

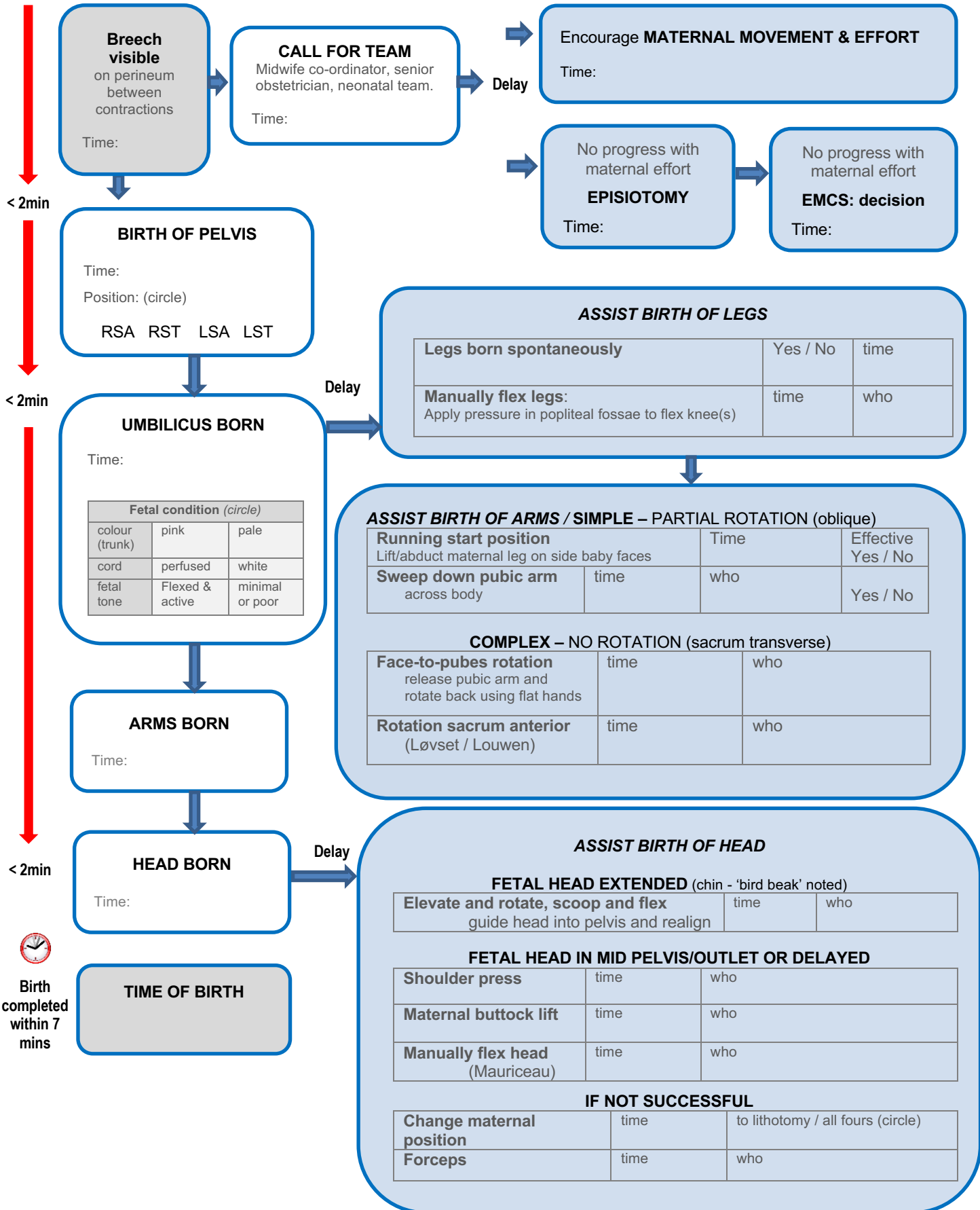
Vaginal Breech Birth Proforma

Patient Details / Addressograph

Name: _____
 DOB: _____
 Hospital Number: _____

Date: _____

Maternal position: _____



Physiological Breech Proforma (reverse side)

Planned Vaginal breech (circle)		Yes / No			
Cord Gases Taken Yes / No		Reason if not done			
Cord Gas Results		Arterial:		Venous:	
		Base Excess:		Base Excess:	
Explanation to parents	Yes	By	Risk Management form completed	Yes / No	Number
Baby assessment after birth by: (may be done by midwife)			Baby admitted to NICU Yes / No	If yes to any of these for review & follow up by consultant neonatologist	

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:		