An 18 y.o. woman presented to the provider’s office which was attached to a level 1 hospital, with the complaint of vaginal discharge. This was her 1st prenatal visit. She was G1P0 noted to be appox. 26 weeks pregnant by LMP. On speculum exam membranes were seen in the vagina. As there were no contractions a diagnosis of incompetent cervix was made. On digital cervical exam the membranes were found to be fully bulging into the vagina and the fetal feet were also palpated in the vagina beyond the cervical os with the cervix being 8 cm dilated.

She was transferred to the L&D Operating room where after consent was obtained she had a C-sect under general anesthesia with delivery of a viable female weighing 1067 gm. The baby was stabilized and transferred to a level 4 NICU. The baby received Conjunctivitis Rx and Vit K while awaiting the transport team.

|  | Labor & Delivery | | |
| --- | --- | --- | --- |
| **Labor & Delivery** | Mother Transferred in Antepartum:  ⬜ Yes **X** No | NYS Facility Mother Transferred From: | State/Terr./Province: |
|  |  | |
| **Method of Delivery** | Fetal Presentation: *(select one)*  ⬜ Cephalic **X** Breech ⬜ Other | | |
| Route & Method: *(select one)*  ⬜ Spontaneous ⬜ Forceps – Mid ⬜ Forceps – Low / Outlet ⬜ Vacuum **X** Cesarean ⬜ Unknown | | |
| Cesarean Section History:  ⬜ Previous C-Section Number \_\_\_\_\_ | | |

|  |  |  |
| --- | --- | --- |
| Indications for C-Section:  ⬜ Unknown  **Select all that apply**  ⬜ Failure to progress  ⬜ Fetus at Risk / NFS  ⬜ Refused VBAC | **X** Malpresentation  ⬜ Maternal Condition – Not Pregnancy Related  ⬜ Elective | ⬜ Previous C-Section  **X** Maternal Condition – Pregnancy Related  ⬜ Other |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Infant | | | | | | | | | | | | | | |
| **If Multiple Births:** | | | | | | | | **Birth Weight:** | | | | | |
| Number of Live Births: **1** | | Number of Fetal Deaths: **0** | | | | | |  | | | | | |
| **1067** *grams* | | | *lbs. oz.* | | |
| If birth weight < 1250 grams (2 lbs. 12 oz.), reason(s) for delivery at a less than level III hospital: *(Only if applicable)* | | | | | | | | | | | | | |
| ⬜ None ⬜ Unknown at this time | | | | | | | | | | | | | |
| **Select all that apply:**  **X** Rapid / Advanced Labor  ⬜ Woman Refused Transfer | | | ⬜ Bleeding  ⬜ Other *(specify)* | | | | ⬜ Fetus at Risk | | | ⬜ Severe pre-eclampsia | | | |
| Infant Transferred:  **X** Within 24 hrs ⬜ After 24 hrs. ⬜ Not transferred | | | | | NYS Hospital Infant Transferred To: **Level 4** | | | | | | | State/Terr./Province: | |
|  |  | | | : | | Is the Infant Alive?  **X** Yes ⬜ No  ⬜ Infant Transferred / Status Unknown | | | Clinical Estimate of Gestation: **26** *(Weeks)* | | | | Newborn Treatment Given:  ⬜ Conjunctivitis only  ⬜ Vitamin K only  **X** Both  ⬜ Neither |