### Initial Assessment of the Pregnant Patient

**INITIAL CONTACT**
- Unable to obtain information from patient: (skip to Assessment section)
- Reason for admission:
  - Gestation: ___________ weeks
  - LMP: ___________
  - Due date: ___________
  - Number of current gestation:
    - Single gestation
    - Multiple gestation (number): ___________

**HISTORY**
- Number of: Previous deliveries: _______
- Term: _______ Pre-term: _______
- Abortion: _______ Living children: _______
- Mode of previous deliveries:
  - Vaginal
  - Cesarean Section
- Medical history:
- Surgical history:
- Previous uterine surgery:
- Home medications:
- History of pre-natal care:
- Known antenatal fetal defect/special conditions of the fetus:
- Known Group B Strep (GSB) status
  - Positive
  - Negative
  - Unknown
- Known high risk pregnancy:
- History of drug use:

**ASSESSMENT/INTERVENTIONS**

### Vaginal bleeding
- History of bleeding disorders and/or taking medications for bleeding disorders: 
- Time of onset of bleeding: 
- Description of blood loss:
  - Watery
  - Bright red
  - Dark red
- Estimation of blood loss:
  - Amount: 
  - Clots: 
    - Number
    - Size:
  - Pain: 
    - Absent
    - Present
    - Constant
    - Intermittent

### Abdomen
- Rigid
- Soft
- Relaxation between contractions
- Scars from previous surgeries
- Fundal height: _______ cm
  - (uppermost border of the symphysis pubis to the upper border of the fundus)

### Contraction
- Onset:
- Frequency:
- Intensity:
  - Mild
  - Moderate
  - Severe
  - Intermittent

### Membrane status
- Intact
- Ruptured
- Time:

### Fluid
- Clear
- Bloody
- Meconium

### Fetal movement
- Normal
- Decreased
- Absent

### Fetal Heart Tones

### Vital signs:
- HR:
- RR:
- Temp:
- SpO2:
- BP:

**If elevated BP:**
- History of HTN:
  - Yes
  - No
  - Pregnancy induced
- Swelling:
  - Feet and Legs
  - Face
  - None
- Complaints of:
  - Headache
  - Nausea
  - Blurred vision and/or visual disturbances
  - Epigastric pain

**Prolapsed cord present?**
- Yes
- No
- Are pulsations palpable: 
- Yes
- No
- Doppler for Heart Rate:

### GSB screening completed? (see OB Care Guideline for details)
- Yes
- No

**ASSESSMENT/INTERVENTIONS (continued)**

### Active Labor:
- Bloody show:
  - Yes
  - No
- Feeling rectal pressure, grunting or bearing down:
  - Yes
  - No
- Separation of labia or bulging of perineum:
  - Yes
  - No
- Presenting part:
- Scalp visible:
  - Yes
  - No
- Crowning:
  - Yes
  - No
- Time of delivery:

### After delivery: Mother
- Placenta delivered:
  - Yes
  - No
- Time of delivery:
- Placenta intact:
  - Yes
  - No
- Uterine status:
  - Firm
  - Soft
  - Midline
- Medications received during labor/after delivery:
  - Oxytocin (Pitocin)
  - Misoprostol (Cytotec)
  - Methylergometrine (Methergine)
  - Hemabate (Carboprost)
  - Magnesium
  - Other:
- Bleeding description:
  - Dark red
  - Bright red
  - Bleeding amount:
    - Steady trickle
    - Gush
    - Clots

### After delivery: Baby
- See Newborn Care Guideline for information

### DISPOSITION
- Form completed by: 
- Date:
- Patient disposition:
  - Discharge
  - Admit
  - Transfer:
- For patient’s requiring transfer:
  - Patient triage category:
    - Level III Perinatal Center Criteria
    - Level II-E Perinatal Center Criteria
    - Level I or II Perinatal Center Criteria