MATERNAL SERVICE RECORD   
DELIVERY MONITORING RECORD

ONSET OF TRUE LABOR: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
I. PROGRESS OF LABOR:

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| DATE | TIME | MATERNAL FINDINGS | | | | | | | FETAL FINDINGS | | |
| TEMP | BP | CR | RR | Uterine Contractions  Interval | Cervical  Dilation | Bow Intact/Rupture | Fetal Heart Tone | Characteristic of FHT  Weak/Strong | Present-ing Part |
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III. DELIVERY OF THE BABY IV. DELIVERY OF PLACENTA  
Time Delivered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Delivered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Apgar Score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Complete or Incomplete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Sex of Baby \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Head Circumference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Length of Baby \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Service Provider