

Women at CB Dunbar Hospital with changes in FHR and Apgar >6 at 5 minutes n = 144

Number	Number contractions	details FHR abnormal and treatment	Obstetric disorder Describe	Apgar 1 and 5 minutes	Mode of delivery	Baby resus	Duration resus (min)	NICU admit Yes/No If Yes how long?	Seizures or fits in NICU	Type of BA
1.	9	Yes FHR found to be 95-100bpm by mother, FH was repeated by midwife and confirmed low, 95-98bpm, patient was placed in a left lateral tilt position and Doctor on call was also informed. Patient was reviewed and decision to section patient was taken for fetal distressed plus prolonged labour	NRFS, Prolonged labour CS	6 and 9	CS	Yes	NR	Yes	No	Mild BA
2.	11	Yes On 11th contraction noted slow <i>heart rate midwife was contacted but she found the heart rate was 153.</i> There was no meconium the obstetric clinician was contacted. Mother's membranes were ruptured and vacuum delivery undertaken	Vacuum	7 and 10	Vacuum delivery	No		No	No	
3.	15	Yes Midwife contacted on 15th contraction  Midwife noted FHR 118 and informed obstetric clinician. meconium was present repeat fetal heart rate 105 put patient in lateral tilt and informed Dr who reviewed patient and found fetal heart rates 110 105 108 emergency CS was performed	Meconium. NRFS CS	8 and 10	CS	No	No	No	No	
4.	11	Yes On 11th contraction noticed bradycardia midwife confirmed heart rate	Bradycardia. Grade 3 meconium.	6 and 9	Vacuum delivery	Yes	?	Yes	No	Mild BA

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		118 put patient in left lateral position and called Obstetric clinician Grade 3 Meconium was present obstetric clinician found FHR 110 cervix fully dilated vacuum delivery with a live female infant	Vacuum							
5.	14	yes - by midwife following declined 95-100 b/m on two different occasions Gave birth via CS for non-reassuring FHT to alive fetus.	NRFS CS	5 and 7	CS	No		Yes	No	BA
6.	14	Yes FHT 102, CO weakness Call for help. No meconium Obs Clin contacted IV line 500ml RL Normal vaginal delivery followed	VD	6 and 10	VD 4.2 Kg BWt	Yes	5	Yes Nasal CPAP Infection	No	Mild BA
7.	14	Yes On the 14th contraction she call the midwife because the fetal heart rate was low the midwife confirmed a heart rate of 98 bpm the midwife call for help meconium was present the obstetric clinician was contacted she opened IV line and gave R/L 1000 mL informed the doctor on call the doctor came and assessed the patient and said we should prepare patient for caesarean section	Meconium.	5 and 10	CS 4Kg	Yes	7	Yes 8 days	No	Mild BA
8.	7	YES Fetal bradycardia detected by Mum 105 bpm. Midwife called and checked and	Bradycardia. Meconium.	7 and 10	VD	Yes	2	Yes	No	Mild BA

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		confirmed 105 Meconium present. Grade 3 Obs Clin called Arranged fast delivery as 9cm cervix dilated.			1.9Kg SGA					
9.	6	Yes. 108bpm MW confirmed NS 500ml at flow rate. Meconium present. Clinician contacted NVD followed	Meconium.	5 and 8	VD	Yes	?	Yes	No	Mild BA
10.	2	Yes 190 midwife called for help and confirmed rapid heart rate., N/S 500ml set up, Dr called, vacuum delivery was done with direct supervision		6 and 8	Vacuum delivery	Yes	1	Yes	No	Mild BA
11.	6	Yes mother detected slowing MW confirmed fall in FHR to 109 R/L 500mls was put up go at flow rate D 50% 30CC DD(?) served. Meconium present, obstetric clinician contacted and quickly delivered the baby	Meconium	6 and 7,	VD	No	No	No	No	BA
12.	27	Yes. Mother detected slowing and MW confirmed 109 Bpm. Open IV line with 18g R/L 500mls to run at flow rate. Grade 2 meconium. Dr on call contacted, pt prepared for surgery	Grade 2 meconium	7 and 10	CS	Yes	2	Yes Minor Birth asphyxia	No	Mild BA
13.	7	Yes mother detected fast FHR and MW confirmed: 167 bpm. Referral from ? obstructed labour with +3 caput. Patient came in fully dilated. Normal saline 500mls	Obstructed labor, 3+ caput and high FHR	9 and 10	CS	No	No	Yes waiting for Mum to	No	

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		put up and Dr on call informed. CS performed.						recover from CS		
14.	7	Yes, mother noted a slow FHR MW confirmed 102 bpm. N/S 500mls set up, meconium present, cord prolapse identified, inform OB clinician, knee chest position, N/S 300mls inserted into bladder to avoid compression, C/s	meconium present, cord prolapse 30 weeks gestation	Apgar 6 and 8 taken to neonatal ward at 30 weeks gestation Wt 1.7Kg	CS	Yes	1-3	Depressed at birth, Yes. 14days	No	Mild BA
15.	12	Yes mother reported slowing but MW found 124 bpm. Then FHR fell to 119 bpm grade 3 thick meconium. Call OB clinician and Dr on call. Set up R/L 500 ml CS done	grade 3 thick meconium.	7 and 8	CS 2.4Kg Previous CSx1	No		Yes for sepsis Foul meconium	No	Mild BA
16.	8	Yes mother noted a slowing of FHR Midwife contacted and found 110bpm, patient put in left lateral position, meconium present, obstetric clinician informed. Repeat FHT 112, cx fully dilated, patient taken to deliver table for quick delivery. Was ready with vacuum but born NVD within 5 mins. Baby had v short cord	Post date	5 and 7, Good maternal comment	VD	Yes	5	Yes Abiotic	No	BA
17.	30	YES mother noted at 30th contraction a slow FHR MW confirmed- 118b/m Midwife informed the obstetric clinician and set up R/L 500ml. Respect to FHR,		8 and 9 No resuscitation needed after	CS	No		Yes. 7days	No	

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		intern Dr on call. Dr ordered repeat and was done (106b/m). Discussion for CS was undertaken but no CS materials so patient was referred to Phebe hospital at 7:05am. Cx still 4cm dilated. Descent 3 / 5		CS at referred to hospital						
18.	39	Yes Mother noted FHR slowing on 39th contraction No meconium MW and OC confirmed FHR 115, 118,122 IV N saline 500ml plus D50% 30ml Cervix 10cm Obs clin did vacuum with Dr present but failed 3 times Dr and Obs clinic immediate CS . Intraop meconium and CPD present	Meconium	5 and 7 meconium stained fluid and mildly depressed	Vacuum failed then CS	Yes	5mins	Mild birth asphyxia Yes. 5days	No	BA
19.	51	Yes mother noted slowing on 51st contraction MW recorded FH 109, 178,120,110,181,102,130. Meconium was present Notified obs clin IV fluids, 50% dextrose 30ml, called dr and senior obs clin to review Due to FHR changes, high station O and bad obstetric history G4P0	meconium	8 and 10	CS	No		Yes. 3days	No	

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20.	48	Yes 110 b/m 115 b/m Grade 1 meconium Put in left lateral position, inform obstetric clinician. OC confirms fetal distress 110/bm. Opened 2nd IV line and 18G cannulae normal saline 1L and flow rate, inform Dr and OR team, patient quickly council and prepare for CS.	Grade 1 <b>meconium</b> . Prolonged labour	8 and 10	CS	No		Yes?? NR	No	
21.	13	Yes-from first contraction FHR was 195 then the FHR was slow for the subsequent 12 contractions (115; 110; 108; 115; 108; 115; 110; 108; 105; 119; 110; 118) No meconium	Could not be taken to OR immediately due to lack of IV fluid, another patient in OR undergoing CS, No abiotic for preop available	9 and 10	CS	No		No	No	
22.	22	Yes- at 22nd contraction 119; 118; 120	O2, LLT, D50	6 and 9	Em C at 8cm CS	Yes	9mins	Yes. 4days	No	Mild BA
23.	13	Yes-110; 115; 119 No <b>meconium</b>	Fully dilated Bradys Expedited delivery	5 and 9	Vacuum	Yes	6mins	Yes	No	Mild BA

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24.	46	Yes-at 41st contraction FHR 120; 119; 116; 119;117; 118-see comments	IVF, O2, LLT	6 and 8	CS	Yes	8mins	Mild BA Yes. 10days	No	Mild BA
25.	14	Yes- MW was monitoring MUM refused and at 14th contraction FHR – see comments 114-119 bpm	IVF, O2, LLT, D50	8 and 10	CS not fully dilated	No		No	No	
26.	11	Yes (but FHR confirmed as normal range by MW)-However was given IVF, LLT, O2 and said to improve -129; 129; 122; 120; 126 Meconium was however present		8 and 10	VD	No		No	No	
27.	43	Within normal range but at 25th contraction, FHR recorded at 122 and 120 Mum considered a change Patient put in left lateral tilt position and encouraged to ambulate. At 49th contraction FHR 130; 129; 132		8 and 10	VD	No		No	No	
28.	22	Yes-at 18th contraction 117. Patient put on her left side and encouraged to ambulate. R/L 500ml set up. At 22nd contraction FHR 116. O2 set up @ 5L/m Amp 2g stat	OBC found fluctuating FHR , Meconium and poor maternal efforts	7 and 10	Vacuum	No		Yes	No	

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29.		Yes-from first contraction-118; 113; 114; 116; 100; 112; 108	Bladder empty, LLT, IVF, O2	4 and 7	VD	Yes	3mins	Yes 10 days sepsis	No	BA
30.		Yes-at 5th contraction 121; 117; 113; 107; 116 prolonged active phase labour	Previous CS x1 IVF, LLT, O2	3 and 7	CS	Yes BM and CC	10mins	Yes	No	BA
31.	26	Yes No but at 14th contraction FHR 120 and patient put on left side and oral fluid intake. FHR increased to 129		8 and 10	VD	No		No	No	
32.	13	Yes- 11th Contraction 115, 12th 105 Put patient in left lateral position. O2 attached. N/S 1 L at full rate. Dr informed. Taken to OR for CS		8 and 10	CS	No		No	No	
33.	30	Yes at 30th contraction 166 then 157	Obs clin contacted	8 and 10	Vacuum poor maternal efforts	No		Yes	No	
34.	30	Yes-at 30th contraction FHR 113 then 111	IVF, LLT, O2	8 and 10	CS for fetal distress by obs clin	No		No	No	

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35.	33	Yes-33rd contraction FHR 90.	Obs clin LLT, O2, IVF and CS	6 and 10	CS	no	no	Yes	No	
36.	27	Yes - contraction 27=109bpm, meconium present. patient place in lt lateral position, d/c pitocin drip put patient on O2, 14/s iliv put up and patient prepare for c/s done by ob clinician	Meconium	7 and 10	CS	No		No	No	
37.	20	Yes 20 – 109bpm ob clinician informed patient put in lt lateral position O2 5l stat patient vie cx 6cm counsel and prepare for c/s by ob clinician		7 and 8	CS	No		Yes	No	
38.	45	Yes 39 – 172bpm, place pt in lt lateral position give O2 5l stat, piv-cx 6cm n/s i.5 liv counsel, prepare for c/s done by ob clinician 40 – 180bpm 41 – 176 bpm 42 – 170bpm 43 – 179bpm 44 – 182bpm 45 – 106bpm		8 and 10	CS	No		No	No	
39.	28	Yes contraction 28 - 110bpm, patient placed in left lateral position O2 at 5l stat, FHR repeated 105bpm, cx 8cm dilated, patient counsel and prepared for CS done by ob clinician	2 <sup>ND</sup> IV LINE 5 MIN READINGS UNTIL CS Pain control see form	8 and 10	CS	No		No	No	

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40.	30	Yes - contraction 30 - 105bpm, meconium present grade 1. patient placed in left lateral position O2 at 5l stat, n/s 1l IV flow rate plu - cx 7cm dilated, patient counsel and taken for surgery - done by ob clinician  Ob clinician order that fhr to be monitored every 5 mins after a contraction until patient is taken to a OR	Grade 1 meconium	7 and 10	CS	No		No	No	
41.	24	Yes-24th contraction 113bpm. Patient placed in left lateral position. O2 given. Counselling for C/S		8 and 10	CS	No		No		
42.	27	Yes-27th contraction 110bpm. prepared for vacuum delivery	Occurred 2 <sup>nd</sup> stage Prolonged Stage 1 meconium OB Clin Vacuum	4 and 7	Vacuum	Yes	5mins	NR	No	BA
43.	24	Yes-on 24th contraction 115bpm. Repeat FHT 110bpm. Placed in left lateral position, place on O2 and prepare for C/S	Cervix 9 cm +1 OB clin	5 and 7	CS	Yes	4mins	Yes	No	BA
44.	26	Yes-26th contraction 113bpm. Episiotomy done		6 and 8	VD	Yes	6mins	Yes	No	Mild BA
45.	28	Yes-28th contraction 110bpm. Placed in left lateral position. I2 N/S. FHT 105bpm. prepped for C/S	8 cm dilated	5 and 8	CS	Yes	3mins	Yes	No	Mild BA

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46.	26	Yes-115bpm by OC. <b>Episiotomy</b> then difficult vaginal delivery		6 and 8	VD	Yes	2mins	Yes	No	Mild BA
47.	24	Yes-24th contraction 109bpm. Patient placed in left lateral position <b>O2. prepared</b> for C/S	Grade 1 <b>Meconium</b> Cx 3cm Ob clin Good comment	8 and 10	CS	No		Yes. 5days	No	
48.	24	Yes-24th contraction 110bpm. Cx fully dilated. patient taken to delivery table for vacuum delivery		5 and 8	Vacuum by OBC	Yes	5mins	Yes. 7days	No	Mild BA
49.	33	Yes-33rd contraction 102bpm. NS 500ml and D50% <b>O2 given</b> placed in left lateral position. prepared for C/S	<b>Meconium</b> 2 <sup>nd</sup> IV line	5 and 7	CS	Yes	5mins	Yes. 11days	No	BA
50.	17	Yes-17th contraction 108bpm. patient taken to delivery bed for fast delivery by vacuum		6 and 8	Vacuum	Yes	2mins	Yes Mild BA and risk sepsis	No	Mild BA
51.	13	Yes. patient placed in left lateral position. Fully dilated taken to delivery table for fast vacuum delivery	Missing form? FHR value??	6 and 8	Vacuum	Yes	3mins	Yes. 7day	No	Mild BA
52.	28	Yes-38th contraction 115bpm. patient fully dilated taken to delivery table for fast delivery		6 and 8	VD	No		Yes	No	
53.	36	Yes-36th contraction 111bpm. patient fully dilated taken to delivery table for fast delivery	Fully dilated	6 and 8	VD	No		Yes	No	

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54.	33	Yes-33rd contraction 110bpm. NS 500ml set up D50% . Fully dilated	Quick delivery	6 and 8	VD	Yes	3mins	Yes	No	Mild BA
55.	25	Yes-25th contraction 115bpm. part of baby head showing. <b>Episiotomy</b> done to delivery baby quickly		7 and 8	VD	Yes	3mins	Yes	No	Mild BA
56.	24	Yes-20th contraction 85,101,112 bpm. NS 500ml & <b>O2 therapy set up</b> . patient placed in left lateral position. prepared for c/s		5 and 8	CS	Yes	3mins	Yes	No	Mild BA
57.	35	Yes-changes 10 X noticed from 27th contraction. prepared for CS		6 and 9	CS	Yes	4mins	Yes	No	Mild BA
58.	30	Yes-30th contraction 110bpm. placed in left lateral position <b>O2 started</b> NS 500ml. prepared for C/S		7 and 10	CS	No		No		
59.	39	Yes-33rd contraction 110 bpm. NS 500ml & D50% set up. <b>Episiotomy</b> . Patient taken for quick delivery		5 and 7	VD	Yes	3mins	Yes	No	BA
60.	31	Yes-31st contraction 110bpm. D50% & NS 500ml set up and quick delivery done	By OBC	6 and 8	VD	Yes	8mins	Yes	No	Mild BA
61.	27	Yes-27th contraction 108bpm. NS 500ml D50% & quick vaginal delivery as fully dilated	By OBC	5 and 7	VD	Yes	10mins	Yes	No	BA
62.	32	Yes-32nd contraction 100bpm. D50% and NS 500ml set up. OBC ordered vacuum delivery		7 and 9	Vacuum	No		Yes	No	

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63.	33	Yes-29th contraction 100bpm. NS 500ml & D50% set up. O2 therapy. Quick vacuum delivery	OBC	7 and 8	Vacuum	No		Yes	No	
64.	25	Yes-25th contraction 114bpm. NS 500ml & D50% set up. O2 therapy. Prepared for C/S		4 and 8	CS OBC	Yes	3mins	Yes	No	Mild BA
65.	33	Yes-33rd contraction 108bpm. NS 500ml & D50% set up. O2 therapy. Prepared for C/S		5 and 8	CS	Yes	3mins	Yes Needed O2 BA	No	Mild BA
66.	36	Yes on 36th contraction X MARKED. caesarean-NRFH & obstructed labour	NRFS. Obstructed labour	5 and 8	CS	Yes	2mins	Yes	No	Mild BA
67.	31	Yes-31st contraction FHR change noted. Prepared for CS X MARKED		8 and 10	CS	No		No		
68.	36	Yes-36th contraction 105bpm. XMARKED placed in left lateral position. O2. prepared for C-Section		8 and 10	CS	No		No		
69.	34	Yes-34th contraction 100bpm. D50% NS500 ml set up O2 therapy. patient 10cm dilated. quick delivery ordered		4 and 7	VD	Yes	5mins	Yes. FOR BA 5mins	No	BA
70.	33	Yes-33rd contraction 100bpm. D50% NS500 ml set up O2 therapy. patient 10cm dilated. quick delivery ordered		5 and 8	VD	Yes	5mins	Yes. Mild BA 2mins	No	Mild BA

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71.	33	Yes-33rd contraction 100bpm. D50% NS500 ml set up <b>O2 therapy</b> . patient 10cm dilated. quick delivery ordered		6 and 7	VD	Yes	2mins	Yes. 3mins	No	BA
72.	34	Yes-34th contraction 103bpm. patient placed in left lateral position NS 1000ml set up. <b>O2 given</b> . prepared for caesarean		5 and 8	CS	Yes	4mins	Yes. 4days	No	Mild BA
73.	34	Yes-34th contraction 175bpm. placed in left lateral position NS500 ml <b>set up O2</b> . prepared for C/S	OBC	7 and 10	CS	No		Yes for close monitoring	No	
74.		Yes-30th contraction 110bpm. NS 500ml set up. fully dilated. taken to delivery table for quick delivery. <b>Episiotomy</b> VD		5 and 7	VD	Yes	2min	3 days	No	BA
75.	34	Yes-34th contraction 113bpm. fully dilated. taken to delivery table for quick delivery OBC		5 and 8	VD	Yes	6mins	Yes mild BA	No	Mild BA
76.	33	Yes-33rd contraction change noted. caesarean-NRFS MARKED WITH X	NRFS	8 and 10	CS	No		No		
77.	1	Yes-1st contraction. Already in 2nd stage of labour and fully dilated. <b>O2</b> & NS 500ml set up. Urinary cath <b>Episiotom</b>	FHR 180 bpm	4 and 7	VD	Yes	7mins	Yes	No	BA
78.	31	Yes-31st contraction FHR change noted. caesarean done MARKED WITH X		9 and 10	CS	No		No		

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79.	33	Yes-33r contraction 100bpm. NS 500ml & D50% set up O2 therapy started. OBC ordered quick delivery		4 and 7	VD	Yes	5mins	Yes BA	No	BA
80.	42	Yes-19th contraction 120bpm offensive meconium. ceftriaxone 2g IV set up. active phase of labour began. NS500ml pitocin		5 and 8	VD	Yes	1min	Mild BA Yes	No	Mild BA
81.	19	Yes-19th contraction 171bpm. NS 500ml set up D50%. O2 therapy. prepared for C/S	OBC	8 and 10	CS	No		No		
82.	39	Yes 105 Breech VD		2 and 7	VD	Yes		Yes		BA
83.	34	Yes-34th contraction 105bpm. Patient placed in left lateral position. O2. NS 500ml. prepared for C-section	Obstructed labour 106 bpm	7 and 7	CS	No		Mild BA Yes	No	BA
84.	18	Yes-18th contraction 185bpm. She was taken to the ultrasound to confirm the reading from the moyo and the sonore (Dopper) and it was 163bpm. OBC informed and he said since she's not in active phase pf labour. Patient was immediately place on O2 & D50% set up. Patient prepared for C-section.		9 and 10	CS	No		No	No	
85.	20	Non reassuring FHT. OBC reassessed patient. Multiple gestation. Pre-eclampsia and non reassuring FHT.	NRFS. Multiple gestation. Pre eclampsia.	8-10 / 8-10	CS	No		No		

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86.	22	Yes-22nd contraction 112bpm. D50% OBC order quick delivery		5 and 7	VD	Yes	7mins	Yes	No	BA
87.	28	Yes- 135 bpm /116 bpm from 19th contraction. N/S 500 ml set up at flow rate, D50% 40cc served. OBC assessed pt and orders quick vaginal delivery.		5 and 7	VD	Yes	3mins	Yes Mild BA	No	BA
88.	33	Yes- 138 bpm, 128 bpm, 114 bpm from 34th contraction. We were already preparing this patient for C/S when the FHT started dropping and immediately she was rushed for C/S		5 and 8	CS	Yes	2mins	Mild BA Yes	No	Mild BA
89.	32	Yes- First contraction 121 bpm - 26th contraction. 141 bpm: Active phase of labour begin at 3:00 pm Nov, 3 2021. 165 bpm: N/S 500 ml set up at flow rate, D50% was not served because patient said she was diagnosed as Diabetes before. O2 therapy initiated at high flow. OBC reassessed patient and ordered that pt be prepared for C-Section. 141 bpm - 31st contraction 165 bpm	Diabetes.	8 and 10	CS	No		No	No	

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90.	25	Yes- 25th contraction 110 bpm. Pitocin drip was D/C. N/S 500 ml at flow rate FHT repeated-112 bpm <b>O2 at 5 L</b> . Patient placed in left lateral position, P/V done cervix 7 cm dilated membrane absent. OSB 30 cc served IV. Patient was quickly preparing for C/S.		5 and 8	CS	Yes	1mins	Yes	No	Mild BA
91.	14	Yes- from 14th contraction 112 bpm. OBC reassessed FHR=110 bpm patient placed in left lateral position, 500 ml of N/S set up at flow rate, <b>O2 therapy</b> established, D50% 40cc served IV	Previous CS x2	8 and 10	CS	No		No	No	
92.	39	Yes- 80pm via the moyo and it was repeated on ultrasound and FHR-106 bpm. OBC quickly informed. N/S 500 ml. set up at flow rate, D50% cc was served. <b>O2 therapy</b> initiated at high flow. OBC ordered that pt be quickly prepared for C/S.		9 and 10	CS	No		No	No	
93.	15	Yes- 106 bpm from 15th contraction. N/S 500 ml was set up @ flow rate, D50% 30cc iv push served, <b>O2 therapy initiated @ high flow</b> . OBC informed and reassessed patient. Patient was fully dilated and ordered quick vaginal delivery.		8 and 10	VD	No		No	No	

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94.	1	Yes- from first contraction 100 bpm. Patient was admitted with FHR of 100 bpm, Doctor informed came, reassessed patient and ordered that Pt be placed on O2 and prepared for C/S.		8 and 10	CS	No		No	No	
95.	30	Yes- 110 bpm, 105 bpm. Placed in left lateral position, O2 at 5L. N/S 500ml at flow rate, OBC informed.	CS by OBC	9 and 10	CS	No		No	No	
96.	--	171 bpm. Pt came fully dilated from the ER and was referred from Totota Clinic.		4 and 8	VD	Yes	3mins	Yes	No	Mild BA
97.	--	179 bpm. Patient was Dx of malaria In pregnancy with 2nd Quinine protocol just ending at the ER. Dr assessed patient and order that she be prepare for C/S. She was placed in left lateral position, O2 5L start after monitoring about 3 hour delay for surgical materials to allow patient to deliver.		5 and 8	VD	Yes	3mins	Yes	No	Mild BA
98.	21	Yes- from 21st contraction=100bpm. OBC reassess. FHT-101 bpm, pt was placed in left lateral position, D50% 40cc served iv, O2 therapy 5ml established, N/S 500ml set up at flow rate. Plu-cx fully dilated, pt taken to del. table for quick del.		5 and 7	Vacuum	Yes	5mins	Yes	No	BA
99.	20	Yes- from 1st contraction = 160bpm/138bpm from 19th	Multiple gestation.	1st= 0-0 2nd= 8-10	CS	No		Yes. 4days sepsis only	No	1st twin DIED

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		contraction=100bpm. Referral from Shankpalai clinic for multiple gestation. Patient was placed in left lateral position. 30cc of D50% iv served, N/S 500ml iv set up at flow rate, order by Dr. after reassessing patient + FHT-102bpm.								Few mins
100.	27	Yes- from 27th contraction = 114 bpm. Patient placed in left lateral position, O2 at 5L N/S 1L at flow rate, p/v cx 6cm dilated C/S was order.		7 and 10	CS	No		No	No	
101.	30	29th contraction 110bpm. OBC informed and reassured and patient prepared for C/S		4 and 8	CS	Yes	5mins	BA Yes	No	Mild BA
102.	43	1st contraction 160bpm. OBC reassess patient and order patient be prepared for emergency C/S	Arrest of descent ? Macrosomia BWT 3.4KG	8 and 10	CS	No		No	No	
103.	30	30th contraction 100bpm. OBC reassessed patient FHR 104bpm. Patient laid on her left side. NS 500ml O2 therapy		4 and 7	VD	Yes	10mins	BA and sepsis Yes	No	BA
104.	46	46 cons normal but during delivery 2 <sup>nd</sup> stage on delivery bed FHR 95bpm	Delivery complicated by three cord entanglements	3 and 10	VD	Yes BM	Over 30 min	Yes	No	BA

Number	Number contractions	details FHR abnormal and treatment	Obstetric disorder Describe	Apgar 1 and 5 minutes	Mode of delivery	Baby resus	Duration resus (min)	NICU admit Yes/No If Yes how long?	Seizures or fits in NICU	Type of BA
105.	25	25th contraction 105bpm. Dr reassess FHR 102bpm. NS500ml. Left lateral. D50% O2 therapy	Quick delivery	5 and 7	VD	Yes	3mins	BA and risk of sepsis	No	BA
106.	29	29th contraction 108bpm. Dr reassess FHR 106bpm. NS500ml. Left lateral. D50%. CX 10cm. taken to delivery table for quick delivery		5 and 8	VD	Yes	1mins	Yes	No	Mild BA
107.	29	29th contraction 109bpm. Dr reassess FHR 106bpm. NS500ml. Left lateral. D50%. CX 10cm. taken to delivery table for quick delivery		3 and 8	VD	Yes	4mins	BA Yes	No	Mild BA
108.	1	1st contraction 178bpm. referral from Karyata with NRFS		6 and 8	CS	Yes	5mins	BA Yes	No	Mild BA
109.	31	31st contraction 106bpm. Dr reassess FHR 102bpm left lateral NS500ml D50% O2 therapy CX 10cm patient taken to delivery table for quick delivery		5 and 8	VD	Yes	2mins	Yes sepsis	No`	Mild BA
110.	31	31st contraction 115bpm. OBC assess patient and order patient be taken to OR for C/S		9 and 10	CS	No		No		
111.	35	35th contraction 102bpm. Dr, reassessed FHR-100bpm, pt was encouraged to lie down on her left side, NS 500ml IV set at flow rate, D50%-40ml IV was served and O2 therapy 5ml was connected		4 and 7	CS	Yes	4mins	Yes BA Risk of sepsis	No	BA

Number	Number contractions	details FHR abnormal and treatment	Obstetric disorder Describe	Apgar 1 and 5 minutes	Mode of delivery	Baby resus	Duration resus (min)	NICU admit Yes/No If Yes how long?	Seizures or fits in NICU	Type of BA
112.	1	1st contraction 100bpm. Patient was placed in a left lateral position, O2 5ml started, NS put at flow rate and patient was prepared for C/S	Prolonged labour	9 and 10	CS	No		No	No	
113.	38	38 cons normal then on delivery table OBC found FHR 115	Initiated IVF and quick delivery 2.6Kg	4 and 8	VD	Yes BM	10 mins	Yes 6 days	no	Mild BA
114.	18	18th contraction 106bpm. OBC reassessed FHR-102bpm, Pt was told to lie on her left side, NS 500ml IV setup at flow rate, 30cc of D50% IV served, O2 therapy 5ml was established.	Fail to progress	4 and 8	CS	Yes	3mins	Yes BA risk sepsis	No	Mild BA
115.	10	10th contraction 108bpm. Patient was placed on the left side, NS 500ml was established after reassessing FHR-103bpm, D50% (30cc) IV & O2 therapy 5ml was established		6 and 10	CS	No		Risk sepsis Yes	No	
116.	34	34th contract 118bpm. OBC reassessed FHR (118bpm), Patient was placed on the left hand & NS 500ml was set up at flow rate	2kg Bwt	9 and 10	CS	No		No	No	
117.	29	29th Contraction 115bpm. Patient was placed in left lateral position, O2 at 5L attached and NS 1L served at flow rate		8 and 10	CS	No		No	No	
118.	25	25th Contraction 168bpm. Dr reassess 172 bpm Patient was placed on her left side, NS	Fail to progress Preeclampsia	5 and 8	CS	Yes	3mins	Mild BA Yes	No	Mild BA

Number	Number contractions	details FHR abnormal and treatment	Obstetric disorder Describe	Apgar 1 and 5 minutes	Mode of delivery	Baby resus	Duration resus (min)	NICU admit Yes/No If Yes how long?	Seizures or fits in NICU	Type of BA
		500ml was served & O2 therapy 5ml was established								
119.	28	28th contraction 119bpm. Dr. reassessed FHR-114bpm, Pt. was laid on her left side & NS 500ml was set up at flow rate	2.3Kg	8 and 10	CS	No		No	No	
120.	42	42nd contraction 168bpm. OBC reassessed FHR-169bpm, NS 500ml IV setup at flow rate, O2 therapy 5ml was established & Patient was placed on the left side		7 and 10	VD	No		Yes risk sepsis	No	
121.	1	1st contraction 118bpm. Dr reassess 114 Patient was placed on the left side, D50% 30cc IV served & NS 500ml was setup	Fully dilated	8 and 10	VD	No		No		
122.	1	Dr assessed and patient taken to ER for surgery. Referred from clinic and seen in ER Prol labour and malaria	What was FHR in admission? Maternity notes needed	6 and 9	CS	Yes	2mins	Yes mild BA	No	Mild BA
123.	39	39th contraction 112bpm. OBC reassessed FHR-110b/m, placed patient on the left side, NS-500ml IV set up @ flow rate, D50%-30cc IV served and patient was taken to the delivery table for quick delivery		3 and 7	VD	Yes	6mins	Yes severe BA	No	BA

Number	Number contractions	details FHR abnormal and treatment	Obstetric disorder Describe	Apgar 1 and 5 minutes	Mode of delivery	Baby resus	Duration resus (min)	NICU admit Yes/No If Yes how long?	Seizures or fits in NICU	Type of BA
124.	36	36th contraction 115bpm. Patient was placed on the left lateral position. OBC came and reassessed, took her to the delivery table and a difficult vaginal delivery was done	3.5kg BWT	2 and 8	VD	Yes	8mins	Yes Severe BA	No	Mild BA
125.	35	1st contraction 120bpm. NS 500ml was set up IV at flow rate TWINS	Twins 2.4Kg and 2.4Kg	9-10 & 9-10	VD	No		No	No	
126.	5	5th contraction 101bpm. OBC reassessed FHR 103bpm, Pt was placed on on the left side, NS 500ml IV served and O2 therapy 5 litter established and pt was prepared for an emergency C/section	Previous CS x2 Obstructed labour	4 and 8	CS	Yes	3mins	Yes Mild BA	No	Mild BA
127.	52	52nd contraction 110bpm. OBC reassessed Pt FHR-113bpm, she was placed on the left side N/S 500ml IV set up at flow rate, D50%-30cc IV Served, O2 therapy 5littles established		7 and 10	CS	No		Yes. 3days	No	
128.	32	31st contraction 113bpm. Caesarean NRFS Then 109bpm	NRFS LLT, IVF, D50	7 and 10	CS	No		No	No	
129.	23	23rd contraction 115bpm. OBC reassessed Patient and ordered that pt be prepared for C/S	Fetal distress Obstructed labour CPD	8 and 10	CS	No		No		

Number	Number contractions	details FHR abnormal and treatment	Obstetric disorder Describe	Apgar 1 and 5 minutes	Mode of delivery	Baby resus	Duration resus (min)	NICU admit Yes/No If Yes how long?	Seizures or fits in NICU	Type of BA
130.	3	1st contraction 100bpm. Pt was placed on her left side, N/S 500ml was set up at flow rate and O2 therapy 5ml was established. OBC assessed FHR 106bpm	Prolonged latent phase, FHR problem	8 and 10	CS	No		Yes. 3days risk of sepsis	No	
131.	46	46th contraction 114bpm. Dr. reassessed FHR-110bpm, Pt was placed on the left side, NS 500ml IV was set up at flow rate and D50%-30cc was served IV	Aged 35	9 and 10	CS	No		No	No	
132.	40	40th contraction 115bpm. OBC reassessed Patient and ordered that the patient be prepared for C/S	2.3Kg	8 and 10	CS	No		Yes. 5days Risk sepsis	No	
133.	1	170bpm. Pt was placed on her left side, NS 500ml + D50%-40cc was set up at flow rate & O2 therapy 5 litters was established after OBC reassessed FHR-178bpm	Aged 37 3 previous CS 2.4Kg	8 and 10	CS	No		No	No	
134.	35	35th contraction 112bpm. Prolonged 2nd stage of labour / NRFS caesarean	NRFS. Prolonged 2nd stage.	8 and 10	CS	No		No	No	
135.	1	197 bpm/ Patient came in fully dilated, referred from a local clinic and the patient was rushed in the delivery room from the ER		7 and 10	VD	No		No		
136.	46	46th contraction 114b/m NS 500ml was set up, D50% (30cc) was also served & patient was placed on the left side after assessment by Dr.	NRFS CS undertaken as an emergency	8 and 10	CS	No		No		

Number	Number contractions	details FHR abnormal and treatment	Obstetric disorder Describe	Apgar 1 and 5 minutes	Mode of delivery	Baby resus	Duration resus (min)	NICU admit Yes/No If Yes how long?	Seizures or fits in NICU	Type of BA
137.	31	<b>31st contraction 110b/m</b> Dr. reassess FHR-109b/m, NS 500ml setup at flow rate, <b>O2 therapy 5ml</b> established, D50%-30cc iv was served and Pt was prepared for C/S	NRFS Emergency CS	8 and 10	CS	No		No		
138.	50	<b>50th contraction 112b/m</b> Patient was placed on her left side with NS 500ml setup after reassessment.	NRFS OBC Emergency CS	8 and 10	CS	No		No		
139.	36	<b>36th contraction 115b/m</b> OBC assessed FHR-113b/m, NS 500ml IV was setup @ flow rate & D50%-40cc IV served	NRFS Emergency CS	9 and 10	CS	No		No		
140.	50	<b>50th contraction 110b/m</b> OBC reassessed FHR-112b/m, NS 500ml set up at flow rate	NRFS Emergency CS	9 and 10	CS	No		No		
141.	37	<b>37th contraction 110b/m</b> OBC assessed FHR-118b/m, NS 500ml was setup at flow rate, D50%-30cc IV served and Pt was prepared for an emergency C/S	NRFS Emergency CS 2.4Kg	8 and 10	CS	No		No		
142.	21	<b>21st contraction 110-113b/m</b> LLT, IVF	NRFS & Previous C/S X 1 Emergency CS performed	8 and 10	CS	No		No		
143.	47	<b>47th contraction 109b/m</b> OBC reassessed FHR-106b/m, NsS 500ml IV setup, D50%-30cc IV served & Pt was placed on her left side.	NRFS Emergency CS performed	5 and 7	CS	Yes bag and mask	3 mins	Yes BA present	NO	BA

Number	Number contractions	details FHR abnormal and treatment	Obstetric disorder Describe	Apgar 1 and 5 minutes	Mode of delivery	Baby resus	Duration resus (min)	NICU admit Yes/No If Yes how long?	Seizures or fits in NICU	Type of BA
144.	33	33 <sup>rd</sup> contractions 110b/m OBC reassessed FHR-112b/m, Pt encouraged to lie down on her left side, NS 1liter setup at flow rate and was prepared for C/S	Failure to progress/NRFS Emergency CS performed	3 and 7	CS	Yes bag and mask	9 mins	Yes BA present		BA

### Summary and comments n= 144 patients

In 3 patients (17,21, 970, absence of emergency drugs and supplies led to major delays in emergency treatment, including in one case the need to transfer to another Hospital for CS.

3 abnormal FHR on arrival. 19 normal FHR on arrival but then became abnormal.

53 given additional inspired oxygen (37%) Not in the first 400 patients.

70 received resuscitation (49%) Duration > 5 minutes =15, 6-8 minutes =8, 9-10 minutes =6, 1 at 30 minutes (3 cord tangles)

28 had BA, 46 had mild BA

24 had meconium.

6 episiotomies

VD = 45 CS= 86 Vacuum = 14-1 (failed = CS)

4 mothers aged 13 years, 8 mothers aged 14 years, 32 mothers aged 15 years and 83 mothers aged 16 years.