

MATERNITY HOSPITALISATION FILE



Date / /	Name	N°
Time	Address	Age
Referred by:	<input type="checkbox"/> self <input type="checkbox"/> TBA <input type="checkbox"/> waiting home <input type="checkbox"/> health facility:	

Medical and surgical history (major illnesses, previous surgery)

Obstetrical history

Gravida:	Para:	Abortion:	Came to ANC: <input type="checkbox"/> No <input type="checkbox"/> Yes (MSF) <input type="checkbox"/> Yes (other): Nb of visits: TT vaccination:
Year	Previous deliveries (normal vaginal delivery, CS, instrumental delivery; home/hospital; problems; remarks)		Child (abortion, stillborn, alive, death)

Examination on admission

LMP:	EDD:	Fundal height: cm	Estimated gestation: weeks
Lie/presentation:	FHR:	FM: <input type="checkbox"/> yes <input type="checkbox"/> no	BP: HR:
Hb:	Blood group:	Conjunctiva: <input type="checkbox"/> normal <input type="checkbox"/> pale	Weight: T°:
Proteinuria: <input type="checkbox"/> 0 <input type="checkbox"/> + <input type="checkbox"/> ++ <input type="checkbox"/> +++	Syphilis test:	Other test:	

Vaginal examination

Cervix: Effacement:	Consistency:	Dilatation: cm
Presenting part:	Engagement:	P/V bleeding:
Membranes:	<input type="checkbox"/> intact <input type="checkbox"/> ruptured	Date: / / Time: h
Liquor:	<input type="checkbox"/> clear <input type="checkbox"/> meconium stained	<input type="checkbox"/> foul smelling <input type="checkbox"/> blood stained
Genital mutilation type:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III Fistula:	<input type="checkbox"/> VVF <input type="checkbox"/> RVF
Uterine contractions since (date/time):	/ / at h	Frequency: /10 min

Observations, diagnosis and management

Admission done by:

Acronyms: BP blood pressure, EDD expected date of delivery, FHR foetal heart rate, FM foetal movements, Hb haemoglobin, HR heart rate, LMP last menstrual period, RVF rectovaginal fistula, RR respiratory rate, T° temperature, TT tetanus toxoid, P/V per vagina, VVF vesicovaginal fistula.

DELIVERY AND POST-PARTUM

Date / / **Time** (hour and minutes) h

Delivery

Conducted by:

vaginal non-instrumental vacuum forceps maneuver (type):

caesarean section indication :

Presenting part: cephalic breech other **Anaesthesia:** local spinal general

Perineum: intact episiotomy tear **Sutured:** yes no

Third stage

Date / / (hour and minutes) h

spontaneous manual removal of placenta **Placenta** complete incomplete

oxytocin 10 IU if incomplete exploration curettage

Post-partum haemorrhage (detail management):

Newborn	alive	stillborn, FHR		sex	Apgar			Weight	Tetracycline eye ointment	Vit K	Resuscitation			
		pos	neg		M/F	1 min	5 min				10 min	suction	ventilation	chest compr.
Newborn 1														
Newborn 2														

Abnormalities:

Post partum monitoring (mn = minute / H = Hour)

Time after delivery	15mn	30mn	45mn	1H 30mn	1H 15mn	1H 30mn	2H	3H	4H	8H	12H	16H	20H	24H
Real time														

Mother

Bleeding (0 - +++)														
Uterus (retracted/hard ball)														
Blood pressure														
Heart rate														
Temperature														
Respiratory rate (RR)														
Urine														

Newborn

Breathing (RR)/colour														
Warmth (T°)														
Cord														
Breastfeeding														

Treatments (dose and route of administration)

Condition/comments/conclusion:

DISCHARGE

done by: _____

Mode of discharge					
Mother			Newborn		
Date / /	Length of stay: days		Date / /	Length of stay: days	
<input type="checkbox"/> Home	<input type="checkbox"/> Died		<input type="checkbox"/> Home	<input type="checkbox"/> Died	
<input type="checkbox"/> Defaulter	<input type="checkbox"/> Referred to:		<input type="checkbox"/> Defaulter	<input type="checkbox"/> Referred to:	
Examination					
Mother			Newborn		
BP:	T°:	HR:	RR:	T°:	HR:
Uterus contracted	<input type="checkbox"/> yes	<input type="checkbox"/> no	Passed stool	<input type="checkbox"/> yes	<input type="checkbox"/> no
Lochia normal	<input type="checkbox"/> yes	<input type="checkbox"/> no	Passed urine	<input type="checkbox"/> yes	<input type="checkbox"/> no
Passed urine	<input type="checkbox"/> yes	<input type="checkbox"/> no	Breastfeeding	<input type="checkbox"/> well	<input type="checkbox"/> difficult
<input type="checkbox"/> Vitamin A			<input type="checkbox"/> BCG	<input type="checkbox"/> polio 0	<input type="checkbox"/> hepatitis B
BG+Rh:	IG anti-D:	<input type="checkbox"/> yes <input type="checkbox"/> no	BG+Rh:		
Condition of wound (perineum, C-section scar):					

Health education and counselling			
Mother		Newborn	
Postnatal care and hygiene		Exclusive breastfeeding 6 months	
Nutrition		Hygiene, cord care and warmth	
Birth spacing/contraception		Special advice (if low birth weight)	
Danger signs		Danger signs	
Follow-up visits		Follow-up visits	
Other		Vaccinations	
		Other	

Specific recommendations:

Treatment to continue at home:

Ferrous salts + folic acid or multiple micronutrients (daily dose and duration):

Post-natal consultation date: / /

Contraceptive received: yes no Date: / / Method:

Date of next contraception visit(s): / /

Performed procedures	<input type="checkbox"/> Newborn resuscitation	<input type="checkbox"/> Dilatation and curettage
<input type="checkbox"/> Labour induction	<input type="checkbox"/> Blood transfusion	<input type="checkbox"/> Manual vacuum aspiration
<input type="checkbox"/> Labour augmentation	<input type="checkbox"/> Episiotomy	<input type="checkbox"/> Hysterectomy post C/S
<input type="checkbox"/> Uterine revision	<input type="checkbox"/> Suture of perineal tear	<input type="checkbox"/> Tubal ligation post C/S
<input type="checkbox"/> Manual removal placenta	<input type="checkbox"/> Suture of cervical tear	<input type="checkbox"/> Other

Diagnosis at discharge	<input type="checkbox"/> Antepartum haemorrhage	<input type="checkbox"/> Postpartum haemorrhage
<input type="checkbox"/> Uncomplicated delivery	<input type="checkbox"/> Ruptured uterus	<input type="checkbox"/> Uncomplicated abortion
<input type="checkbox"/> Prolonged/obstructed labour	<input type="checkbox"/> (Pre)-eclampsia	<input type="checkbox"/> Complicated abortion
<input type="checkbox"/> Other:	<input type="checkbox"/> Post-partum sepsis	<input type="checkbox"/> Ectopic pregnancy
		<input type="checkbox"/> Preterm delivery