

Vaginal Breech Birth Proforma

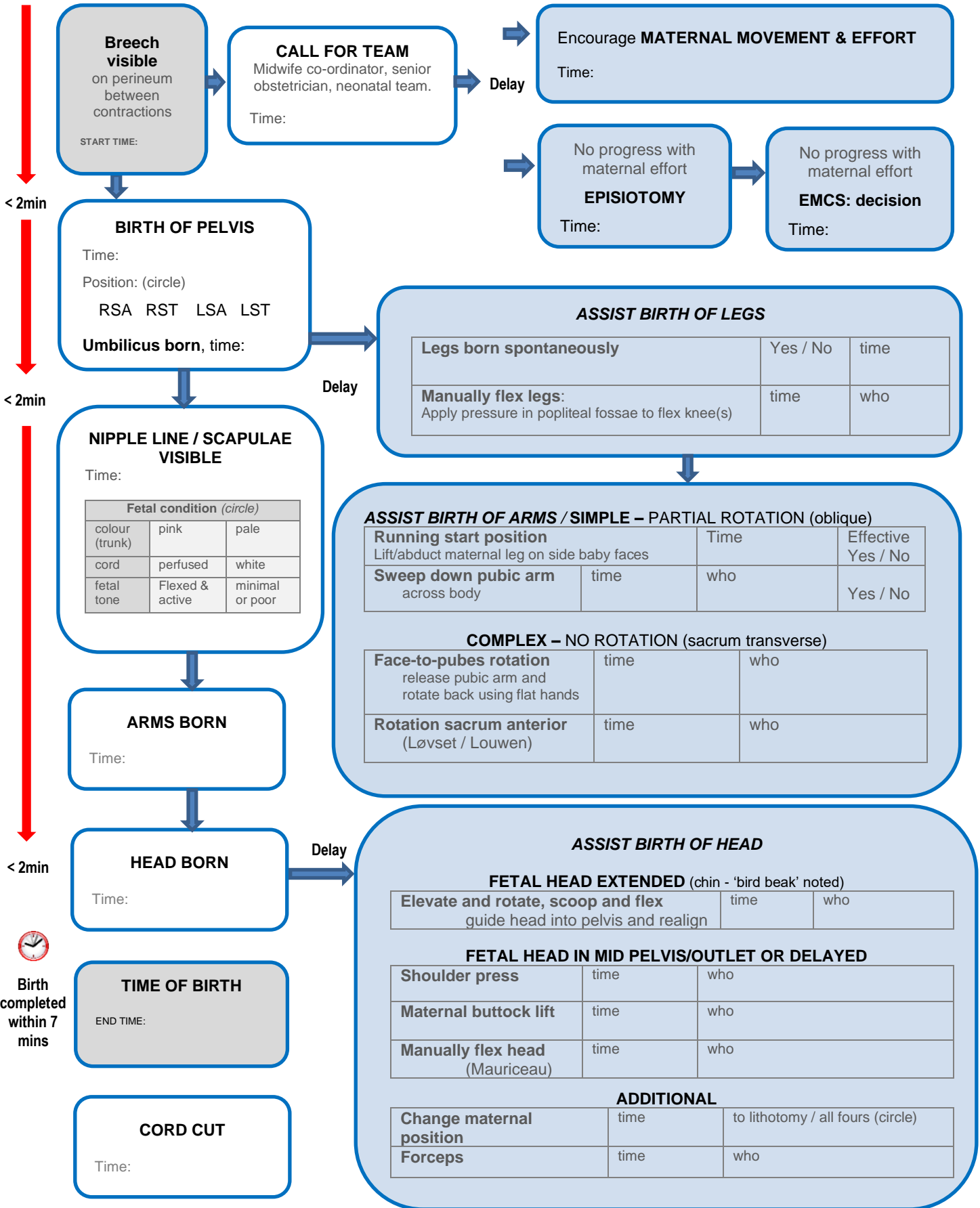
Patient Details / Addressograph

Name: _____
 DOB: _____
 Hospital Number: _____

Date: _____



Maternal position at start of emergence: _____



Physiological Breech Proforma

Patient Details / Addressograph

Name:
 DOB:
 Hospital Number:

Planned Vaginal breech (circle)	Yes / No				
Start of Labour (time):	Assessed as fully dilated (time):	Start of expulsive pushing (time):			
Presenting part first visible (time):	<i>Please use the pro forma overleaf to document timings of emergence</i>				
Cord Gases Taken Yes / No	Arterial pH:	Venous pH:			
	Arterial base excess:	Venous base excess:			
Explanation to parents	Yes / No	By	Risk Management form completed	Yes / No	Number
Baby assessment after birth by: <small>(may be done by midwife)</small>		Baby admitted to NICU? Yes / No	<i>If yes to any of these for review & follow up by consultant neonatologist</i>		

Transfer times/details

Ambulance / labour ward called	time	Time of arrival of ambulance	time	Time of transfer to hospital / labour ward	time
Time of handover	time	Decision to transfer to theatre	time	Time transferred to theatre	time

Staff present at birth

Name	Role	Time called	Time arrived

Additional Notes & Information

Scribed By..... Signature Designation.....

Reflective Review by:	Date:	Staff included:
Notes:		