

PREADMISSION MATERNITY ASSESSMENT

To be used only for labour assessment prior to or upon admission to labour/delivery area, provided the prenatal record is present on the chart and record has been reviewed. Otherwise the regular Medical History and Physical format should be used.

Date (YYYY/MON/DD): _____ Time (HH:MM): _____
 Gravida (G): _____ Term (T): _____ Preterm (P): _____ Abortus (A): _____ Living children (L): _____ Stillbirth (S): _____
 Best estimate of gestational age: _____ weeks If uncertain, describe: _____

SUMMARY OF SIGNIFICANT PROBLEMS in current pregnancy and past history: _____

LABOUR ASSESSMENT

Estimate of when regular contractions became established Date (YYYY/MON/DD): _____ Time (HH:MM): _____
 Membranes ruptured: Yes No Questionable Date (YYYY/MON/DD): _____ Time (HH:MM): _____
 Meconium present: Yes No

PHYSICAL ASSESSMENT

Blood pressure: _____ Cardiopulmonary status: Normal Abnormal Describe: _____
 Fundal height: _____ cm Presentation: _____ Engagement: Yes No
 Estimated fetal weight: _____ Grams Lbs. Fetal heart rate (FHR): _____

PELVIC EXAM

	0	1	2	3
Dilatation	0	1-2	3-4	5-6
Effacement %	30	40-50	60-70	80
Station	-3	-2	-1, 0	+1, +2
Consistency	firm	med.	soft	
Position	post.	mid.	ant.	

BISHOP SCORE: _____

ADDITIONAL HISTORY OR CLINICAL EVALUATION: _____

SIGNATURE/STATUS/PRINT NAME: _____



