

PERINATAL CLINICAL RECORD - CLAP/WR - PAHO/WHO

FIRST NAME _____ LAST NAME _____
 ADDRESS _____
 Town / Village _____ Nationality _____
 COUNTRY of RESIDENCE _____ PHONE _____

DATE OF BIRTH
 day month year _____
 AGE (years) _____
 < 15
 > 35

LITERACY
 no
 yes

EDUCATION
 none
 primary
 secondary
 university
 years in highest level _____

CIVIL STATUS
 married
 common law
 divorce
 single
 other
 lives alone no yes

Place of antenatal visits _____
 Place of birth/abortion _____
 Record # _____

ETHNICITY
 African Caucasian Chinese East Indian Indigenous Mixed-African/ East Indian Mixed Other Portuguese Syrian/ Lebanese Other ethnic group Not stated

This color means WATCH (does not necessarily indicate risk or inadequate practices)

HISTORY

FAMILY	PERSONAL	OBSTETRIC
tuberculosis <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> diabetes <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> hypertension <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> pre-eclampsia <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> eclampsia <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> other severe med. cond. <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	surgery of UT-GT <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> infertility <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> heart dis. <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> kidney dis. <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> violence <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> HIV+ <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> HTLV1 <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> HTLV2 <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> hepatitis B <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> sickle cell disease <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> mental illness <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	prev. pregnancies _____ misc. _____ vaginal _____ livebirths _____ alive _____ END PREVIOUS PREGNANCY month day year _____ < 1 year <input type="radio"/> PLANNED PREGNANCY <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> CONTRACEP. METHOD FAILURE barrier <input type="radio"/> IUD <input type="radio"/> hormone <input type="radio"/> emergency <input type="radio"/> natural <input type="radio"/>
LAST PREVIOUS n.a. <input type="radio"/> <2500g <input type="radio"/> normal <input type="radio"/> ≥4000g <input type="radio"/> tubal pregnancy <input type="radio"/> 3 consec. spont. ab. <input type="radio"/>		
History of tubal pregnancy <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> deliveries _____ Caesarean section *C/S <input type="radio"/> stillbirths _____ died 1st week <input type="radio"/> died after 1st week <input type="radio"/>		

CURRENT PREGNANCY

PREVIOUS WEIGHT _____ Kg
 HEIGHT (cm) 1 _____
 BMI _____
 LMP month day year _____
 EDD month day year _____
 GA. BASED ON LMP US <20 w. no yes

Active smoking	Passive smoking	Drugs	Alcohol	Violence	Tetanus toxoid	Sickle cell screening	NORMAL EX.
1st trim <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	1st trim <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	1st trim <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	1st trim <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	1st trim <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	valid <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	HbSS <input type="radio"/> HbAS <input type="radio"/>	dental <input type="radio"/> breast <input type="radio"/> vaginal <input type="radio"/>
2nd trim <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	2nd trim <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	2nd trim <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	2nd trim <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	2nd trim <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	DOSE 1st 2nd _____		
3rd trim <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	3rd trim <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	3rd trim <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	3rd trim <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	3rd trim <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>			

CERVIX	GROUP Rh Inmun.	1st trim.	Prescription Fe/Folates	3rd trim.	HIV - Diag -Treatment	HIV - Diag -Treatment-partner	SYPHILIS- Diagnosis and Treatment
normal <input type="radio"/> abnormal <input type="radio"/> not done <input type="radio"/> visual Insp. <input type="radio"/> <input type="radio"/> <input type="radio"/> PAP <input type="radio"/> <input type="radio"/> <input type="radio"/> COLP <input type="radio"/> <input type="radio"/> <input type="radio"/>	- <input type="radio"/> no <input type="radio"/> + <input type="radio"/> yes <input type="radio"/> Anti D globulin <input type="radio"/> no <input type="radio"/> yes <input type="radio"/> n/a <input type="radio"/>	_____ g <11.0 g/dl <input type="radio"/> two donors <input type="radio"/> _____ <input type="radio"/> yes <input type="radio"/>	Fe <input type="radio"/> no <input type="radio"/> Folate <input type="radio"/> no <input type="radio"/> _____ g	_____ g <11.0 g/dl <input type="radio"/>	1st trim. Request <input type="radio"/> Test result <input type="radio"/> ART In preg. <input type="radio"/> Yes <input type="radio"/> + <input type="radio"/> No <input type="radio"/> - <input type="radio"/> n/d <input type="radio"/> n/a <input type="radio"/> n/a <input type="radio"/> n/a <input type="radio"/>	1st trim. Request <input type="radio"/> Test result <input type="radio"/> ART In preg. <input type="radio"/> Yes <input type="radio"/> + <input type="radio"/> No <input type="radio"/> - <input type="radio"/> n/d <input type="radio"/> n/a <input type="radio"/> n/a <input type="radio"/> n/a <input type="radio"/>	VDRL Test <input type="radio"/> + <input type="radio"/> n/d <input type="radio"/> 1st trim. _____ weeks 2nd trim. _____ weeks 3rd trim. _____ weeks
BACTERIURIA normal <input type="radio"/> abnormal <input type="radio"/> not done <input type="radio"/> wk <20 <input type="radio"/> <input type="radio"/> <input type="radio"/> normal <input type="radio"/> abnormal <input type="radio"/> not done <input type="radio"/> wk ≥20 <input type="radio"/> <input type="radio"/> <input type="radio"/>	FASTING BLOOD SUGAR 75G OGTT <input type="radio"/> normal <input type="radio"/> < 20 weeks <input type="radio"/> <input type="radio"/> 75G OGTT <input type="radio"/> normal <input type="radio"/> > 20 weeks <input type="radio"/> <input type="radio"/> abnormal <input type="radio"/> not done <input type="radio"/> abnormal <input type="radio"/> not done <input type="radio"/>	STREPTOCOCCUS 35-37 weeks <input type="radio"/> - <input type="radio"/> _____ <input type="radio"/> + <input type="radio"/> <input type="radio"/> not done <input type="radio"/>	PREPARING FOR CHILDBIRTH _____ <input type="radio"/> no <input type="radio"/> <input type="radio"/> yes <input type="radio"/>	ADVICE ON BREAST-FEEDING _____ <input type="radio"/> no <input type="radio"/> <input type="radio"/> yes <input type="radio"/>	2nd trim. Request <input type="radio"/> Test result <input type="radio"/> ART In preg. <input type="radio"/> Yes <input type="radio"/> + <input type="radio"/> No <input type="radio"/> - <input type="radio"/> n/d <input type="radio"/> n/a <input type="radio"/> n/a <input type="radio"/> n/a <input type="radio"/>	2nd trim. Request <input type="radio"/> Test result <input type="radio"/> ART In preg. <input type="radio"/> Yes <input type="radio"/> + <input type="radio"/> No <input type="radio"/> - <input type="radio"/> n/d <input type="radio"/> n/a <input type="radio"/> n/a <input type="radio"/> n/a <input type="radio"/>	2nd trim. _____ weeks 3rd trim. _____ weeks
HEPATITIS B <input type="radio"/> - <input type="radio"/> <input type="radio"/> + <input type="radio"/> <input type="radio"/> not done <input type="radio"/>					3rd trim. Request <input type="radio"/> Test result <input type="radio"/> ART In preg. <input type="radio"/> Yes <input type="radio"/> + <input type="radio"/> No <input type="radio"/> - <input type="radio"/> n/d <input type="radio"/> n/a <input type="radio"/> n/a <input type="radio"/> n/a <input type="radio"/>	3rd trim. Request <input type="radio"/> Test result <input type="radio"/> ART In preg. <input type="radio"/> Yes <input type="radio"/> + <input type="radio"/> No <input type="radio"/> - <input type="radio"/> n/d <input type="radio"/> n/a <input type="radio"/> n/a <input type="radio"/> n/a <input type="radio"/>	3rd trim. _____ weeks 4th trim. _____ weeks

Record #

CHILDBIRTH <input type="radio"/>		ABORTION <input checked="" type="radio"/>		PREVIOUS ADMISSIONS no <input type="radio"/> yes <input checked="" type="radio"/>	ANTENATAL STEROIDS complete <input type="radio"/> multiples <input type="radio"/> incompl. <input checked="" type="radio"/> no <input type="radio"/> n a <input type="radio"/>	ONSET spontan. <input type="radio"/> induced <input checked="" type="radio"/> planned CS <input checked="" type="radio"/> urgent/emerg CS <input type="radio"/>	PRELABOUR RUPTURE OF MEMBRANES no <input type="radio"/> yes <input checked="" type="radio"/> month day year <37 wk <input type="radio"/> ≥18 hs. <input type="radio"/> hour min temp. ≥ 38°C <input type="radio"/>	GEST AGE AT CHILDBIRTH weeks days by LMP <input type="radio"/> by US <input type="radio"/>	PRESENTATION SITUATION cephalic <input type="radio"/> breech <input checked="" type="radio"/> transverse <input type="radio"/>	FETAL SIZE ADEQUATE no <input type="radio"/> yes <input checked="" type="radio"/>	PARTNER labour <input type="radio"/> del <input type="radio"/> couple <input type="radio"/> relative <input type="radio"/> other <input type="radio"/> no one <input checked="" type="radio"/>
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LABOUR details in partograph	hour	min	mother position	BP	pulse	contr./10'	dilatation	station	labour lie/position	mecon	FHR decelerations	DISEASES 1 or more <input type="radio"/> none <input type="radio"/>	chronic hypertens <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	pregnancy induced PIH <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	preeclampsia <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	eclampsia <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	heart dis. <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	kidney dis. <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	diabetes <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	chorioamnionitis <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	UTI <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	threatened preterm labour <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	IUGR <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	premat rupt. of membranes <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	sickle cell disease <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	anemia <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	fibroids <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	other severe cond. <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	HEMORRHAGE 1 st trim. <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	2 nd trim. <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	3 rd trim. <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	postpartum puerp. infect <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	code
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BIRTH DEAD antepartum <input type="radio"/> intra partum <input checked="" type="radio"/> not known when <input type="radio"/>	hour	min	month	day	year	MULTIPLE no <input type="radio"/> yes <input checked="" type="radio"/>	order	DELIVERY spont. <input type="radio"/> c-sect <input checked="" type="radio"/> other <input type="radio"/> forceps <input type="radio"/> vacuum <input type="radio"/>	MAIN INDICATION FOR INDUCTION OR SURGERY INDUC. <input type="radio"/> SURG <input type="radio"/>									
POSITION LABOR sitting <input type="radio"/> recumb <input type="radio"/> squat <input type="radio"/>	ALIVE <input type="radio"/>	EPISIOTOMY no <input type="radio"/> yes <input type="radio"/>	LACERATIONS Degree (1 to 4) no <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>	OXYTOCIC 3rd stage no <input type="radio"/> yes <input type="radio"/>	PLACENTA no <input type="radio"/> yes <input checked="" type="radio"/> complete <input type="radio"/> retained <input type="radio"/>	CORD CLAMPING < 30 sec. <input type="radio"/> 30 sec. to 1 min. <input type="radio"/> > 1 min. <input type="radio"/>	MEDICATION RECEIVED oxytocic at labor <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	Antibiotics <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	MgSO ₄ <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	analges <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	local anesth <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	region anesth <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	GA <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	transfusion <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	estimated blood loss	others <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	medic 1 <input type="radio"/> code	medic 2 <input type="radio"/> code

NEONATE		HEAD CIRC cm	GESTATIONAL AGE weeks days	WEIGHT G.A. adeq. <input type="radio"/> small <input type="radio"/> large <input type="radio"/>	APGAR (min) 1 st <input type="radio"/> 5 th <input type="radio"/> 10 th <input type="radio"/>	RESUSCITATION stimul. <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> suction <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> O ₂ / mask <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> PPV <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> compressions <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> intubation <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> drugs <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	DEATH AT SITE OF BIRTH no <input type="radio"/> yes <input checked="" type="radio"/>	TRANSFER room in <input type="radio"/> neona tol <input type="radio"/> another hosp. <input type="radio"/>	ATTENDED doctor <input type="radio"/> obst. <input type="radio"/> nurse <input type="radio"/> assist <input type="radio"/> stud. <input type="radio"/> TBA <input type="radio"/> other <input type="radio"/>	Name													
SEX f <input type="radio"/> m <input type="radio"/> not defined <input checked="" type="radio"/>	BIRTH WEIGHT g <2500g <input type="radio"/> ≥4000g <input type="radio"/>	LENGTH cm	ESTIMATED <input type="radio"/>	US <input type="radio"/>	CONGENITAL DEFECTS no <input type="radio"/> minor <input type="radio"/> major <input type="radio"/>	DISEASES 1 or more <input type="radio"/> none <input type="radio"/>	HIV in Neonate Risk <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	ART <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	Neonatal screening Pulse oximetry <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	VDRL <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	Tx <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	vision <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	hearing <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	TSH <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	Hbpathy <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	Bilirubin <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	torch <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	MECONIUM 1 st day <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	GROUP Rh <input type="radio"/> no <input type="radio"/> + <input type="radio"/>	Immun. <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	Anti D globulin <input type="radio"/> no <input type="radio"/> yes <input type="radio"/>	CONTRACEPTION no <input type="radio"/> yes <input type="radio"/>	COUNSELLING <input type="radio"/>

NEONATAL DISCHARGE alive <input type="radio"/> dead <input checked="" type="radio"/>	transfer <input type="radio"/>	dies during or at transfer <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	AGE complete days <input type="radio"/> <1 day <input type="radio"/>	Breast feeding within 1 st hour excl. breast <input type="radio"/> partial <input type="radio"/> artificial <input type="radio"/>	back to sleep <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	HEP B <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	MATERNAL DISCHARGE month day year	transfer <input type="radio"/>	place	complete days since childbirth	METHOD CHOSEN postevent IUD <input type="radio"/> tube ligation <input type="radio"/> IUD <input type="radio"/> natural <input type="radio"/> barrier <input type="radio"/> other <input type="radio"/> hormone <input type="radio"/> none <input checked="" type="radio"/>
Id. NN	place	neonatal warning signs completed <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	Transfer reason	Transfer reason	Person in charge						

Code description overleaf

Record #					
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ANTENATAL VISITS	month	day	year	gest age	weight	BP	pulse	fundal height	presen tation	FHR (bpm)	fetal movements	proteinuria	glucosuria	cedema	acetone	educational session attended	place of antenatal visit	notes	next visit
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