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BIRTH TO T	WENTY:	DELIVERY FORM
DATE: Day BTT ID NUMBER: BONE STUDY ID NUMB	Month	Year
HOSPITAL NUMBER		
AGE OF MOTHER		
PREGNANCY HISTORY	PARA GRAVIDA	
ESTIMATED PERIOD OF GESTA	ATION IN WEEKS	
HISTORY OF APH		Yes=1 No=2
BLOOD PRESSURE ON ADMISIC	ON	
DATE OF DELIVERY (dd/mm/yy))	
TIME OF BIRTH (hour)		hr min

LENGTH OF FIRST STAGE

LENGTH OF SECOND STAGE

WAS LABOUR INDUCED

DATE OF RUPTURE OF MEMBRANES

TIME OF RUPTURE OF MEMBRANES

MECONIUM STAINED LIQUOR

PRESENTATION



hr min

Yes=1 No=2

hr min

Yes=1 No=2

VERTEX	1
BREECH	2
T/V LIE	3
FACE	4
BROW	5

TYPE OF DELIVERY

IF ASSISTED DELIVERY WAS THIS BECAUSE OF

IF CAESAREAN SECTION WAS THIS

INDICATION FOR CAESAREAN SECTION

NORMAL VAG.	1
VACUUM	2
FORCEPS	3
C/ SECTION	4

DELAYED 2 ND STAGE	1
MALPOSITION	2
BREECH	3
FOETAL DISTRESS	4
OTHER	5

ELECTIVE	1
EMERGENCY	2

DISPROPOTION	1
FOETAL DISTRESS	2
MATERNAL DISTRESS	3
PREVIOUS CAES/ SEC	4
MALPRESENTATION	5
АРН	6
OTHER	7

IF OTHER, PLEASE SPECIFY

IF CAESAREAN, ANAESTHETIC USED

GA	1
EPIDURAL	2
SPINAL	3

Yes=1

Yes=1

Yes=1

2

N0=2

No=2

No=2

Female

PAIN RELIEF DURING LABOUR

IF OTHER, PLEASE SPECIFY

BABY

WAS THE BABY A BBA

WEIGHT (grams)

GESTATIONAL AGE (in weeks)

APGAR 1 MINUTE

APGAR 5 MINUTES

RESUSCITATION

Yes=1 No=2

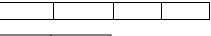
Male

PETHIDINE

EPIDURAL

OTHER

1





Yes=1 No=2

OXYGEN ONLY	1
BAG AND MUSK	2
INTUBATION	3
NONE OF THESE	4

DOES THE BABY HAVE ANY ABNORMALITY

IF YES, PLEASE SPECIFY

NAME OF MOTHER	
PHYSICAL ADDRESS	
NAME OF HOSPITAL/ CLINIC WHERE BIRTH TOOK PLACE	