceps – Mid ⬜ Forceps – Low / Outlet ⬜ Vacuum ⬜ Cesarean ⬜ Unknown |
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| Labor & Delivery |
| **Method of Delivery** |  |
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| Indications for Vacuum: ⬜ Unknown**Select all that apply** ⬜ Failure to progress ⬜ Other | ⬜ Fetus at Risk | Indications for Forceps: ⬜ Unknown**Select all that apply** ⬜ Failure to progress ⬜ Other | ⬜ Fetus at Risk |
| **Labor** | **Onset of Labor** ⬜ None ⬜ Unknown at this time**Select all that apply**⬜ Prolonged Rupture of Membranes -- (12 or more hours)⬜ Prolonged Labor (20 or more hours) | ⬜ Premature Rupture of Membranes -- (prior to labor) | ⬜ Precipitous Labor -- (less than 3 hours) |
| **Characteristics** | **Characteristics of Labor & Delivery** |
|  ⬜ None ⬜ Unknown at this timeSelect all that apply ⬜ Induction of Labor – AROM ⬜ Steroids ⬜ Meconium Staining⬜ InternalElectronic Fetal Monitoring | ⬜ Induction of Labor – Medicinal⬜ Antibiotics⬜ Fetal Intolerance | ⬜ Augmentation of Labor⬜ Chorioamnionitis⬜ External Electronic Fetal Monitoring |
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| **Anesthesia / Analgesia** | **Anesthesia / Analgesia** ⬜ None ⬜ Unknown at this time**Select all that apply**⬜ Epidural (Caudal)⬜ General Inhalation⬜ Pudendal | ⬜ Local⬜ Paracervical | ⬜ Spinal⬜ General Intravenous |
| **Was an analgesic administered?** ⬜ Yes ⬜ No |  |  |