



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: _____ Time: _____

Age _____ Gravida _____ Para _____ Abortion _____ Stillbirth _____ Neonatal Death _____

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: _____ Time: _____

Membranes ruptured No Yes Questionable Date: _____ Time: _____

Meconium present No Yes

PHYSICAL ASSESSMENT

BP _____ Cardiopulmonary Status Normal Abnormal Describe _____

Fundal Height _____ cm. Presentation _____ Engagement No Yes

Estimated Fetal Weight _____ FHR _____

PELVIC EXAM	0	1	2	3
Dilation	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: _____

