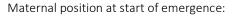
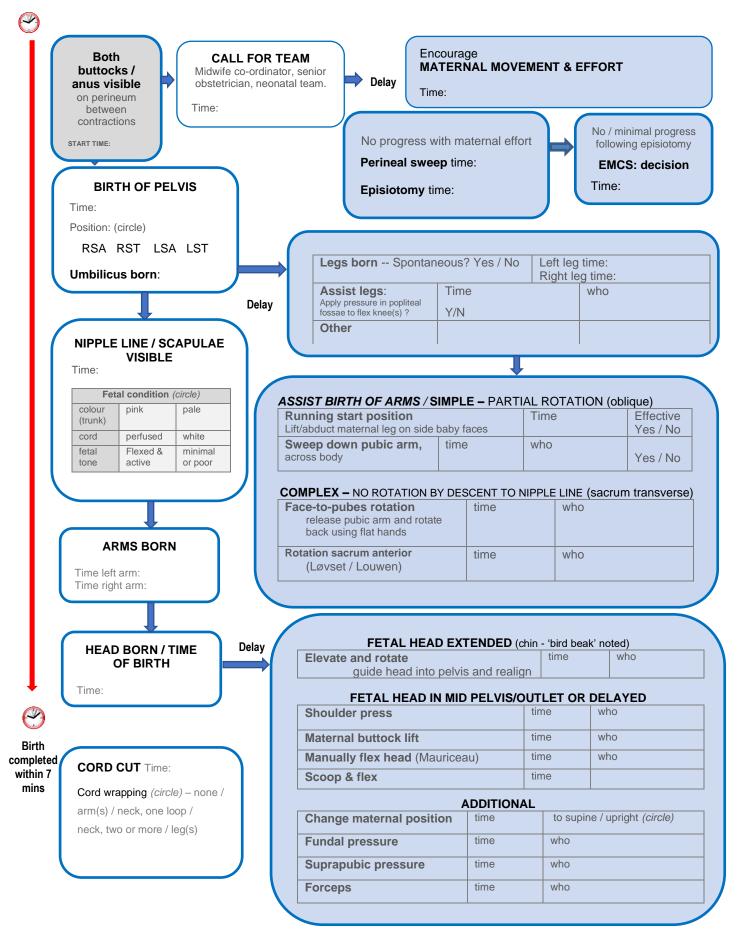
## VAGINAL BREECH BIRTH PROFORMA Date:









Planned Vagina					1							
(circle)			Yes / N	No								
Cord Gases Tak	ken	Yes / No	)		Reason if not don	ie						
Cord Gas Resul	Its				Arterial:				Venous:			
					Base Excess:				Base Exces	ss:		
Explanation to		Yes	Ву				Risk Manage	ment	Yes / No	Numb	er	
parents Baby assessme	nt				Baby admitted to N	IICLI	form complet	ed		follow	un by c	oncultant
after birth by: (may be done by midwife)					Yes / No	1100	neonatologis	t	e for feview d	ronow	ир Бу С	onsultant
nsfer times/deta	ails											
Ambulance / time				of arrival of ulance	9	Time of transfer to hospit labour ward			al / time			
Time of	time				sion to transfer to	time	9	Time	transferred to	theatre		time
handover				theat	tre							
ff procent at hir	4h											
ff present at birt Name	tri			Ro	ole			Time o	called		Time arı	rived
litional Notes &	Inforr	mation										
litional Notes &	Inforr	mation										
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ditional Notes &	. Inforr	mation										
					Cinnahura			Dasi				
					Signature			Desi	gnation			
					Signature		Staff included:	Desi	gnation			
ibed By								Desi	gnation			