



ADMISSION AND LABOUR RECORD		NAME OF FACILITY:				PHILHEALTH NO.:								
USE THIS RECORD FOR MONITORING DURING LABOUR										FAMILY RECORD NO.:				
NAME:					AGE:			ADDRESS:						
G:	P:	(F:	P:	A:	L:)	EDC:	AOG:	BLOOD TYPE:	Hgb:	RPR:	HIV:		
ADMISSION DATE					ADMISSION TIME									
TIME LABOUR STARTED (reported by women)					TIME MEMBRANES RUPTURED									
ENTRY EXAMINATION		Fundic Height:		Presentation:		Lie:		No.of fetus:		Engagement:				
INTERNAL EXAMINATION (IE)		Ask any vaginal bleeding in late pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No		IF BLEEDING or HISTORY OF IT, DO NOT PERFORM IE										
		Cervical Dilatation: _____ cm.		Effacement: _____		Membranes: <input type="checkbox"/> Ruptured <input type="checkbox"/> Intact		Presentation: _____		Station: _____				
STAGE OF LABOUR ON ADMISSION				NOT IN ACTIVE LABOUR <input type="checkbox"/>			ACTIVE LABOUR <input type="checkbox"/>							
RECORD HERE IF NOT IN ACTIVE LABOUR												Referral (D4-D5)		
HOURS SINCE ARRIVAL	0	1	2	3	4	5	6	7	8	9	10	11	12	Ruptured memb. & Temp.>38°C Preterm Pre-eclampsia Severe anaemia Obstructed labour Vaginal bleeding Sudden & severe abd. pain HIV positive Previous CS Fetal distress Other complication
TIME														
HOURS SINCE RUPTURED MEMBRANES														
VAGINAL BLEEDING (0, +, ++)														
STRONG CONTRACTIONS IN 10 MINUTES														
FETAL HEART RATE (BEATS PER MINUTE)														
MATERNAL BODY TEMPERATURE														
PULSE (BEATS/MINUTE)														
BLOOD PRESSURE (SYSTOLIC/DIASTOL.)														
URINE VOIDED (Yes/No)														
CERVICAL DILATATION (CM)														
Treatment ()														
Treatment ()														
PROBLEM	TIME ONSET			TREATMENTS OTHER THAN NORMAL SUPPORTIVE CARE										
IF MOTHER REFERRED DURING LABOUR, RECORD TIME AND EXPLAIN														

*Record relevant findings /Management to Mother and Child Book