A woman, G2P1, arrived at the hospital at 3 cm dilation with q2-3 min CTX. She was admitted. At her last antepartum visit the day before admission she weighed 137.5 lbs. At 4 cm her labor was augmented by AROM and an FSE was placed as the EFM was removed due to increasing variable decels. She underwent an emergent C- sect after the infant had continued variable decels of increasing length. She had been given Nubain and received an epidural in the laboring process. The epidural medication was increased to surgical strength. She remained comfortable throughout.

She had an uncontrolled post-partum hemorrhage after transfer to the inpatient unit. This led to an abdominal hysterectomy with spinal anesthesia. She received multiple blood products intraoperatively. She was transferred to SICU in guarded condition.

**Labor & Delivery**

**Mother transferred in Antepartum: NYS Facility Mother Transferred From: State/Terr./Province**

\_\_\_ Yes \_\_\_ No

**Mother’s Weight at Delivery**:

\_\_\_\_\_\_ *lbs.*

**Fetal Presentation:** *(select one)*

\_\_\_ Cephalic \_\_\_ Breech \_\_\_ Other

**Route & Method:** *(select one)*

\_\_\_Spontaneous \_\_\_Forceps-Mid \_\_\_Forceps-Low/Outlet \_\_\_Vacuum \_\_\_Cesarean \_\_\_ Unknown

**Cesarean Section History:**

\_\_\_ Previous C-section Number \_\_\_

**Attempted Procedures:**

Was delivery with forceps attempted but unsuccessful? \_\_\_ Yes \_\_\_ No

Was delivery with vacuum extraction attempted but unsuccessful? \_\_\_ Yes \_\_\_ No

**Trial of Labor**

If Cesarean section, was trial labor attempted? \_\_\_ Yes \_\_\_ No

**Indications for C-section**

\_\_\_ Unknown

**Select all that apply**

\_\_\_ Failure to Progress \_\_\_ Malpresentation \_\_\_ Previous C-sect

\_\_\_ Fetus at Risk (NRFHT) \_\_\_Maternal Condition-Preg. Related \_\_\_Maternal Condition-Not Preg. Related

\_\_\_ Refused VBAC \_\_\_ Elective \_\_\_ Other

**Onset of Labor**

\_\_\_ None \_\_\_ Unknown at this time

**Select all that apply**

\_\_\_ Prolonged ROM (12 or more hrs.) \_\_\_ Premature ROM (before onset of labor)

\_\_\_ Precipitous labor (less than 3 hrs.) \_\_\_ Prolonged labor (20 or more hrs.)

**Characteristics of Labor and Delivery**

\_\_\_ None \_\_\_ Unknown at this time

**Select all that apply**

\_\_\_ Induction of Labor–AROM \_\_\_ Induction of Labor-Medicinal \_\_\_ Steroids

\_\_\_ Augmentation of Labor \_\_\_ Antibiotics \_\_\_ Meconium Staining

\_\_\_ Chorioamnionitis \_\_\_ Fetal Intolerance

\_\_\_ External Electronic Fetal Monitoring \_\_\_ Internal Electronic Fetal Monitoring

**Maternal Morbidity**

\_\_\_None \_\_\_Unknown at this time

**Select all that apply**

\_\_\_Maternal transfusion \_\_\_Perineal Laceration (3rd/4th degree) \_\_\_Ruptured Uterus

\_\_\_Unplanned Hysterectomy \_\_\_Admit to ICU \_\_\_Unplanned Operating Room

\_\_\_Postpartum transfer to Procedure Following Delivery

a higher level of care

**Anesthesia / Analgesia**

\_\_\_None \_\_\_Unknown at this time

**Select all that apply**

\_\_\_Epidural (Caudal) \_\_\_Local \_\_\_Spinal \_\_\_General Inhalation \_\_\_Paracervical

\_\_\_Pudendal \_\_\_General Intravenous

**Was analgesia administered?**

\_\_\_Yes \_\_\_No

**Other Procedures Performed at Delivery**

\_\_\_None \_\_\_Unknown at this time

**Select all that apply**

\_\_\_Episiotomy and Repair \_\_\_Sterilization