

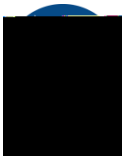


# LABOUR SUMMARY AND DELIVERY RECORD - PART 1

<b>1. HOSPITAL / HEALTH CENTRE / BIRTHING CENTRE</b>					
Gravida	Term	Preterm	Abortion: Spontaneous ____ Therapeutic ____	Living	Ectopic
EDD <i>DD MM YYYY</i>	Gest. Age <i>Weeks + Days</i>	Blood Group & Type		Hgb on Admission	
<b>2. RISK FACTORS BEFORE LABOUR</b>		GBS Status: Positive Negative Unknown			
<b>3. RISK FACTORS DURING LABOUR</b>					

Surname \_\_\_\_\_ Given name \_\_\_\_\_

**ADMISSION:** Time: \_\_\_\_\_ Date: *DD MM YYYY*



# LABOUR SUMMARY AND DELIVERY RECORD - PART 2

## 11. DELIVERY

Presentation & Position of Fetus:	During Labour	At Delivery
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## 12. VAGINAL DELIVERY

VBAC Eligible:	Yes	No
VBAC Attempted:	Yes	No

Surname

Given name