Cincinnati Children's
changing the outcome together

PATIENT STICKER

PLACENTAL WORKSHEET

Patient Name: _____ Date of Birth: _____
Date of Delivery: _____ Time of Delivery: _____ EGA: _____ weeks based on LMP/Ultrasound (circle one)
Pre-pregnancy Risk Factors: NO___ YES ___ (please specify) _____

PREGNANCY COMPLICATIONS

__ PIH; __ Preeclampsia; __ mild; __ severe __ HELLP; __ Eclampsia
__ Diabetes mellitus; __Type 1; __ Type 2; __ GDM
__ Substance abuse; __ Smoking
__ Antepartum hemorrhage (specify) _____
__ Other (specify) _____
__ Multiple Pregnancy
__ IUGR; __ Fetal anomalies (specify) _____
__ Oligohydramnios; __ Polyhydramnios
__ Abnormal Dopplers; __ Abnormal CTG (specify) _____

INTRAPARTUM

__ Spontaneous onset of labor
__ Induction of labor (indication) _____
__ Membrane rupture: __ Spontaneous; __ARM; ____ hours prior to delivery
__ Abnormal CTG (specify)
__ Meconium; __ No; __ Yes; __ thick; __ thin

MODE OF DELIVERY (indication)

__ SVD
__ Forceps; __ Vacuum extraction
__ C-section; __ elective; __ emergency; ____ urgent; __ cesarean hysterectomy
__ Cord complications (specify) _____
__ Other (specify) _____

POST PARTUM

__ Hemorrhage; __ Manual extraction of placenta
__ Other (specify) _____

BABY

__ Liveborn; __Stillborn
If stillborn, estimated time of fetal demise ____ hours; ____ days; ____ weeks before delivery
Weight: _____; **Apgar scores** ____ 1 min; ____ 5 min; ____ 10 min
Cord gases: Venous ____ pH ____ BE; Arterial ____ pH ____ BE
NICU __ No; __ Yes; __ Abnormal postnatal outcome (specify)