



Intrapartum Admission/Progress Record (See also Prenatal H&P)

Pertinent History:	
Previous C Sections (indicate number): _____ LUT # _____ LUV# _____ Classical # _____	
Indications for previous c-sections:	
If previous c-sections, for FTP, EFW: _____	
Other uterine surgery:	
Subsequent Vaginal delivery? Yes _____ No _____	
Pregnancy risk factors:	
GBS status: Positive _____ Neg _____	
Other:	
Relevant Past Medical/Social/Family History:	
Physical Exam:	
Heart:	
Lungs:	
Abdomen:	
Extremity:	
Neuro:	
Pelvic:	
EFW _____ EGA _____	
Dilatation:	Consistency:
Station:	Presentation:
Effacement:	Membranes:
Fetal Assessment:	
IMPRESSION:	
PLAN:	
<input type="checkbox"/> Induction for:	<input type="checkbox"/> Vaginal Delivery
<input type="checkbox"/> Augmentation of labor	<input type="checkbox"/> VBAC
<input type="checkbox"/> Tocolysis for preterm labor	<input type="checkbox"/> Trial of labor after C-Section
<input type="checkbox"/> Primary C Section for _____	
<input type="checkbox"/> Repeat C Section	

Date _____ Time _____
 Intrapartum Admission/Progress Record 21322-101810

Physician's Signature _____

MD Number

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