

OBSTETRIC CLINICIAN'S NAME:	SUPERVISOR'S NAME:	DATE OF PROCEDURE:
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PATIENT'S HOSPITAL NUMBER	DATE OF BIRTH OR AGE:	HOSPITAL:
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REASON FOR INTERVENTION:	AT TIME OF ONSET OF INTERVENTION: Pulse rate: Respiratory rate: BP: Temp: WAS SHOCK PRESENT?
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INTERVENTION:	ANY COMPLICATIONS IN FIRST 4 HOURS
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DESCRIBE INTERVENTION INCLUDING ANY PROCEDURES AND DRUGS USED	ANY LATE COMPLICATIONS > 4 HOURS
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DURATION PROCEDURE IN MINUTES	WAS BLOOD TRANSFUSION NEEDED AND AVAILABLE?	ANY POST-OP INFECTION IF YES DESCRIBE
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WAS ANAESTHETIC GIVEN AND IF YES WHAT TYPE ?	NAME OF ANAESTHETIST
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ANY ANAESTHETIC COMPLICATIONS? IF YES DESCRIBE	FOR SINGLE BIRTH IF BABY WAS DELIVERED, WAS BABY 1 ALIVE?
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DESCRIBE ANY UNEXPECTED PROBLEMS WITH OBSTETRIC INTERVENTION?	DESCRIBE STATE OF BABY 1 AT BIRTH Breathing? Normal or gasping Heart rate > 100 or < 100
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ANY EQUIPMENT PROBLEMS?	WAS NEONATAL RESUSCITATION NEEDED?
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IF TWINS WERE DELIVERED, WAS BABY 2 ALIVE?	IF BABY 1 WAS RESUSCITATED DESCRIBE WHAT WAS DONE Bag and mask? Chest compressions/ Drugs?
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DESCRIBE STATE OF BABY 2 AT BIRTH Breathing? Normal or gasping Heart rate > 100 or < 100	DID BABY 1 SURVIVE?
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IF BABY 2 WAS RESUSCITATED DESCRIBE WHAT WAS DONE Bag and mask? Chest compressions/ Drugs?	DID THE WOMAN SURVIVE? IF NOT DESCRIBE WHAT HAPPENED
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DID BABY 2 SURVIVE?

SIGNATURE OF TRAINEE MIDWIFE / DOCTOR	SIGNATURE OF SUPERVISOR
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Please circle level of supervision during procedure: **As assistant** **Directly supervised** **Indirectly supervised** **Independently**

LOG BOOK FOR ADVANCED OBSTETRICS