

Ministry of Science and Higher Education of the Russian Federation  
Federal State-Funded Institution of Higher Education  
“Ulyanovsk State University”  
Faculty of Medicine named for T.Z. Biktimirov  
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

## **LABOR AND DELIVERY CASE RECORD**

**Full name/ Initials:**

**Clinical diagnosis:**

**Medical assistant:**  
**(Full name of 4<sup>th</sup>-year student, group)**

**Teacher:**

**Ulyanovsk**  
**2018**

## **I. Personal information**

Gravida's full name/initials, her age:

Home address:

Profession:

Family status: (married, single, widowed, divorced)

Date of admission to the hospital:

Supervision in female outpatient department or other medical institution (how many times she visited it, from what period [weeks] of pregnancy):

## **II. Chief symptoms**

Symptoms that are worried a parturient now (at admission to the maternity hospital):

- contractions (the time when they started, how often they occur, their duration, the time intervals between contractions, painful);
- attempts (when they start, frequency, duration);
- rupture of membranes and amniotic fluid pouring (when it happened, before the onset of labor, at the beginning or at the end of the first stage of labor; character (light or mixed with meconium) and the volume (ml) of amniotic fluid;
- others.

## **III. Social history**

Childhood and living conditions. History of hereditary or familial disease.

Bad habits (smoking, alcohol, drugs).

## **IV. Obstetric history**

**Menstruation:** age at onset (menarche). Approximate duration of each menstrual bleed. Interval from the first day of one to the first day of the next period. Estimate of amount and character of loss: moderate, scarce, abundant. Any pain associated with menstruation. Has the character of menstruation changed after marriage, childbirth, abortion? Date of last menstrual period (LMP).

**Sexual history:** age of onset of sexual activity. Use of contraception. The age of the husband. What is the marriage of the account? Consanguineous marriage or not (degree of consanguinity). Diseases and bad habits of husband. Past gynecological diseases, sexually transmitted diseases.

**Reproductive function:** what is this pregnancy of the account, what is this childbirth of the account? The course of previous pregnancies and childbirth: the date of previous labor, the weight of the newborn, complications in previous labor and delivery. The course of the postpartum and post-abortion periods. The duration

of breastfeeding.

***The course of this pregnancy:***

- 1) in the first half;
- 2) in the second half.

Was there a hospitalization with this pregnancy, how many times, at what time [how many weeks of pregnancy], by what disease, what treatment she got and its results?

The reason for hospitalization to the maternity hospital now (prenatal hospitalization, onset of labor, amniotic fluid pouring).

**V. History of past diseases**

Past somatic diseases:

Past infectious diseases (tuberculosis, viral hepatitis B and C, syphilis, HIV infection, listeriosis):

Past gynecological diseases (for example: fibroids, endometriosis, vaginitis, ovarian tumors or cysts, etc.):

Past operation (caesarian section, myomectomy, appendectomy or other major operations):

Allergic history (drug allergy):

Transfusion history (was there a transfusion of blood or its components, if so, in what year, what exactly was the transfusion, were there any complications after the transfusion):

**VI. Examination**

***General examination data:*** body build, height, weight, temperature, color skin, the presence of edema.

***Cardiovascular system:*** pulse, blood pressure, heart sounds.

***Respiratory system:*** respiratory rate, auscultation.

***Gastrointestinal tract:*** tongue, teeth, mouth, palpation of the abdomen, the size of the liver, spleen, the nature of the chair.

***The urinary system:*** a symptom of Pasternathian and the nature of urination.

***Nervous mental system:*** consciousness, mood, sleep.

***Mammary glands:*** inspection, palpation, discharge from the nipples.

**VII. Obstetric examination for admission**

- 1) size of the false pelvis (manual pelvimetry), Michaelis rhombus;
- 2) abdominal circumference [cm], level of the uterine fundus [cm], the circumference of the wrist [cm];
- 3) fetal size: the frontal-occipital diameter, the length of the fetus in uterus;

- 4) lie, position, presentation, station (Leopold maneuvers);
- 5) fetal heartbeat (the place of the best listening of fetal heart tones through the anterior abdominal wall of the gravida and the number of beats per minute);
- 6) character of labor activity: frequency, strength, duration of the uterine contractions;
- 7) calculation of the estimated weight of the fetus by various methods.

### **VIII. Vaginal examination**

- 1) condition of the external genital organs;
- 2) vagina is capacious (the woman gave birth earlier) or narrow (the woman did not give birth or she had a cesarean section), the color of the mucous membrane, folding;
- 3) cervix: favorable (ripe) or unfavorable (unripe), long or shortened (to how many cm), or it's effaced completely; its thickness: the edge of cervix is firm, medium or soft, position of cervix (posterior, midposition or anterior), degree of dilation of the cervix (in cm), Bishop scores;
- 4) condition of the membranes (intact or ruptured);
- 5) presenting fetal part, its station, the location of the sutures (sagittal) and fontanelles (posterior);
- 6) exostoses and deformity of the pelvic bones;
- 7) diagonal conjugate.

***Calculate the true conjugate.***

### **IX. Admission diagnosis and substantiation**

- account of pregnancy, gestational age (substantiate it by the date of the LMP, the first movement of the fetus, the first appearance at the antenatal clinic, the ovulation, Skulsky formula, Jordania formula);
- presentation;
- account and stage of labor;
- assessment of the pelvic size;
- complications of pregnancy and labor;
- extragenital pathology;
- obstetric history (burdened or not), to which risk group this parturient refers and according to what obstetric pathology.

*For example:*

***Diagnosis:*** *Pregnancy II, 39-40 weeks. Occipitoanterior presentation. Labor I, first stage of labor. Simple flat pelvis 1 degree. Anemia of pregnancy, mild degree. Burdened obstetric history (miscarriage).*

**Substantiation:**

**The gestational age is substantiated by:**

- 1) the date of the LMP: 01/10/2018 – on 10/14/2018 [current date]: 39-40 weeks;
- 2) the first movement of the fetus: 05/28/2018 – on 10/14/2018: 39-40 weeks;
- 3) the first appearance at the antenatal clinic: 03/05/2018, 7-8 weeks of pregnancy - on 10/14/2018: 39-40 weeks;
- 4) the data of obstetric examination: level of the uterine fundus is 36 cm that accords 39-40 weeks of pregnancy; the abdominal circumference is 97 cm that accords 39-40 weeks of pregnancy;
- 5) ... etc.

**Occipitoanterior presentation is substantiated by:**

- 1) the data of third Leopold maneuver (describe the presenting part);
- 2) the data of vaginal examination (describe the presenting part, its station, the location of the sagittal suture and posterior fontanel);
- 3) the data of obstetrical ultrasound.

**Labor I, first stage of labor is substantiated by:**

- 1) the obstetric history: first pregnancy terminated (spontaneous miscarriage), this labor is the first;
- 2) the data of obstetric examination: the contractions started at 9.00 today, at admission to hospital they are 5-6 minutes, medium intensity, intervals between contractions 10-12 minutes; the membranes are intact;
- 3) the data of vaginal examination: cervix is unfavorable, shortened to 1,0 cm, in midposition, soft, cervix dilation is 4 cm (Bishop scores – 8).

**Simple flat pelvis 1 degree is substantiated by:**

- 1) the data of pelvimetry (specify the diameters of the pelvis)
- ... etc.

**X. Plane of management and supervision of the labor and delivery**

Example. *Vaginal delivery is planned, the labor is planned to be conducted conservatively and expectantly, with adequate anesthesia, with a dynamic considering of the route of delivery and assessment of the maternal and fetus well-being.*

*(... and with assessment the cephalopelvic relation – if the pelvis is narrow or the fetus is large, if the engagement is asinclitic or other.).*

*If the labor becomes abnormal, if the route of delivery (uterine contractions, cervix dilation and fetal descent) becomes protracted or arrested, if the fetal heart rate becomes not reassuring (...or cephalopelvic disproportion will emerge), the caesarian delivery will be performed.*

## **XI. Course the first stage of labor**

Care records: Condition of the parturient, pulse, blood pressure, the nature of contractions and the route of delivery, the descent of the presenting fetal head through the pelvic cavity (station), the condition of the fetus, the pouring of amniotic fluid (time, color, volume).

Diaries (care records) are written every 3 hours. Management the first stage of labor, anesthesia.

## **XII. Course the second stage of labor**

Diaries are recorded every 15 min. Attempts (beginning, frequency, character, advancement of the presenting part). Fetal heart rate.

Outline the mechanism (cardinal movements) of labor, describe and substantiate the activities of the doctor and midwife in the second stage of labor. Anesthesia for the second stage of labor.

Birth of a baby (day, hour, minute). Gender, weight, configuration of the head (indicate where the molding of head is located), assess the condition of the newborn on the Apgar scale (draw a scale and evaluate each sign in points).

Description of the primary care (toilet) for the newborn, certification of the newborn.

## **XIII. Course the third stage of labor**

Management of the third stage, signs of separation of the placenta, mechanism of separation of the placenta (describe), description of the placenta (integrity of the placenta and membranes, features of the placenta). The duration of the third stage of labor. Prevention of bleeding (describe).

**XIV. Examination of the soft tissues of the birth canal** (cervix, vaginal mucosa, perineum; stitching – for ruptures, anesthesia).

## **XV. Early postpartum period**

The condition of the puerperal in the first two hours after labor (the time after which she is transferred to the postpartum ward): pulse, blood pressure, consistency and level of the uterine fundus, the character of vaginal discharge. Quantity blood loss during labor (assessment of blood loss – is it physiological or pathological).

## **XVI. Summary of labor:**

- the duration of the I stage of labor;
- the duration of the II stage of labor;

- the duration of the III stage of labor;
- total duration of labor

Specify whether the labor is normal or abnormal, according to what mechanism it occurred.

Complications of labor and delivery (if they were).

Operations and assistance (if they were): for example, episiotomy or others.

Labor pain relief.

**XVII. The course of the postpartum period** (write 2-3 diaries as follows)

Date	Condition, temperature, pulse, blood pressure, condition of the mammary glands, level of the uterine fundus, the lochia character, physiological functions (defecation, urination).	Regimen, nutrition, counseling on personal hygiene and breastfeeding; examination (ultrasound, general blood and urine) and treatment (if required)
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