



Delivery Note Template

Patient became fully dilated at ____ (time) and pushed for ____ (time)
Mode of vaginal delivery [spontaneous, vacuum assist, forceps]
Note: Operative Delivery Requires an additional delivery/Procedure note from the provider
Delivery of liveborn ____ (gender) at ____ (time) am/pm.
From: position: OA, OP, OT
Nuchal Cord: Yes/No
Shoulder Dystocia: requires a separate procedure note from the provider
Weight: (grams), lbs/oz.
APGARS: ____ 1 min ____ 5min
Placenta delivery: intact, normal appearing ____ # blood vessels
Episiotomy: Yes/No, if yes type, (midline, mediolateral) extension 3 or 4 th degree
Repair of Episiotomy, suture, type
Note: a 3rd or 4th degree Episiotomy requires a separate procedure note.
Laceration: location: perineal, vaginal, labial, periurethral
Extension: 2nd or 3rd degree
Repair: sutures and type
Vaginal/Cervical inspection: no sponges, no lacerations
Rectal Exam: Intact
Anesthesia: epidural/IV, sedation, lidocaine, local
Estimated blood loss: (mL)
Postpartum Hemorrhage: Yes/No
Complications:
Delivery done by: Midwife Obstetrician