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

**Pertinent History:**

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<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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**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:**

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**Physical Exam:**

Heart:

Lungs:

Abdomen:

Extremity:

Neuro:

Pelvic:

**EFW** __________ EGA __________

Dilatation: 

Consistency: 

Station: 

Presentation: 

Effacement: 

Membranes: 

Fetal Assessment:

**IMPRESSION:**


**PLAN:**

- [ ] Induction for: 
- [ ] Vaginal Delivery 
- [ ] Augmentation of labor 
- [ ] VBAC 
- [ ] Tocolysis for preterm labor 
- [ ] Trial of labor after C-Section 
- [ ] Primary C Section for ____________ 
- [ ] Repeat C Section