The woman, with husband and two year old, presented to Labor & Delivery at 35 wks. gestation with her 2nd pregnancy. She c/o severe left upper quadrant pain. She was placed on EFM as the team worked on determining the cause of her pain. After blood work and an ultrasound she was diagnosed with Cholestasis of pregnancy.  She was given pain relief and discharged home.

She returned to L & D Triage three more times in the next two weeks for help with pain control.

Due her gestational age and the risk of surgery at this stage in pregnancy her provider decided to schedule a C-sect.

She delivered a baby with cephalic presentation by C- sect at 37 2/7 wks. She had her gall bladder removed the next day.

 **Fetal Presentation:** *(select one)*

 \_\_\_ Cephalic \_\_\_ Breech \_\_\_ Other

 **Route & Method:** *(select one)*

 \_\_\_Spontaneous \_\_\_Forceps-Mid \_\_\_Forceps-Low/Outlet \_\_\_Vacuum \_\_\_Cesarean \_\_\_ Unknown

 **Cesarean Section History:**

 \_\_\_ Previous C-section Number \_\_\_

 **Attempted Procedures:**

 Was delivery with forceps attempted but unsuccessful? \_\_\_ Yes \_\_\_ No

 Was delivery with vacuum extraction attempted but unsuccessful? \_\_\_ Yes \_\_\_ No

 **Trial of Labor**

 If Cesarean section, was trial labor attempted? \_\_\_ Yes \_\_\_ No

 **Indications for C-section**

 \_\_\_ Unknown

 **Select all that apply**

 \_\_\_ Failure to Progress \_\_\_ Malpresentation \_\_\_ Previous C-sect

 \_\_\_ Fetus at Risk (NRFHT) \_\_\_Maternal Condition-Preg. Related \_\_\_Maternal Condition-Not Preg. Related

 \_\_\_ Refused VBAC \_\_\_ Elective \_\_\_ Other

**Characteristics of Labor and Delivery**

\_\_\_ None \_\_\_ Unknown at this time

**Select all that apply**

\_\_\_ Induction of Labor–AROM \_\_\_ Induction of Labor-Medicinal \_\_\_ Steroids

\_\_\_ Augmentation of Labor \_\_\_ Antibiotics \_\_\_ Meconium Staining

\_\_\_ Chorioamnionitis \_\_\_ Fetal Intolerance

\_\_\_ External Electronic Fetal Monitoring \_\_\_ Internal Electronic Fetal Monitoring

**Maternal Morbidity**

 \_\_\_None \_\_\_Unknown at this time

**Select all that apply**

\_\_\_Maternal transfusion \_\_\_Perineal Laceration (3rd/4th degree) \_\_\_Ruptured Uterus

\_\_\_Unplanned Hysterectomy \_\_\_Admit to ICU \_\_\_Unplanned Operating Room Procedure

\_\_\_Postpartum transfer to Following Delivery

 a higher level of care

**Pregnancy History**

Previous Live Births Previous Spontaneous Previous Induced Total Prior Terminations Terminations Pregnancies

Now Living Now Dead Less than 20 weeks 20 weeks or more

None or Number None or Number None or Number None or Number None or Number None or Number

 \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

**Prenatal Care**

**Risk Factors in this Pregnancy**

\_\_\_None \_\_\_Unknown at this time

**Select all that apply:**

\_\_\_Prepregnancy Diabetes \_\_\_Gestational Diabetes \_\_\_Prepregnancy Hypertension

\_\_\_Other Serious Chronic Illness \_\_\_Abruptio Placenta \_\_\_Gestational Hypertension

\_\_\_Other Poor Pregnancy Outcome \_\_\_Other Vaginal Bleeding \_\_\_Eclampsia

\_\_\_Prelabor Referred for High Risk Care \_\_\_Previous Low Birth Weight Infant

\_\_\_Previous Preterm Births