The SA Maternity Case Record

A quick guide to using the new MCR

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Maternity Case Records

This record must always accompany the woman when transferred to another health facility.
This record must be filed at the facility discharging the woman after birth.

Failure to create and maintain a record or to remove a record is an offence in terms of section 17(2) of the National Health Act (61 of 2003).

This record book is valid for the duration of the pregnancy and puerperium and includes all patient encounters. The relevant ward clinic subsection must clearly print (stamp) the name of the section and the date the service was rendered.

Level of care	
Antenatal clinic:	Delivery site:
Transport when in labour:	

Name of patient or place large patient sticker here

Name..... Surname.....

Address.....

Next to School/Shop.....

MomConnect: Yes / No

Date registered...../...../.....

Woman's name | Employed | Unemployed

ID Number | Religion

Institution file number | Record book number | Original | Duplicate

Consent for blood products: Agrees to the use of blood products if needed | Disagrees to the use of blood products

Name of birth companion | Contact number of birth companion

Community health worker name

Contact detail of mandate
Name of person mandated to consent on behalf of woman when appropriate

Contact telephone number of mandate

Should I be unable to consent myself, I mandate the above in terms of the National Health Act to do so on my behalf.

Signed..... Date..... Witness.....

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Maternity Care
Peri-operative record

This record must be completed for all person's requiring surgery during pregnancy or the puerperium. Once completed, it must be placed within the Maternity Case Record to be filed at the hospital where the delivery took place. Procedures done at a facility where delivery did not occur must be filed in the patient records. Use a new record for every operation.

Name and ID number of patient or place large patient sticker here

Name of medical practitioner booking the procedure

Procedure: ☐ Caesarean section ☐ Tubal ligation ☐ Laparotomy ☐ Emergency hysterectomy
☐ Other _____

URGENCY OF PROCEDURE (select only 1)

☐ RED: Immediate delivery (life threatening to mother and/or fetus)
☐ YELLOW: Urgent delivery (Maternal/fetal compromise not immediate life threatening)
☐ GREEN: Scheduled urgent delivery (need early delivery but no maternal/fetal compromise)
☐ ELECTIVE Scheduled at a time to suit mother/staff

Best describe the reason/indication for the caesarean section/ procedure:

Booking arrangements
Discussed case with senior colleague/consultant (name and time):
Discussed with anaesthetic doctor (name and time):
Discussed with neonatal staff (name and time):
Date and time procedure scheduled:

MCR 2018 Surgery Insert Page 1

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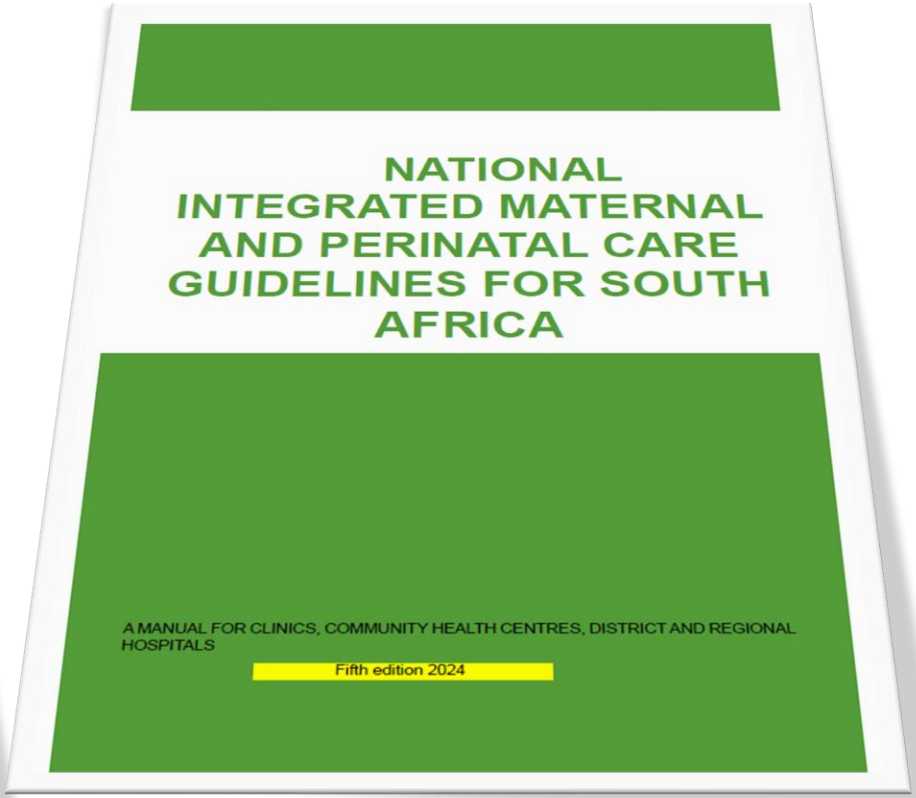

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1. SA Maternity Case Records: what is new?

Handheld case notes

- **Cochrane 2015: Giving women their own case notes to carry during pregnancy**

- Women carrying their own notes were more likely to feel in control
- Wanted to carry their own notes in a subsequent pregnancy
- The risk of notes lost or left at home was not significant

- No evidence of difference for health-related behaviours, depression, miscarriage, stillbirth or neonatal death

Who developed the MCR?

- **National process of update, with multiple inputs from various organisations, committees and individuals including:**
  - *Ministerial advisory committees (NCCEDM and NaPeMMCo)*
  - *MRC Unit for Maternal and Infant Health Care Strategies*
  - *SOMSA*
  - *SASOG*
  - *Doctors, midwives, MCWH coordinators from every province*
  - *Expert input from WHO collaborators*
  - *Anaesthesiologists*
  - *PMTCT*
  - *Nutritionists*
  - *Primary care stationery (WC and national)*
  - *Maternal mental health group*
  - *Edited by the national DoH Communications Directorate*

So what has changed?

- Cover page
- More information for patients
- Screening for mental health care
- More space for notes (8 BANC+ visits)
- Updated HIV information
- Antenatal card updated
- Duplicate antenatal card (copy can be removed for primary care stationery)
- Early warning charts updated (separate antenatal, postnatal and newborn charts)
- Mental health and respectful care prompts

So what has changed?

- Fetal kick chart added
- Basic ultrasound reports and report page
- New observation chart for doubtful labour
- New interim partogram
- Cardiotocography evaluation tick boxes
- Summary of labour (new definition of second stage)
- Shock index added
- Robson classification for CS
- More space for puerperium notes
- Pre-discharge safety checklist
- New discharge summary
- Separate booklet for anaesthetic charts and notes and consent forms

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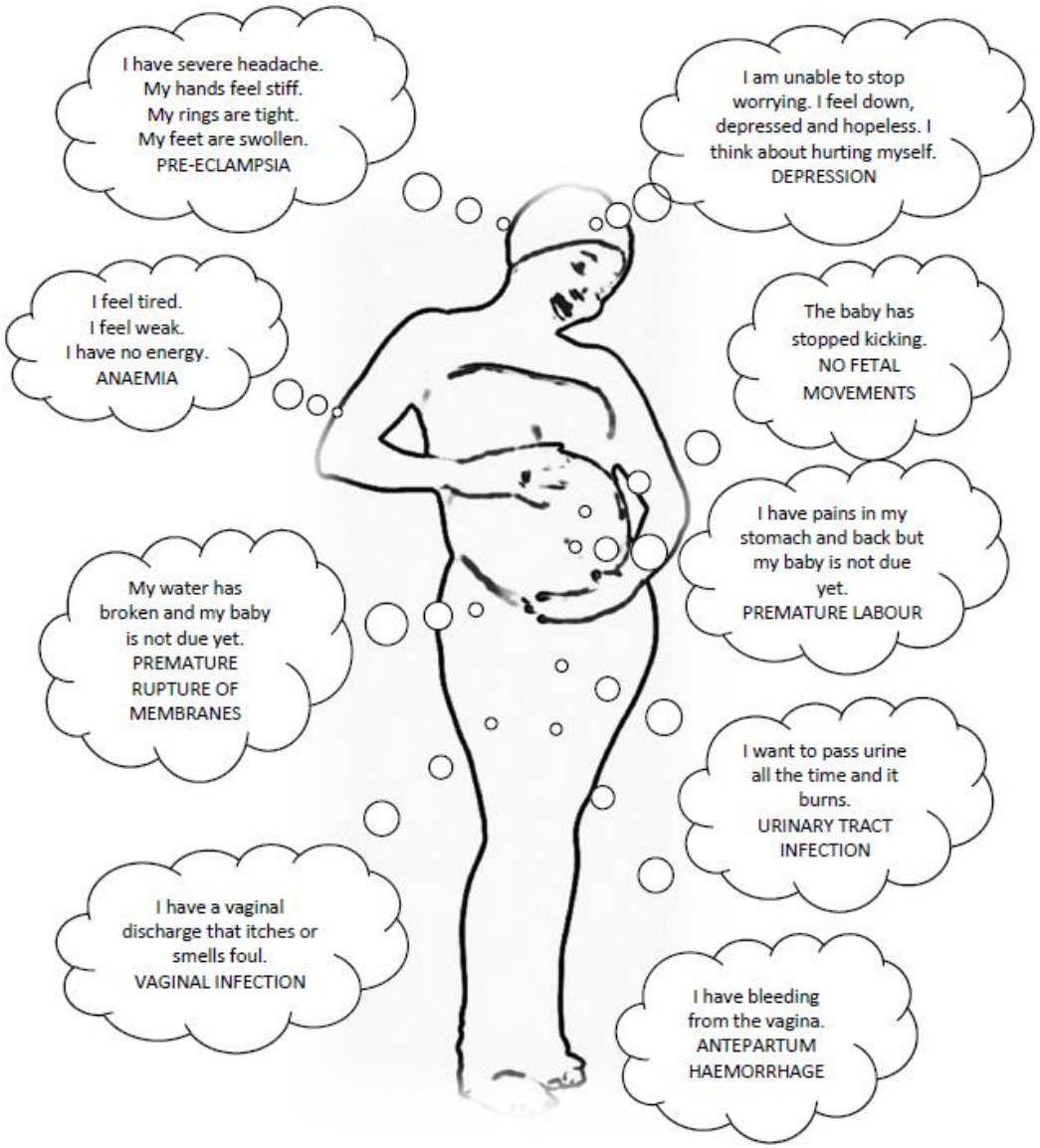
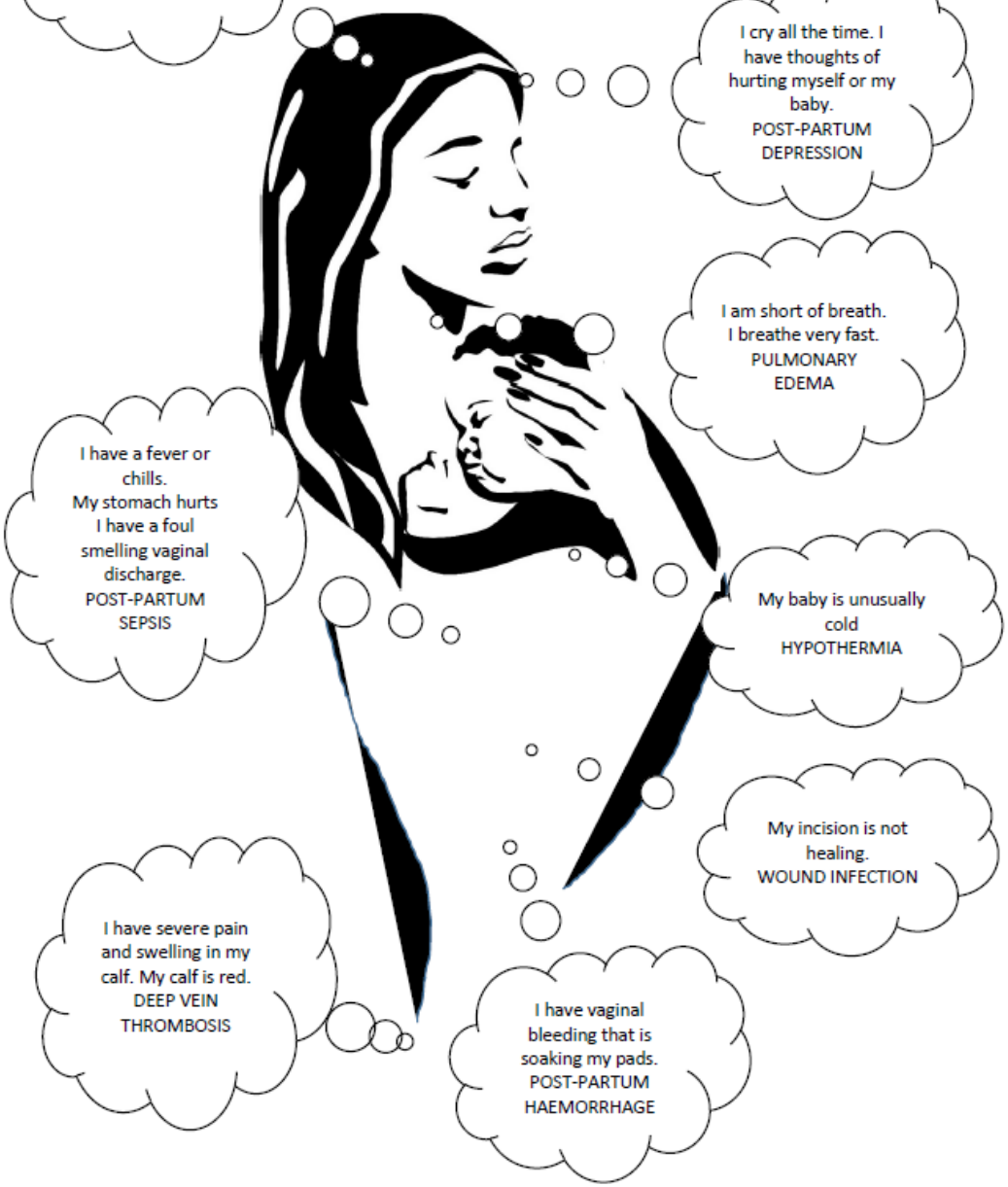
DANGER SIGNS IN PREGNANCY



GO TO YOUR NEAREST CLINIC OR HOSPITAL IF YOU HAVE ANY OF THESE PROBLEMS

DANGER SIGNS AFTER DELIVERY



Some information about Family Planning after your baby is born

Why is it important?

Most couples start having sex again before six weeks after the baby is born. Pregnancy can occur by six weeks (before your periods start again) if you do not exclusively breastfeed; so it is important to make sure that you start using a method before your baby is 4 weeks old.

Best practice is for the chosen method of family planning to be started before you leave the place where your baby is born.

THE MOST EFFECTIVE METHODS

Intrauterine contraception (IUD)

- Copper IUDs prevent pregnancy for up to 10 years
- Failure rates are less than 1 per 1000 women.
- IUDs can be inserted immediately after the afterbirth (placenta) has been delivered.
- IUD use does not interfere with breastfeeding.

Contraceptive implants

- Implants are effective for 3 years
- Failure rates are around 1 per 1000 women.
- Implants are not recommended for HIV positive patients on medication (ask your doctor).
- Implants can be inserted immediately after delivery of the baby and before you go home.
- Postpartum implant use does not interfere with breastfeeding.

Permanent contraception

Female sterilization:

- Failure rates are around 2 per 1000 women but the method is considered permanent.
- Female sterilization can be performed within the first week after delivery or at any time after your baby is 6 weeks old.
- It may be convenient to perform female sterilization at the time of caesarean section.

Male sterilization (vasectomy):

- Failure rates are around 1 per 1000 men but the method is considered permanent.

New antenatal card

COMPLETE USING CARBON PAPER. TEAR OUT THIS COPY AND RETAIN IN CLINIC/BANC+ FOLDER

I, _____(healthcare worker) have introduced myself by name to:

CLINIC_____ d d m m y y

Name_____
Folder number_____
Date of birth_____

Age:_____(yrs) G_____ P_____ Misc_____

OBSTETRIC AND NEONATAL HISTORY

*A=Alive; ID= Infant Death, NND=Neonatal Death, IUD=Intra-uterine death

Year	Gestation	Delivery	Weight	Sex	Outcome*	Complications

Descriptions of complications:

MEDICAL AND GENERAL HISTORY

Hypertension | Diabetes | Cardiac | Asthma | TB | Epilepsy | Mental health | HIV | Other

If yes, give detail_____

Family history: Twins | Diabetes | TB | Congenital

Details_____
Medication_____
Operations_____
Allergies_____

TB symptom screen: pos | neg | Use of herbal medicine | Tobacco | Alcohol | Substances | Use of OTC drugs

Psychosocial risk factors_____

EXAMINATION

BP_____/_____ mmHg Urine_____
Height_____cm Weight _____kg
MUAC _____cm BMI _____kg/m²
Thyroid_____ Breasts_____
Heart_____
Lungs_____
Abdomen_____
SF Measurement at booking_____cm

VAGINAL EXAMINATION

Examination explained and permission obtained ☐
Vulva and vagina_____
Cervix_____
Uterus_____
Pap smear done Y N Date_____
Result_____

INVESTIGATIONS

Syphilis test Pos Neg Repeat syphilis test Pos Neg
Treatment: 1st_____2nd_____3rd_____
Rhesus Pos Neg Antibodies Yes No
Hb_____g/dl Tetox 1st_____2nd_____3rd_____
Urine MCS: Date_____ Result_____
Screening for gestational diabetes_____28w_____
HIV status at booking: Unknown | Pos | On ART Y N
HIV test at booking: DD/MM/YY | Pos | Neg | Declined
HIV re-test: DD/MM/YY | Pos | Neg | Declined
HIV re-test: DD/MM/YY | Pos | Neg | Declined
CD 4 _____ ART initiated on DD/MM/YY
Viral load: Date_____ Result_____
Viral load: Date_____ Result_____
Viral load: Date_____ Result_____
Other: _____

GESTATIONAL AGE

LNMP DD/MM/YYYY Certain? Y N
SONAR DD/MM/YYYY
BPD_____ HC _____
AC_____ FL _____
Placenta_____ AFI _____
Average gestation_____CRL _____
Singleton ☐ Multiple pregnancy ☐ Intra-uterine pregnancy ☐
ESTIMATED DATE OF DELIVERY DD/MM/YYYY
Method used to calculate EDD: Sonar | SF | LNMP

MENTAL HEALTH

Mental health screening: Y N Score
Discussed and noted in case record Y
Where referred for mental health?_____

BIRTH COMPANION

Birth companion discussed and noted on MCR Y

COUNSELLING

Topic	Date 1	Date 2
Fetal movements		
Parental preparedness		
Nutrition		
Danger signs		
HIV		
Mental health		
Alcohol		
Tobacco		
Substances		
Domestic violence		
Labour and birth preparedness		
Breast care		
Infant feeding		

FUTURE CONTRACEPTION (PROVIDE DUAL PROTECTION)

Implant | Inject | Intra-uterine device | Tubal ligation | Oral

All management plans discussed with patient ☐
Educational material given on pregnancy and patient rights ☐
If tubal ligation selected, adequate counselling was given ☐

BOOKING VISIT AND ASSESSMENT OF RISK DONE BY

_____

Mental Health Screen

MENTAL HEALTH SCREEN

Conduct a mental health screen for all pregnant women.
Refer if needed to appropriate service, such as mental health nurse, social services, NGO, medical officer, counsellor, psychiatrists or other services.

Suggested words to use before screening.
"We would like to know about all the women who come here: how they are doing physically and emotionally. This helps us to understand the best sort of care we can offer. Please may I ask you three questions about how you are emotionally? Please answer 'yes' or 'no' to each question."

In the last 2 weeks, have you on some or most days felt unable to stop worrying or thinking too much?	☐ Yes [1]	☐ No [0]
In the last 2 weeks, have you on some or most days felt down, depressed or hopeless?	☐ Yes [1]	☐ No [0]
In the last 2 weeks, have you on some or most days had thoughts **and** plans to harm yourself or commit suicide?*	☐ Yes [1] **Refer**	☐ No [0]
TOTAL SCORE	0 or 1 2 >>>>>>>>>>> refer 3 >>>>>>>>>>> refer	
Offered Counselling	☐ Yes	☐ No
Accepted counselling	☐ Yes	☐ No

**the self-harm question will require urgent referral if there are both thoughts AND plans. If there is a history of previous attempt, referral is required even if there are thoughts alone.*

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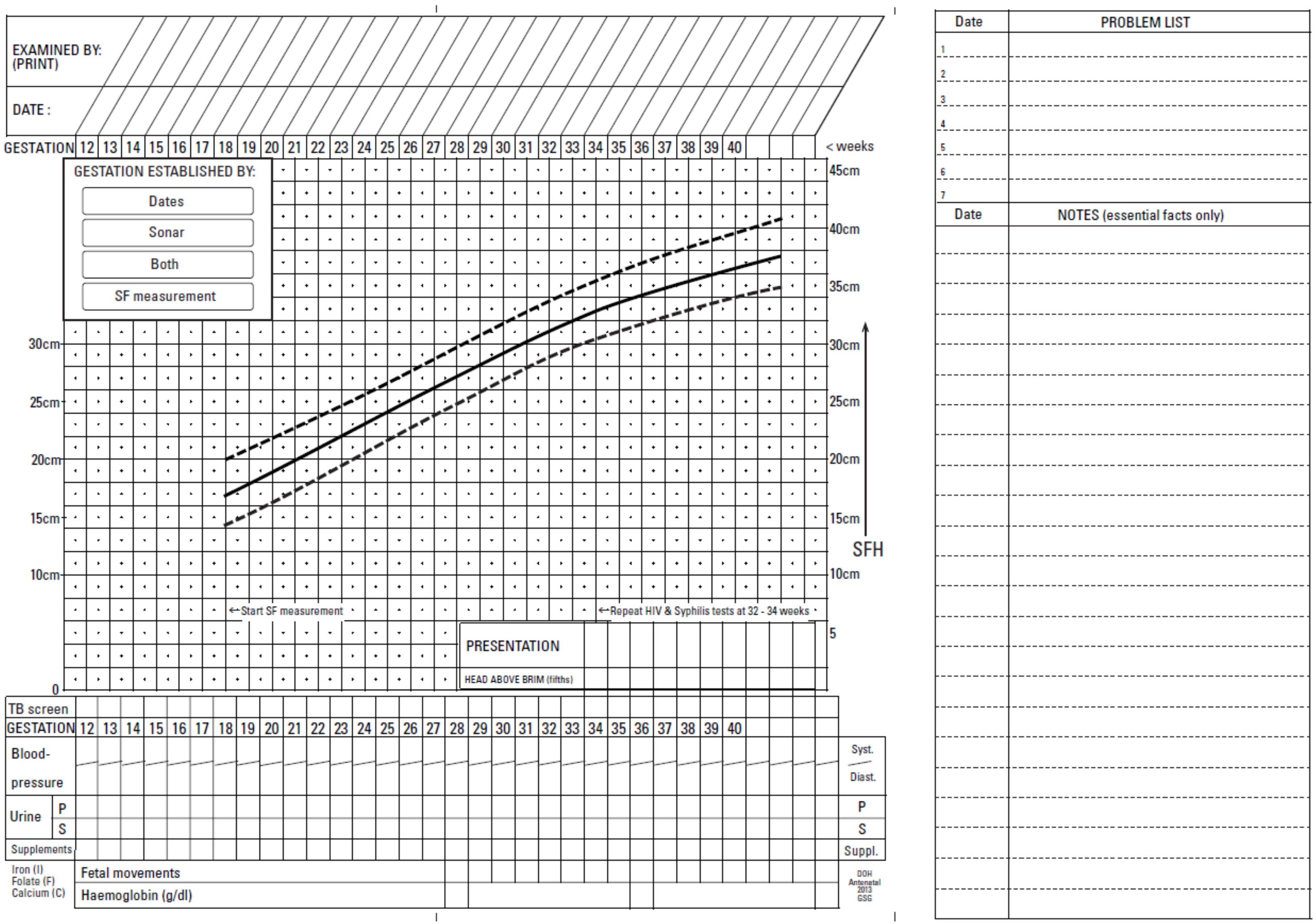
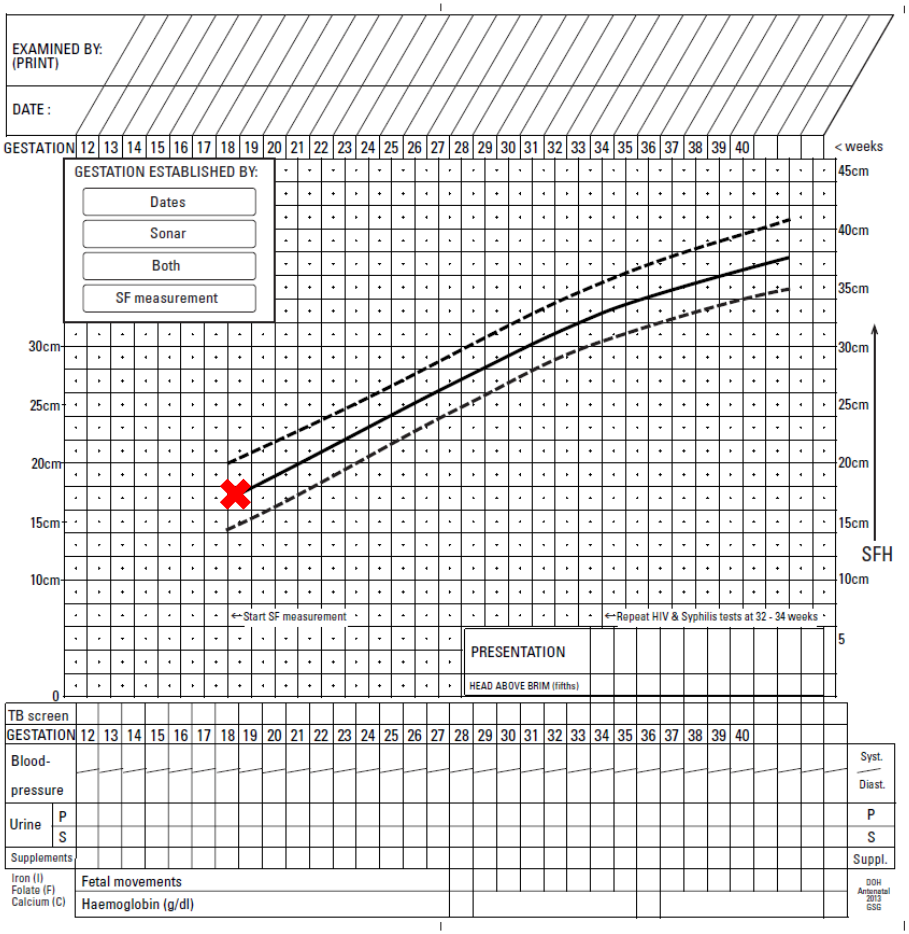
Gravidogram





Date	PROBLEM LIST
1	
2	
3	
4	
5	
6	
7	

Date	NOTES (essential facts only)

"… simple and inexpensive screening tool and as useful as ultrasound in detection of intrauterine growth restriction." doi: 10.1007/s13224-012-0292-z

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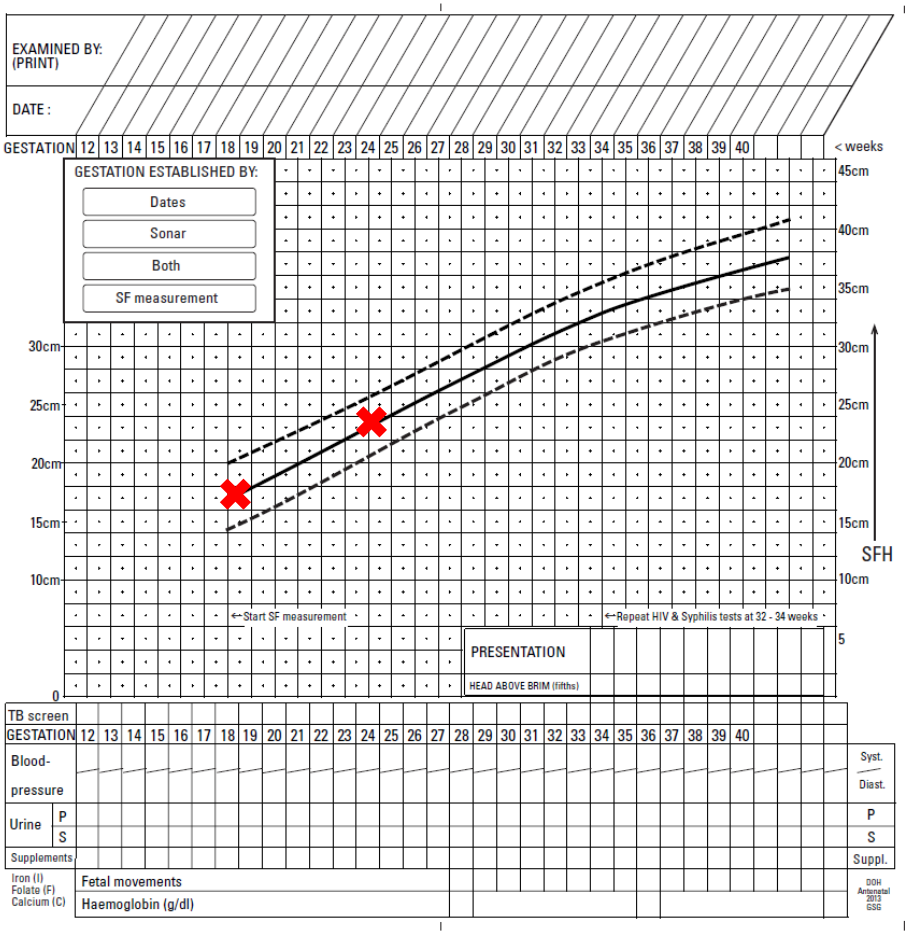

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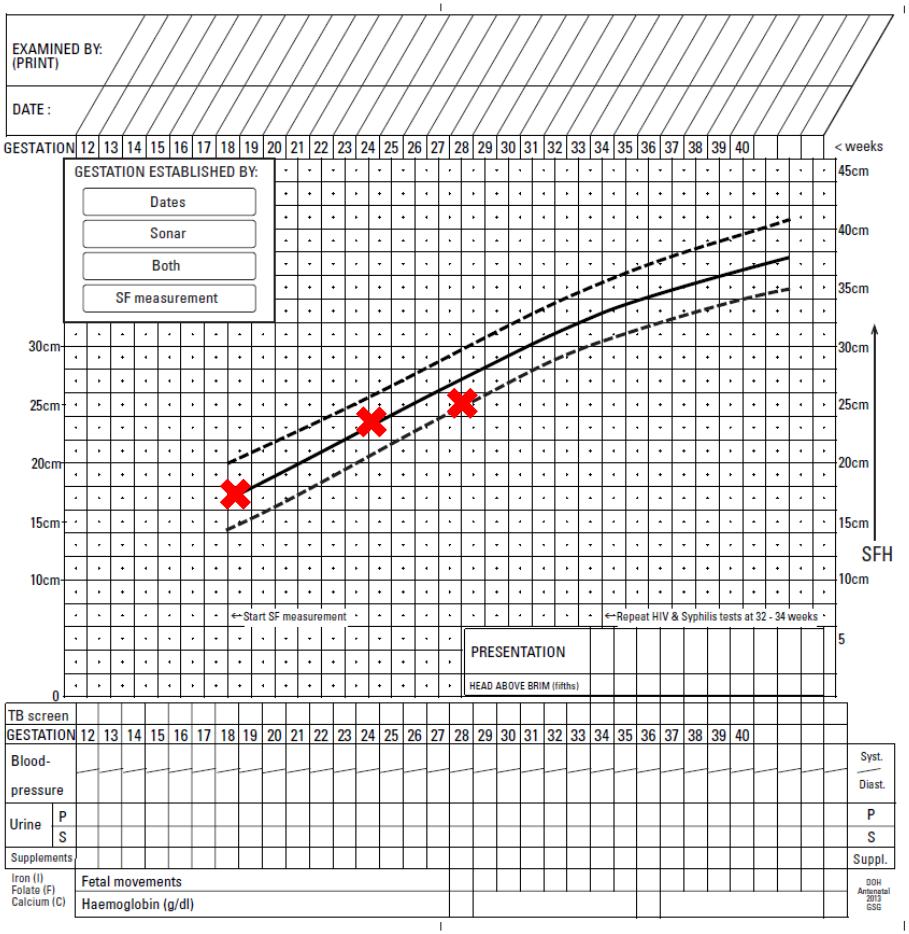

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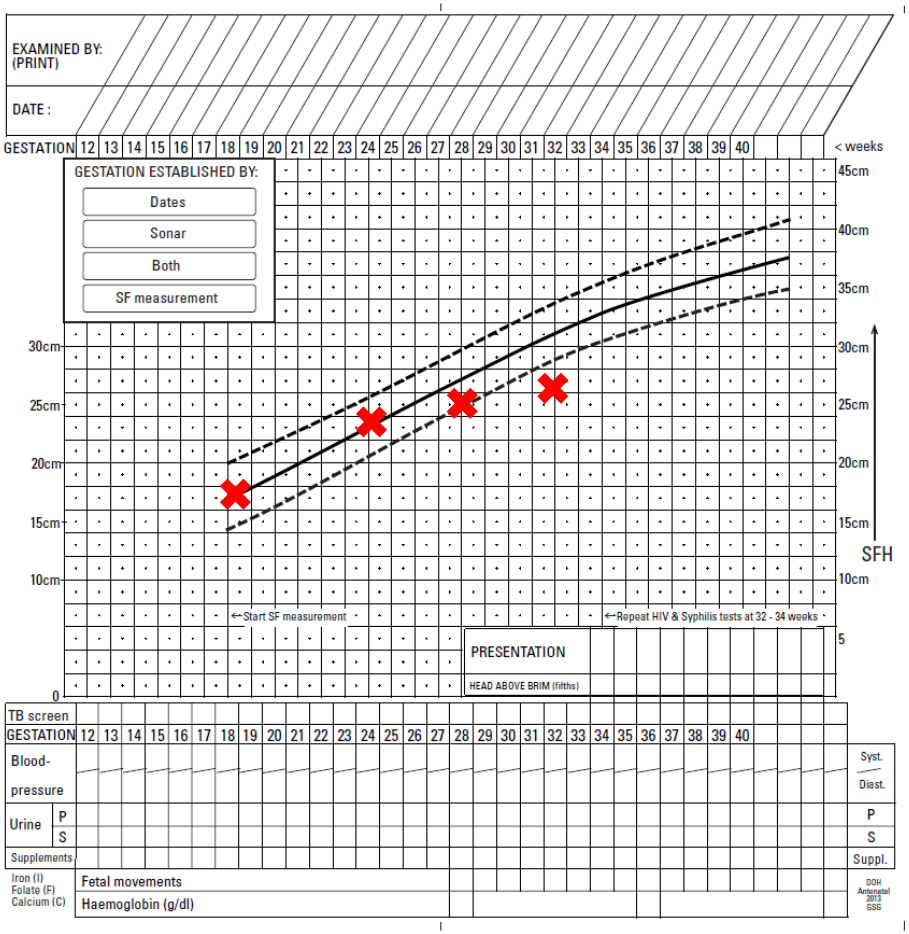

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Respectful care prompts and TB screen

ESSENTIAL ADDITIONAL FACTS ONLY (Do not duplicate data from p4 or p5)		Name (print) & signature
I have introduced myself by name to this person ☐ TB screen done ☐		
Date and Time		
	Date for next visit:	
I have explained management plans to this person and checked that she understands ☐		

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Fetal movement chart (only when indicated)

Date: ⇩	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Example *Week of 8 June*	✓✓✓✓✓✓✓✓✓✓✓✓ ✓ *12*	✓✓✓✓✓✓✓✓✓✓✓✓ *10*	✓✓✓✓✓✓✓✓✓✓✓✓ ✓✓ *12*	✓✓✓✓✓✓✓✓✓✓✓✓ ✓✓✓ *14*	✓✓✓✓✓✓✓✓✓✓✓✓ ✓✓✓ *12*	✓✓✓✓✓✓✓✓✓✓✓✓ ✓✓ *11*	✓✓✓✓✓✓✓✓✓✓✓✓ ✓✓✓ *12*

Fetal movements should be counted and recorded on the chart over a period of an hour per day after breakfast. The person should preferably rest on her side for this period.

Awareness of fetal movements and care package to reduce fetal mortality (AFFIRM): a stepped wedge, cluster-randomised trial

Jane E Norman, Alexander E P Heazell, Aryelly Rodriguez, Christopher J Weir, Sarah J E Stock, Catherine J Calderwood, Sarah Cunningham Burley, J Frederik Frøen, Michael Geary, Fionnuala Breathnach, Alyson Hunter, Fionnuala M McAuliffe, Mary F Higgins, Edile Murdoch, Mary Ross-Davie, Janet Scott, Sonia Whyte, for the AFFIRM investigators

Summary

Background 2·6 million pregnancies were estimated to have ended in stillbirth in 2015. The aim of the AFFIRM study was to test the hypothesis that introduction of a reduced fetal movement (RFM), care package for pregnant women and clinicians that increased women's awareness of the need for prompt reporting of RFM and that standardised management, including timely delivery, would alter the incidence of stillbirth.

Lancet 2018; 392: 1629–38
Published Online
September 27, 2018
http://dx.doi.org/10.1016/S0140-6736(18)31543-5

Unfortunately, stillbirths were not significantly reduced by this intervention (AOR 0·90, 95% CI 0·75–1·07) and there was no effect on perinatal mortality (0·98, 0·83–1·17). However, appendix data showed a higher number of postneonatal deaths in those receiving the intervention than in the control group. The intervention also had associated costs, including a significantly higher use of caesarean sections of 28%, compared with 25% in the control group (1·09, 1·06–1·12), and more prolonged admissions to the neonatal unit (1·12, 1·06–1·18).

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Initial assessment

ASSESSMENT FINDINGS	DIFFERENTIAL DIAGNOSIS

WORKING DIAGNOSIS

PROPOSED MANAGEMENT PLAN

All procedures have been explained and verbally consented by the person ☐

I have checked with the person regarding her birth companion ☐

If problem/ diagnosis is prior to delivery- continue clinical notes on page 17
If problem/diagnosis is during established labour- continue clinical notes in labour section page 28
If problem/diagnosis is after delivery- continue clinical notes in post natal section page 49

Maternity Case Record Page 15

Basic ultrasound report

BASIC ULTRASOUND REPORT (attach copies of detailed reports or photos to this page)

DD/MM/YYYY	Performed by:

I have introduced myself by name to this person ☐

Intrauterine	Yes	No	Number of fetuses		
Fetal movements	Yes	No	Heartbeat	Yes	No
Fetal lie	cephalic	breech	transverse		
Placenta	anterior	posterior	lateral		
	high	low	distance from os	mm	
Liquor	normal	reduced	increased	Deepest pool	cm

BIOMETRY- (attach hard copy if available)

Biparietal diameter (BPD) mm	Weeks: days:
Head circumference (HC) mm	Weeks: days:
Abdominal circumference (AC) mm	Weeks: days:
Femur length (FL) mm	Weeks: days:
Measurements concordant (8 days or less difference)	Measurements discordant (more than 8 days difference)
Average gestation WEEKS: DAYS:	Estimated Fetal Weight:

Doubtful labour

NAME:	AGE:	G:	P:	GESTATIONAL AGE:
FACILITY:	Hb:	PRESENTATION:		
COMPANION:	RISK FACTORS:			

	Assessment 1: date & time				Assessment 2: date & time		
Mother	Blood Pressure				Blood Pressure		
	Pulse				Pulse		
	Temperature				Temperature		
	Urine dipstick				Urine dipstick		
	Fetal movement felt	Yes	No		Fetal movement felt	Yes	No
	Emergency signs (bleeding, seizures, etc)	No	Yes		Emergency signs (bleeding, seizures, etc)	No	Yes
	Contractions per 10 minutes				Contractions per 10 minutes		
	<20 sec ▒ 20-40 sec ▥ >40 sec ■				<20 sec ▒ 20-40 sec ▥ >40 sec ■		
	Maternal emotional state				Maternal emotional state		
Fetus	FHR: normal baseline, no decelerations	Yes	No		FHR: normal baseline, no decelerations	Yes	No
PV	Head above brim				Head above brim		
	Dilatation				Dilatation		
	Cervical length				Cervical length		
	Membranes intact	Yes	No		Membranes intact	Yes	No
Checklist	Is the maternal condition reassuring?	Yes	No		Is the maternal condition reassuring?	Yes	No
	Is the fetal condition reassuring?	Yes	No		Is the fetal condition reassuring?	Yes	No
	Plan:				Plan:		
	Initials and signature:				Initials and signature:		

Discharge checklist	Reassuring maternal condition?	Yes	No	Plan (if not discharged):
	Reassuring fetal condition?	Yes	No	
	Intact membranes?	Yes	No	
	No cervical changes since admission?	None	Changes	
	Warning signs have been explained?	Yes	No	
	The mother understands the danger signs?	Yes	No	
	Follow-up date:			
	Initials & signature:			

Early warning chart- antenatal

STOLIC BLOOD PRESSURE	100																	100
	90																	90
	80																	80
	70																	70
	60																	60
	50																	50
	40																	40
Urine (VOLUME in ml/hour)																		ml/hour
Proteinuria	Clear (-)																	Clear (-)
	+																	+
	++ to +++																	++ to +++
Feat heart rate (bpm)																		Fetal heart rate
Vaginal Bleeding	Spotting																	Spotting
	Clots																	Clots
	Bright red																	Bright red
Neuro response	Alert																	Alert
	Vocal																	Vocal
	Pain																	Pain
	Unresponsive																	Unresponsive
Pain	None-mild																	None-mild
	Severe																	Severe
Looks unwell	No (✓)																	No (✓)
	Yes (✓)																	Yes (✓)
TOTAL YELLOW SCORE																		TOTAL
TOTAL RED SCORE																		TOTAL
DOCTOR CALLED (Y/N)																		
Signature																		

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Assessment during labour

ASSESSMENT:	Date		Time		DOL		hrs	DORM		hrs
I have introduced myself by name to this person: ☐										
Progress of labour:	Good ☐		Poor ☐		None ☐					
Maternal condition:										
Maternal mental & emotional condition:	What is her current pain management? What support is given?									
Fetal condition:										
Overall assessment & management plan:										
I have explained management plans to this person and ensured that she understands ☐										
Name (PRINT)					Signature & designation					

CARDIOTOCOGRAPHY (CTG) (FIGO 2015) – CTG ONLY INDICATED FOR HIGH RISK PREGNANCIES

DD/MM/YYYY	HH/MM	Indication:	Mat pulse:

Refer to page:	Normal	Suspicious	Pathological (any one feature)
Baseline	110-160 bpm ☐	Lacking at least one characteristic of normality, but no pathological features ☐	<100 bpm ☐ (make sure it is not maternal pulse)
Variability	5-25 bpm ☐		Reduced (<5 bpm) variability >50 minutes ☐
Decelerations	No repetitive* decelerations ☐ (*Decelerations are repetitive in nature when they are associated with more than 50% of uterine contractions)		Repetitive* late decelerations ☐ OR Prolonged (>3min) decelerations during >30 minutes ☐ OR Prolonged (>3min) decelerations during >20 minutes with reduced variability ☐ OR One prolonged deceleration >5 minutes ☐
Interpretation	Fetus with no hypoxia	low probability of hypoxia	Fetus with high probability of hypoxia/acidosis
Contractions	None ☐ Irregular ☐ Regular ☐ Mild ☐ Moderate ☐ Strong ☐ Expulsive ☐		
Clinical management:	No intervention necessary ☐	Action to correct reversible causes if identified ☐ Alert doctor of findings ☐	Immediate action to correct reversible causes ☐ If not possible, or no recovery; immediate delivery ☐ Call doctor immediately ☐
I have explained the nature of the findings and planned action to the person and her birth companion ☐			
Evaluation done by:			

Date:

LATENT PHASE

ACTIVE PHASE

Time

Duration in hours

FETAL CONDITION

Fetal heart rate (bpm)

Decelerations (Yes/No) — Y / N

Type* (E/V/L)

Liquor* (I/C/B/M)

PROGRESS OF LABOUR

Application*

Presenting part*

Caput (0 1+ 2+)

Moulding (0 1+ 2+ 3+)

Position e.g. LOA >

Cervical dilitation — X / I

Cervical length — X / I

10 9 8 7 6 5 4 3 2 1

Head above pelvis

CONTRACTIONS

CONTRACTIONS PER 10 MINUTES

5 4 3 2 1

> 40 sec

> 20 - 40 sec

< 20 sec

OXYTOCIN

Units

Rate

Summary of labour (second stage definition)

SUMMARY OF LABOUR

FROM FULL DILATATION TO DELIVERY

Method of delivery: NVD | Breech | Twins | Caesarean section | Instrumental | Other: .....

Delivered by: ..... Assisted by: .....

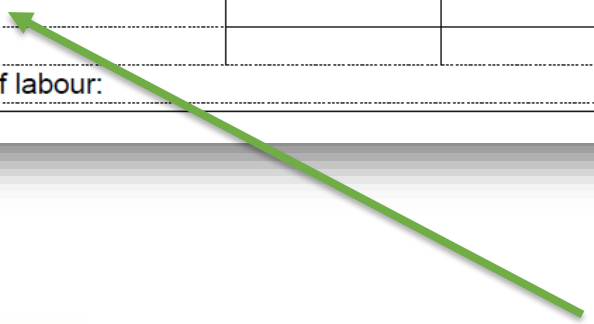
Complications: .....

Maternal position during labour: .....

Fetal monitoring: normal ☐ abnormal ☐ if abnormal specify:

SUMMARY OF DURATION OF LABOUR

	STARTED AT:		DURATION:		MEMBRANES	
	Date	Time	Hours	Minutes	AROM	SROM
Latent phase					Time of ROM:	
Active phase (≥5cm)						
Full dilatation					Time of delivery:	
Bearing down					Duration of ROM:	
Third stage						
Total duration of labour:						



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Summary of labour (second stage definition)

FOURTH STAGE (FIRST TWO HOURS AFTER DELIVERY- COMPLETE OBSERVATIONS ON SEPARATE PAGE)

Time of observation: ..... Observed by: .....

Temp: ..... Resp: ..... Pulse: ..... BP: ..... Urine passed: Yes | No Catheter: Yes | No

Uterus contracted: Yes | No Uterus ruptured: Yes | No Cord/maternal blood taken: Yes | No

Cervical tears Yes | No Details: .....

Perineum | Intact | 1st ° tear | 2nd ° tear | 3rd /4th ° tear | Episiotomy | Repaired by: .....

Detail of repair: ..... All swabs/tampons removed from vagina: Yes

Blood loss: Normal ☐ Excessive ☐ If excessive give details of management: .....

Feeding initiated Yes | No Breast feeding initiated if method of choice: Yes | No If no, give reasons: .....

Situation in labour ward at time of delivery: .....

Classification of shock

Classification of shock

	Compensated shock (Class 1)	Mild shock (Class II)	Moderate shock (Class III)	Severe shock (Class IV)
Blood loss	500-1000ml (10-15%)	1000-1500 ml (15-25%)	1500-2000ml (25-35%)	2000-3000ml (35-45%)
Shock index*	0.6-0.9	1	1.5	2
Systolic Blood pressure	Normal	Some changes in blood pressure	Marked ⇩	Severe ⇩
Pulse	< 100/min	< 120/min	> 120/min	>140/min
Respiratory rate	Normal	Mild increase	Moderate increase	Marked increase
Mental status	Normal	Agitated	Confused	Depressed level of consciousness

*Shock index= heart rate/systolic BP (mmHg) (normal <0.5)

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THEATRE NOTES: CAESAREAN SECTION

Indication _____

ROBSON (tick one)

1. Nullipara, singleton cephalic, term, spontaneous labour ☐ 2. Nullipara, singleton cephalic, term, induced/CS before labour ☐
3. Multipara, singleton cephalic, term, spontaneous labour ☐ 4. Multipara, singleton cephalic, term, induced/CS before labour ☐
5. Previous CS, singleton cephalic, term ☐ 6. Nulliparous breech ☐ 7. Multiparous breech ☐
8. Multiple pregnancy ☐ 9. Abnormal lie ☐ 10. All singleton cephalic, ≤ 36 weeks ☐

Date: _____ Time surgery commenced _____ Time surgery completed _____

Surgeon _____ Assistant _____
Anaesthetist _____ Midwife _____
Operative procedure: _____

PRE-OPERATIVE DETAILS

Date of decision: _____ Time of decision: _____ By whom: _____

Mat. Pulse | BP | Temp | Level of the head | Foleys catheter | Yes | No

Pre-op drugs | Antacid | Metoclopramide | Prophylactic antibiotics | Thromboprophylaxis

Fetal Heart | Present | Absent | Uncertain | Fetal distress | Yes | No

☐ Counselled for IUD insertion

☐ Information has been given regarding the procedure and informed consent obtained from the person ☐ Companion allowed to be present

OPERATION PROCEDURE AND FINDINGS

Anaesthetic | General | Spinal | Epidural | Other | Maternal position: _____

Problems with anaesthetic: _____

Skin Incision: | Transverse | Midline | Other | Details: _____

Uterine Incision: | Lower segment | Classical | DeLee | Other: _____

Uterine Scar | Intact | Dehisced | Fetal Presentation _____ | Fetal Position _____

Prolonged Incision-Delivery Time | Yes | No | Reasons: _____

Difficulty with delivery of baby: | Yes | No | Describe: _____

Liquor | Increased | Decreased | Clear | Meconium stained | No | Thin | Thick | Bloody | Offensive

Placenta | Fundal | Central | Anterior | Posterior | Praevia | Retroplacental Clot: | Yes | No

Other Placental Abnormalities: _____ ☐ Delayed cord clamping done | Time? _____

Uterine Abnormalities: _____

Uterine Tears: (give details) _____

Tubal ligation: | Yes | No | Type: _____ | Histology | Yes | No

Early warning chart- postnatal

ml	50																50
	40																40
Urine volume in ml/hour																	Urine volume in ml/hour
Breasts																	Breasts
HEIGHT OF FIUNDUS	24 cm																24 cm
	22 cm																22 cm
	20 cm																20 cm
	18 cm																18 cm
	16 cm																16 cm
	14 cm																14 cm
	12 cm																12 cm
	10 cm																10 cm
	8 cm																8 cm
Perineum																	Perineum
Lochia	Normal																Normal
	Heavy (H) Fresh (F)																Heavy (H) Fresh (F)
	Offensive (O)																Offensive (O)
Neuro response	Alert																Alert
	Vocal																Vocal
	Pain																Pain
	Unresponsive																Unresponsive
Pain	None-mild																None-mild
	Severe																Severe
Looks unwell	No (✓)																No (✓)
	Yes (✓)																Yes (✓)
TOTAL YELLOW SCORE																	TOTAL
TOTAL RED SCORE																	TOTAL
DOCTOR CALLED (Y/N)																	
Signature																	

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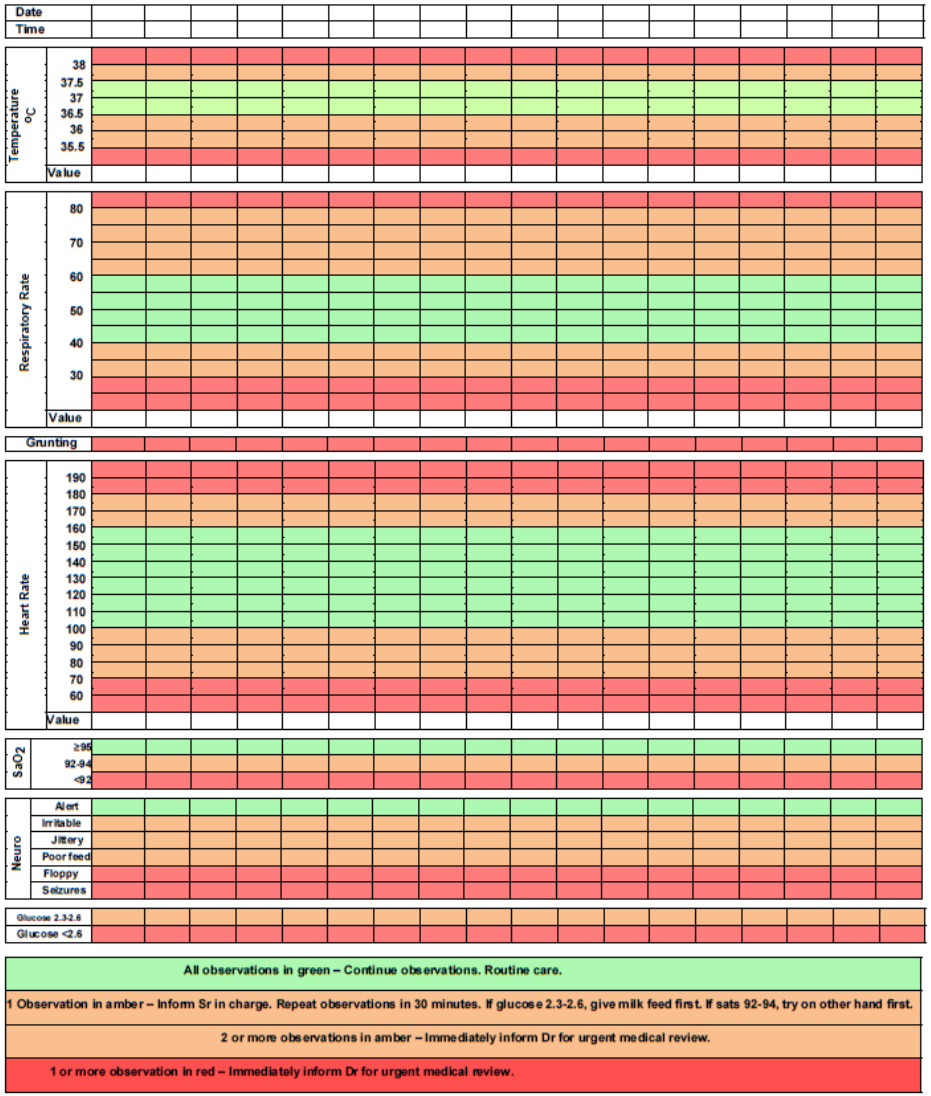
Early warning chart- new born



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PRE-DISCHARGE CHECKLIST

Assess mother for problems	No	Yes	Recommended action
The mother has a **danger sign**: o Heavy bleeding o Severe abdominal pain o Unexplained pain in chest or legs o Visual disturbance or severe headache o Breathing difficulty o Fever, chills o Vomiting	☐	☐	Assess the cause (s) and initiate care or refer. Delay discharge until all danger signs have been resolved for at least 24 hours and there is a follow-up plan in place.
The mother's **bleeding is heavy** or has increased since birth (e.g., bleeding soaks a pad in less than 5 minutes).	☐	☐	Start IV fluid and keep mother warm Delay discharge. Treat or refer. Evaluate and treat possible causes of bleeding (e.g., uterine atony retained placenta, or vaginal/cervical tear).
The mother has an **abnormal vital sign**: o High blood pressure (SBP > 140 mmHg or DBP >90 mmHg) o Temperature > 37.5°C o Heart rate > 100 beats per minute o Respiratory rate >20 per minute	☐	☐	Give magnesium sulphate to mother if any of: • SBP ≥160 mmHg or DBP≥110 mmHg; and 2+ proteinuria • SBP ≥140 or DBP ≥90 mmHg, and 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain Give antihypertensive medication to mother if SBP >160 mmHg or DBP >110mmHg Evaluate the cause of abnormal vital sign(s) and treat or refer. Defer discharge until vital signs have been normal for at least 48 hours and no danger signs remain.
The mother is not able to urinate easily	☐	☐	Defer discharge; continue to monitor and evaluate the cause; treat or refer as needed
Mental state: the mother is agitated or very withdrawn **Support person**: the mother has a partner or support person to be with her at home The mother has a **safe home** to return to	☐ ☐ ☐	☐ ☐ ☐	Defer discharge; continue to monitor and evaluate, refer appropriately (social worker, mental health nurse, psychiatrist etc).
Assess baby for problems	**No**	**Yes**	**Recommended action**
The baby has any of these danger signs: o Fast breathing (> 60 breaths/ minute) o Severe chest in-drawing o Fever (temperature ≥ 37.5°C) o Hypothermia (temperature < 35.5°C) o Yellow palms (hands) or soles (feet) o Convulsions o No movement or movement only on stimulation o Feeding poorly or not feeding at all	☐	☐	Assess cause of danger signs and initiate care or refer Delay discharge until all danger signs have been resolved for at least 24 hours and there is a follow-up plan in place.
The baby is not breastfeeding at least every 2–3 hours (day and night).	☐	☐	Establish good breastfeeding practices and delay discharge
The baby has not passed urine and/or stool	☐	☐	Delay discharge and monitor; refer as needed

Obstetric Discharge Summary (complete in duplicate). This copy accompanies the person.

Date and time delivered:

☐ Alive ☐ Stillbirth ☐ Perinatal death

Age: G P

Name.....

Clinic/Hospital number.....

Date of Birth.....

Use patient label if available

Type of delivery
☐ **Normal Vaginal Delivery (NVD)**
☐ Caesarean Delivery ☐ primary ☐ repeat
☐ Breech Delivery
☐ Forceps Delivery
☐ Vacuum Delivery
☐ Born Before arrival (BBA)

HIV
☐ **Non-reactive**
☐ Reactive
☐ Declined testing
☐ CD 4: date:
☐ Viral Load date:
☐ IPT
☐ Co-trimoxazole
WHO stage: I ☐ II ☐ III ☐ IV ☐
Current ART:

Syphilis status
☐ **Negative**
☐ Positive
Treatment dates:

Rhesus status
☐ **Negative**
☐ Positive
Anti-D given ☐ **Yes** ☐ **No**

Medical or Surgical problems during pregnancy or delivery
☐ **None**
☐ Chronic hypertension
☐ Pre-eclampsia
☐ Eclampsia
☐ Diabetes ☐ GDM ☐ Type I ☐ Type II
☐ Other:

Obstetrical problems in pregnancy and delivery
☐ **None**
☐ Antepartum haemorrhage
☐ Postpartum haemorrhage
☐ ROM ☐ preterm ☐ prolonged
☐ Multiple pregnancy
☐ Other:

Intrapartum procedures
☐ **None**
☐ Repair of tears ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th
☐ Episiotomy
☐ CD ☐ lower segment transverse
☐ lower segment vertical
☐ Classical

Post-partum procedures
☐ **None**
☐ Tubal ligation
☐ Manual removal of placenta
☐ Cervical tears repaired
☐ Evacuation/curettage
☐ Hysterectomy

Discharge medication
1
2
3
4
5

Family Planning
☐ All methods and options discussed
Method given
☐ Oral contraceptives
☐ Injectable
☐ Intra-uterine device
☐ Implant
☐ Tubal ligation
☐ Vasectomy
Given by:

Additional comments:

ICD 10:

Next Pap Smear due on:

☐ Condoms and advice on dual protection provided
☐ Appointment given for sterilization or follow up at family planning clinic:
Date: Clinic:

Examination on discharge
☐ Pre-discharge checklist completed ☐ looks well ☐ looks ill
Pulse: BP: Temp: HOF:
Hb: Breasts:
Perineum: ☐ intact ☐ clean ☐ septic
Urine output: ☐ good ☐ poor ☐ none

Baby 1 ☐ Male ☐ Female ☐ BCG ☐ Polio ☐ Birth PCR
Weight.....g Head.....cm Length .....cm

Baby 2 ☐ Male ☐ Female ☐ BCG ☐ Polio ☐ Birth PCR
Weight.....g Head.....cm Length .....cm

ART provided to baby:

Feeding options ☐ Discussed ☐ Initiated successfully
Method of feeding:
Remarks:

Advice on discharge Next pregnancy: BANC ☐ High Risk Clinic ☐
Future mode of delivery ☐ NVD ☐ VBAC ☐ Elective CS
Next viral load due: Next tetanus dose due:
Postnatal visit: Date: at clinic/hospital:
☐ Notification of birth Immunisations:
☐ Mental health matters discussed ☐ Child Support Grant discussed
☐ Postnatal care and breastfeeding support locations discussed
☐ Self-care discussed ☐ Baby care discussed

Name **Rank** **Signature**

Maternal and Infant PMTCT Discharge Letter

Complete on carbon copy, this page remain in folder

HPRN: _____

Mom Name & Surname: _____

Mom Date of Birth: _____

Dear Colleaaue

Infant Name & Surname: _____ Gender: ☐ Male ☐ Female

Infant HPRN: _____ Infant Date of Birth: _____

Has been discharged from: _____ (facility name) on _____ (date)

Discharging nurse: _____ Date: ____/____/____

Follow-up Date: ____/____/____ Follow-up Site: _____ Sign: _____

Maternal Discharge Status and Postnatal Follow Up

LABORATORY BARCODE

ART

☐ Mother started on ART: ☐ less than 12 weeks prior to delivery
☐ at or after delivery

Viral Load

☐ VL done at delivery
Viral load: _____

☐ Mother on ART since before pregnancy or more than 12 weeks prior to delivery

Mother ART regime: _____

Feeding Method at Discharge (tick appropriate option)

☐ Exclusively breastfeeding ☐ Formula feeding ☐ Heat-treated own milk

Contraception at Discharge

☐ IUCD ☐ Implant ☐ Oral contraception ☐ Injectible hormones ☐ Sterilization

Infant Discharge Status and Postnatal Follow Up

HIV Test (Discharge)

☐ PCR test done Date of PCR test: _____	LABORATORY BARCODE	PCR test result received ☐ Positive ☐ Negative ☐ Awaited ☐ Mother informed of test result

Discharge Post Exposure Prophylaxis (PEP)

Low risk (moms VL at delivery < 1000c/ml)	**High risk** (mom initiated after 28 weeks / has no VL / VL is > 1000c/ml)	
☐ NVP for 6 weeks once daily	☐ NVP once daily for 12 weeks if mom is **breastfeeding** and if needed until mom's VL <1000c/ml or until 1 week after cessation of all breastfeeding ☐ NVP once daily for 6 weeks if **formula fed**	☐ AZT twice daily for 6 weeks irrespective of feeding choice

Postnatal Follow-up and Baby Wellness Visits

		3-6 days	*6 weeks*	*10 weeks*	*6 months*	*18 months*	*Any other test*
Visit Date:		/ /	/ /	/ /	/ /	/ /	/ /
Mother	ART	☐ If using / willing to use r ☐ If not, start TEE (TDF, FT ☐ Check ART adherence	☐ If using / willing to use reliable contraception TLD (TDF, 3TC and DTG) ☐ If not, start TEE (TDF, FTC, and EFV) ☐ Check ART adherence	☐ Check ART adherence	☐ Check ART adherence	☐ Check ART adherence	☐ Check ART adherence
	VL	☐ If VL>50c/ml (manage as per VL non-suppression) ☐ If VL>1000c/ml (manage infant as high risk)	☐ If VL>50c/ml (manage as per VL non-suppression) ☐ If VL>1000c/ml (manage infant as high risk)	☐ If VL>50c/ml (manage as per VL non-suppression) ☐ If VL>1000c/ml (manage infant as high risk)	☐ **VL done @ 6 mo** (all HIV+ moms) Continue VL every 6 months until cessation of breastfeeding	☐ **VL done @ 18mo** (if mom is still breast-feeding)	☐ **VL done @ 12/24mo** (if mom is still breast-feeding)
Infant	HTS	☐ Birth PCR done ☐ Positive ☐ Negative	☐ Check mom's ART adherence and last VL value	☐ 10 weeks PCR test ☐ Positive ☐ Negative	☐ 6 month PCR test ☐ Positive ☐ Negative	☐ Rapid/Elisa Test ☐ Positive ☐ Negative	☐ HIV test ☐ Positive ☐ Negative
	Prophy-laxis	☐ Check adherence and tolerance to NVP (and AZT)	☐ Start CPT ☐ Stop NVP (low risk) ☐ Stop AZT (high risk)	Stop NVP after 12 weeks if mothers VL < 1000c/ml If child tests positive for HIV stop NVP and initiate ART and do confirmatory PCR			
	Feeding	☐ Breastfeeding ☐ Stopped breastfeeding ☐ Formula feeding	☐ Breastfeeding ☐ Stopped breastfeeding ☐ Formula feeding	☐ Breastfeeding ☐ Stopped breastfeeding ☐ Formula feeding	☐ Breastfeeding ☐ Stopped breastfeeding ☐ Formula feeding	☐ Breastfeeding ☐ Stopped breastfeeding ☐ Formula fed	☐ Breastfeeding ☐ Stopped breastfeeding ☐ Formula fed

2. SA Maternity Case Records: the surgical insert

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Maternity Care
Peri-operative record

This record must be completed for all person's requiring surgery during pregnancy or the puerperium. Once completed, it must be placed within the Maternity Case Record to be filed at the hospital where the delivery took place. Procedures done at a facility where delivery did not occur must be filed in the patient records. Use a new record for every operation.

Name and ID number of patient or place large patient sticker here

Name of medical practitioner booking the procedure

Procedure: ☐ Caesarean section ☐ Tubal ligation ☐ Laparotomy ☐ Emergency hysterectomy

☐ Other _____

URGENCY OF PROCEDURE (select only 1)

☐ RED: Immediate delivery (life threatening to mother and/or fetus)

☐ YELLOW: Urgent delivery (Maternal/fetal compromise not immediate life threatening)

☐ GREEN: Scheduled urgent delivery (need early delivery but no maternal/fetal compromise)

☐ ELECTIVE Scheduled at a time to suit mother/staff

Best describe the reason/indication for the caesarean section/ procedure:

Booking arrangements
Discussed case with senior colleague/consultant (name and time):
Discussed with anaesthetic doctor (name and time):
Discussed with neonatal staff (name and time):
Date and time procedure scheduled:

URGENCY OF CAESAREAN DELIVERY (examples)			
	RED Emergency- immediate threat to life of person or her fetus	YELLOW Maternal or fetal compromise which is not immediately life threatening	GREEN Needing early delivery, but no maternal or fetal compromise)
Target time (decision to incision)	Ideally within 30 minutes	Ideally within 60 minutes	Ideally within 3 hours
Fetal condition (examples)	Fetal distress (pathological CTG)	Suspicious CTG	Fetal anomaly or compromise that need daytime delivery for paediatric management (arrange necessary skilled team as needed)
	Cord prolapse	Cord presentation; patient in labour	
	Footling breech- with ruptured membranes	Footling breech, membranes still intact, patient in labour	
Clinical presentation (examples)	Abruptio placentae; baby alive and viable	Poor progress in labour	Eclampsia, failed induction of labour or vaginal delivery not possible
	Placenta praevia- massive bleeding	Unsuccessful attempt at VBAC	Failed induction of labour: urgent indication for delivery
	Uterine rupture/dehiscence	Cephalo-pelvic disproportion	2 or more previous CS/previous classical CS in early labour
	Transverse lie, in labour	Prolonged second stage	One previous CS, patient not for VBAC, in early labour
	Abandoned instrumental delivery	Twin pregnancy; delivery of second twin	Any GREEN indication presenting in active labour
Maternal condition	Severe maternal disease		

IMPORTANT INFORMATION FOR ANAESTHETIC TEAM:

Haemoglobin:	NPO since:	Latest platelet count if pre-eclampsia:

Maternal medical condition (select all that is applicable)

- ☐ Healthy
- ☐ Severe pre-operative blood loss (antepartum haemorrhage)
- ☐ Abruptio placentae
- ☐ Placenta praevia
- ☐ Morbidly adherent placenta
- ☐ Pre-eclampsia
- ☐ Decreased level of consciousness
- ☐ Acute severe hypertension
- ☐ Maternal diabetes
- ☐ BMI 40-50
- ☐ BMI >50
- ☐ Cardiac disease
- ☐ Active respiratory disease
- ☐ Currently on $MgSO_4$
- ☐ Currently on anti-coagulative drugs
- ☐ Allergies: _____
- ☐ Medical history _____
- ☐ Surgical history _____
- ☐ Other _____

WARD PREPARATION FOR THEATRE AND TRANSFER

Planned procedure

Procedure date/time Pickup date/time

Known allergies

	WARD			Theatre		
	Yes	No	N/A	Yes	No	N/A
Informed consent signed						
Medical alert band/ chain in situ						
Make-up/varnish removed						
Artificial nails removed						
Jewelry removed						
Dentures removed						
Contact lenses removed						
Patient is nil per mouth since ___h__						
Dressed in theatre garment						
Urine catheter in-situ						
List pre-medication drugs:						
Premed administered by						
Signature						
Patient prepared by						
Signature						
Date /time	Left ward			Arrive OT		
Received in theatre by						
Signature						

Vital signs on arrival OT			Documents received OT
Blood pressure			Maternity case record book
Pulse			Prescription chart
Respiration rate			Laboratory results
Urine disptix			X-Rays
Catheter			
Fetal heart			

CONSENT TO MEDICAL OR SURGICAL PROCEDURE

I, Dr _____ have explained the nature, risks & possible consequences of the medical /surgical procedure to the undersigned patient or her legal guardian.

Signature _____ Date _____

Circle whichever is applicable

Procedure explained:	Personally	Via interpreter

NATURE OF PROCEDURE:

_____

_____

Where applicable indicate side of procedure (Right or Left)

Circle whichever is applicable

Type of anaesthetic:	Local	Spinal	General	Procedural Sedation

CONSENT TO USE OF BLOOD and/or blood products if necessary during the course of the procedure

Consent granted by Patient/Guardian : _____ Signature

Consent withheld by Patient/Guardian: _____ Signature

I consent to a sample of my blood being taken and tested for Hepatitis B and the Human Immunodeficiency Virus (HIV) should contamination of a health care worker by my bodily fluids occur during the procedure.

Patient's / Guardian's Signature _____

Full Name of Patient		I, the undersigned, hereby consent to the performance of, and understand the nature, risks and possible outcomes of the above procedure. The doctors who perform the above may carry out additional or alternative measures (including general anaesthesia) if considered necessary. In the case of a sterilisation procedure, I understand that pregnancy may occur in exceptional cases, in which case I shall not hold the Department of Health and/or its personnel responsible. I also accept that alternative methods of birth control are still available to me.
Signature/Thumb	Date	
Print of patient		

COMPLETE THIS SECTION IF CONSENT IS GIVEN BY A PERSON ON BEHALF OF THE PATIENT

Print Name _____

Signature _____ Date _____

Relationship to patient _____

Means by which consent was given: Personally Telephonically

NAMES AND SIGNATURES OF WITNESSES TO THE PATIENT'S / GUARDIAN'S SIGNATURE ON THIS DOCUMENT

Witness 1

Print Name _____

Signature

Witness 2

Print Name _____

Signature

CONSENT TO CAESAREAN DELIVERY

NATURE OF PROCEDURE: CAESAREAN SECTION*

Contact details (if patient wishes to discuss options later) .....

I have introduced myself by name and explained the nature, risks and possible consequences of a caesarean delivery to the undersigned patient or person legally competent to give consent. In particular, I have explained the following:	Print name		NAME OF DOCTOR (To be filled in by a registered health professional with appropriate knowledge of the proposed procedure)
	Signature	Date	

Intended benefit:
Delivery of her baby (or babies) through a cut in the tummy and the uterus (womb) in a situation where the risks of the baby being born through the vagina is more than the risk of the delivery by Caesarean section.
Frequent risks:
Bleeding during or after the operation, infection in the wound or in the womb (sepsis), persistent pain and discomfort over the scar, risk of repeat caesarean delivery in following pregnancies, re-admission to hospital, minor cuts to the baby during delivery.
Serious risks (uncommon):
Emergency requiring removal of the womb (hysterectomy), increased risk of a tear in the womb in future pregnancies, development of a blood clot in the legs or lungs, injury to the bladder or bowel.

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

THE PROCEDURE WILL INVOLVE (one or more):	General anaesthesia ☐	Regional anaesthesia (epidural or spinal) ☐	Local anaesthesia ☐

CONSENT TO USE OF BLOOD and/or BLOOD PRODUCTS

I grant consent ☐ I withhold consent ☐ Signature_____

I have counselled the patient on the use and dangers of blood products and the undersigned patient hereby Grants or Withholds consent for the use of blood and/or blood products should it become necessary during the procedure.
TICK the appropriate box

I, the undersigned patient hereby agree that a sample of my blood can be taken and tested and tested for Hepatitis B and Human Immunodeficiency Virus (HIV) should an incident of contamination of a health care worker by bodily fluids occur during the procedure.
TICK whichever is applicable. I agree ☐ I do not agree ☐

FULL NAME OF PATIENT		I, the undersigned, hereby consent to the performance of, and understand the nature, risks and possible consequences of the above procedure. The doctors who perform the procedure may increase the reasonable scope thereof or carry out additional or alternative measures (including general anaesthesia) if considered necessary.
SIGNATURE or THUMB PRINT OF PATIENT	Date	

PERSON LEGALLY COMPETENT TO GIVE CONSENT	Print name			This section to be filled in if a person other than the patient gives consent.
	Signature	Date		
	Capacity or relationship to patient			
	Means by which consent was given	Personally ☐	Telephonically ☐ Other:	

WITNESS 1	Print name	Names and signatures of witness to the signing of this document by the patient or a person legally competent to give consent on behalf of the patient.
	Signature	
WITNESS 2	Print name	
	Signature	

*A seperate consent form should be used for sterilisation procedures.
*A seperate consent form should be used if any additional procedures are planned during the time of the Caesarean section (e.g. hysterectomy).

COUNSELLING CHECKLIST PRIOR TO POST PARTUM TUBAL LIGATION

For persons capable of signing their own consent

I have discussed the following with this person:

- ☐ Her reason for choosing sterilization.
- ☐ Alternative long acting effective contraceptive methods.
- ☐ Sterilisation is a permanent and irreversible method of contraception.
- ☐ Stability of relationship and possibility of regret due to change in circumstances, such as possible loss of child/children/partner or remarriage.
- ☐ Consider option of male or female sterilization. (Male procedure is smaller, safer and more effective).
- ☐ The sterilization procedure. Local or general anaesthetic, surgical approach, type of tubal closure.
- ☐ Risk of anaesthesia/surgery and possibility of additional surgery if complications occur.
- ☐ The risk of failure: 1 in 200 lifetime risk of pregnancy in a female
- ☐ If pregnancy occurs after sterilisation, there is a slight risk of ectopic pregnancy and the symptoms to report are lower abdominal pain, missed period and irregular bleeding.
- ☐ The menstrual cycle will revert to what it was before pregnancy.
- ☐ No effect on long term health.
- ☐ Sterilisation does not protect against STI/HIV transmission.
- ☐ I have answered the person's questions and given a pamphlet

Date _____ Counselled by _____

I, (patient name) .....

with ID/Passport/other number.....

Hereby states that I have requested a sterilisation (permanent family planning).
This was my own choice and I was not forced to make this decision.
I understand that I will not be able to have any pregnancies in the future and that the operation is permanent.

Signed (patient).....

Witness 1.....

Witness 2

OBSTETRIC ANAESTHETIC RECORD

Proposed Operation:

Surgeon: Grade:

Details of Anaesthetist
Name and
HPCSA nr and highest qualification

Date Consent obtained

Nil by mouth since (Time): What was eaten/drunk?

History:

Previous Anaesthetic History:

Grade:
- Intern
- Comm. Service MO
- GP/MO < 2 years
- GP/MO ≥ 2 years
- Registrar
- Specialist

Medication: Allergies:

General Examination: Height (m) Mass (kg) BP Pulse

Heart:

Chest:

Airway Examination: Mallampati Score:

Jaw mobility Loose/awkward teeth: Yes No Pharynx: Neck:

ASA rating: 1 2 3 4 5 E

Investigations:
Hb Platelets Urea & Electrolytes:
Chest X-Ray: Normal Abnormal
Details:
Urine:
Other:

Premedication:	To be given at:	Ordered by	Given at:	By
0.3 Molar sodium citrate 30 mL per os				
Metoclopramide 10 mg iv				
Ranitidine 150 mg per os				
Other:				

Pre-anaesthesia check: Freely running iv Suction Machine check

Technique: Spinal Epidural CSE General Sedation Standby

Regional anaesthesia: Spinal interspace: Number of attempts:

Position of patient: Lateral Sitting

Spinal needle: Type: Atraumatic Size (gauge)

Epidural needle: Type: Tuohy Other Size (gauge)

Epidural space location:

Loss of resistance: To air To saline

Other (describe)

Epidural catheter: Size (gauge)

Length within epidural space (cm)

Sensory height (to cold) of block pre-incision:

General anaesthesia: Induction sequence: Preoxygenation Cricoid pressure

Laryngoscopy and rapid tracheal intubation with a cuffed tube
Check stomach Size of tracheal tube (mm)
Air Entry: L R Length inserted (cm)

Alternative airway management:
- Face mask
- Laryngeal mask
- Awake intubation**
- Surgical airway
- Combitube Other (specify)

Ventilation:
- Spontaneous
- Controlled

Circuit:
Ventilator:
FiO_2:
- O_2/Air
- O_2/Nitrous Oxide

** Details:

Remarks and Complications

OBSTETRIC ANAESTHETIC RECORD

Time:					Times:	
Drugs:					Induction (I)	
Prophylactic antibiotics					Uterine incision (U)	
Oxytocin					Cord clamp (D)	
Other uterotonics					I-D (min.)	
					U-D (sec.)	
Agent % (Inspired)						Totals:
IV Fluids:						
Blood Loss:						
Urine output:						

Monitoring every 5 mins:
- ECG
- Oximetry
- Capnograph
- NIBP
- CVP
- Arterial line
- N-M block
- Urine
- Temp
- $P(P)_{aw}$
- O_2 Analyser

Position:
- Supine tilt
- Wedge
- Other
- Lithotomy
- Trendel.

SBP v Sat %
DBP ^ ET_{CO2}
HR • CVP
CVP x T °C
FiO_2

Recovery Room Record

Time	BP	Pulse	Respiratory pattern and rate	Output: Urine	Output: Vomitus	Output: Wound	Drugs & iv therapy	State of consciousness	Signature

Bromage score at admission to recovery room: .....
Bromage score on discharge from recovery room: .....

1 = Complete block (unable to move feet or knees)
2 = Almost complete block (able to move feet only)
3 = Partial block (just able to move knees)
4 = Detectable weakness of hip flexion (between scores 3 and 5)
5 = No detectable weakness of hip flexion while supine (full flexion of knees)
6 = Able to perform partial knee bend

Complications in recovery room	
Transfer from recovery room authorised by	Time
Transferred to ward	Time
Received by	Time

INTRA-OPERATIVE RECORD

OPERATION

NB: Complete or mark in space given				THEATRE NR:			
Operation Time:		From:		To:		Duration:	
Type of Anaesthesia:				Anaesthetist:			
Surgeon:			Assistant:				
SECTION: B - SURGEON COMPLETES THIS SECTION							
Nature of Operation:							
Surgeon:	Name in Print:		Signature:			Qualification:	
Procedure code:							

INTRAOPERATIVE PATIENT CARE

SECTION C: PROFESSIONAL NURSE COMPLETES THIS SECTION							
PATIENT POSITION:	(MARK x)	Supine		Prone		Lithotomy	
Left Lateral		Right Lateral		Trendelen-burg		Other	
BONY PROMINENCES	Checked:	YES:	NO:	Padded:		YES:	NO:
WARMING BLANKET	YES:	NO:					
ANY ABNORMALITIES OBSERVED (Describe shortly)							
DIATHERMY:	Diathermy used		YES:	NO:	Checked	YES:	NO:
Plate site:	ARM:	LEG:	OTHER:	LEFT:		RIGHT:	
WOUND CLASSIFICATION:				CLEAN:			
INFECTED:		CONTAMINATED:			CLEAN CONTAMINATED:		
SKIN PREPARATION					Chlorhexidine in Water		
Chlorhexidine in Alcohol		Povidone-Iodine			Other:		
INFILTRATION	YES:	NO	Type:				
X-RAYS USED:	YES:	NO	C-Arm used		YES:	NO	
			Contrast used		YES:	NO	

SWAB/INSTRUMENT/SHARP CONTROL
We, the undersigned, hereby declare that the instruments, needles and swabs in respect of the above-mentioned operation were counted before, during and after the operation and that the totals were found correct.

	COMPLETE YES	COMPLETE NO	TOTAL:	N.A.			
Abdominal					PLUGS:	YES:	NO:
Raytec					Type:		
Dissecting					Size:		
Other					Tapes/Other	YES:	NO:
					Type:		
					Clips	YES:	NO:
					SKIN SUTURE		

CATHETERS/ DRAINS	YES:	NO:	SIZE:		
Urine					
Nasal tube					
Thoracic drain					
Pensil drain					
Other					

INTRA-OPERATIVE RECORD CONTINUED

NB: Mark applicable given spaces

Unplanned events

UNUSUAL INCIDENT REPORT WRITTEN?		YES:		NO:	
Intraoperative bleeding					
Source of bleeding			Blood Loss		
ROUTE CHART COMPLETED:		YES		NO	

INTRA-OPERATIVE

SPECIMEN OBTAINED	YES:	NO:		NUMBER:	
TYPE:					
OPERATING TEAM MEMBERS:		NAME IN PRINT		SIGNATURE	
REGISTERED SCRUB NURSE:					
SUPERVISOR: (If theatre student/ new PN)					
CO-CHECKER/CIRCULATING NURSE:					
ANAESTHETIC NURSE:					

POST-OPERATIVE

POST OPERATIVE CHECKLIST

Post-operative skin/pressure areas check:	Intact		Skin Lesion:	
Short description of skin lesion:				
PATIENT TRANSFERRED TO: (Date/Time)				
RECOVERY ROOM				

Professional authorising release of patient from theatre

Date/Time	Name	Signature

Professional receiving patient from Theatre

	Date/Time	Name	Signature
WARD:			
CRITICAL CARE:			
HIGH CARE:			

CAESAREAN DELIVERY SAFETY CHECKLIST

SIGN IN (To be said out loud before induction of anaesthesia)	TIME OUT (To be said out loud before skin incision)	SIGN OUT (To be said out loud before patient leaves the operation room)
Patient has confirmed ☐ Identity ☐ Procedure ☐ Consent	☐ Confirm all team members have introduced themselves by name and role	Practitioner verbally confirms with the team: ☐ Name of the procedure and any additional procedure has been recorded? ☐ Instruments, swabs and sharp counts are correct? ☐ Specimens have been labelled? ☐ Blood loss has been recorded?
☐ Anaesthesia safety check completed (Equipment and medication)	To Surgeon Are there any potential problems the team should be aware of? ☐ No ☐ Yes ☐ Mothers rhesus status known Does cord blood need to be taken? ☐ No ☐ Yes	
☐ Neonatal safety check completed (Equipment and medication)		
☐ Pulse oximeter on patient and functioning		
Is a difficult airway anticipated? ☐ No ☐ Yes and equipment and assistance is available		
Does patient have a known allergy ☐ No ☐ Yes	To Anaesthetist: ☐ Wedge placed? ☐ Any patient specific concerns?	Obstetrician, Anaesthetist and Scrub Nurse have discussed: ☐ Concerns for recovery and further management? ☐ Need for post-operative VTE prophylaxis? ☐ Need for postoperative antibiotics? ☐ Equipment problems that have been identified? ☐ Oxytocin 20 IU in 1000mls IVI ready to be administered
Assess bleeding risk (Pre op Hb .....g/dl) Risk factors for PPH. ☐ No ☐ Yes (i.e. prolonged labour, multiple pregnancy, big baby, polyhydramnios, grand multiparity, clotting dysfunction, PPH in the past). If yes, ☐ There is adequate IV access? Is emergency blood available? ☐ No ☐ Yes Are there any concerns about the placental site ☐ No ☐ Yes	To Scrub Sister ☐ Sterility of instruments confirmed ☐ Any equipment issues / concerns ☐ Diathermy and suction functional	
☐ Antibiotic prophylaxis give in the last hour? ☐ Appropriate / recent antacid prophylaxis given? ☐ Urinary catheter is draining	Patient Name: _____	Midwife has confirmed that ☐ Baby/ies been correctly labelled? ☐ Relevant cord bloods have been taken?
Are any additional procedures planned? ☐ IUCD ☐ BTL ☐ N/A	Patient Surname:_____	
Is the foetal heart present? ☐ No ☐ Yes	Date of Birth:_____ Hospital number:_____ Date of Surgery:_____	
NAME AND SIGNATURE OF HEALTHCARE WORKER	NAME AND SIGNATURE OF HEALTHCARE WORKER	NAME AND SIGNATURE OF HEALTHCARE WORKER