

## **SAMPLE NOTES/COMMON ABBREVIATIONS**

### **Tools for the OB/GYN clerkship, contained in this document:**

1. Sample obstetrics admission note
2. Sample delivery note
3. Sample operative note
4. Sample postpartum note
  - a. Vaginal delivery
  - b. Cesarean section orders/note
5. Sample gynecologic history & physical (H & P)
6. Sample labor rounding note
7. Admission orders
8. Commonly-used abbreviations
9. Spanish lesson

## 1. Sample Admission to Labor and Delivery Note

Date & time

Identification (includes age, gravidity, parity, estimated gestational age, and reason for admission):  
26yoG3P1A1 @ 38W5D EGA presents with painful contractions since noon. Pt reports good fetal movement, and denies rupture of membranes or vaginal bleeding.

LMP:

Estimated date of confinement (EDC):

Chief complaint:

History of present illness (includes Prenatal Care (PNC): Labs, including HIV, GBS, GDM/HTN, # PNC visits, wt gain, s=d, etc.

Past History:

Obstetrics:

List each pregnancy (NSVD, st 4000 grams, complicated by gestational diabetes and shoulder dystocia)

Gynecology:

PMH and PSH:

Medications: PNV, FeSO<sub>4</sub>

Allergies: No Known Drug Allergies (NKDA)

Social History: Ask about Tobacco/EtOH/Drugs

Physical exam (focused):

General and Vital signs

Lungs

CV – (Many pregnant women have a grade 1-2/6 systolic ejection murmur

Abd – Gravid, fundus mom-tender (NT), fundal height (FH) 38 cm, Leopold maneuvers:

Fetus is vertex (VTX), estimated fetal weight (EFW) 3300 gm

Sterile speculum examination if indicated to rule out spontaneous rupture of membranes (SROM)

Sterile vaginal exam (SVE) = 4 cm/80%/VTX/-1 as per Dr. Smith/time

Ext – No Cyanosis, clubbing or edema (C/C/E), NT

Pertinent Labs:

Ultrasound: Date: 10 wks by crown-rump length (CRL)

Date: 20 wks, no anomalies

Assessment: 26yo G3P1 at term, in labor fetal heart rate tracing (FHRT) reassuring

Intrauterine pregnancy (IUP) at 30 weeks gestation

FHRT – Baseline 140's, accelerations present, no decelerations

Contractions – q 4-5 min

Any pertinent past medical or surgical history

Plan: Admit to L & D

NPO except ice chips

IV – D5LR at 125 cc/hr

Continuous electronic fetal monitoring CBC, T & S, RPR

Anticipate NSVD

## 2. Sample Delivery Notes

Date and time:

Summary: NSVD of a live male, 3000 gm and Apgars 9/9. Delivered LOA, no nuchal cord, light meconium. Nose and mouth bulb suctioned at perineum; body delivered without difficulty. Cord clamped and cut. Baby handed to nurse. Placenta delivered spontaneously, intact. Fundus firm, minimal bleeding. Placenta appears intact with 3 vessel cord. Perineum and vagina inspected – small 2nd degree perineal laceration repaired under local anesthesia with 2-0 and 3-0 vicryl suture in the usual fashion. EBL 350cc. Hemostasis. Pt tolerated procedure well, recovering in LDR. Infant to WBN.

### 3. Sample Operation Note

Date and time:

Pre-op Diagnosis: Symptomatic uterine fibroids or Pregnancy at term, failure to progress

Postop Diagnosis: Same

Procedure: TAH/BSO or Cesarean Section

Surgeon (Attending):

Residents:

Anesthesia: GET (general endotracheal, others include spinal, LMA, IV sedation)

Complications: None

EBL: 300cc

Urine Output: 200 cc, clear at the end of procedure

Fluids: 2,500 cc crystalloid (include blood or blood products here)

Findings: Exam under anesthesia (EUA) and operative

Specimen: Cervix/uterus

Drains: If placed

Disposition: Recovery room, Surgical ICU, etc

### 4a. Sample Postpartum Notes (Soap format)

Date and time:

Subjective: Ask every patient about:

- Breastfeeding – are they breastfeeding/planning to? How is it going? Baby able to latch on?
- Contraceptive plan with relevant sexual history
- Lochia (vaginal bleeding) – Clots? How many pads?
- Pain – cramps/perineal pain/leg pain? Relief with medication? Do they need more pain meds?

Objective

- Vital signs and note tachycardia, elevated or low BP, maximum and current temperature
- Focused physical exam including
  - Heart
  - Lungs
  - Breasts: engorged? Nipple – skin intact?
  - Abd: Soft? Location of the uterine fundus – below umbilicus? Firm? Tender?
  - Perineum: Assess lochia (blood on pad, how old is pad?)
  - Visually inspect perineum – Hematoma? Edema? Sutures intact?
  - Extremities: Edema? Cords? Tender?
- Postpartum labs: Hemoglobin or hematocrit

Assessment/Plan: PPD#\_S/P NSVD or Vacuum or Forceps (with 4<sup>th</sup>-degree laceration, with pre-eclampsia s/p Magnesium Sulfate)

- General assessment – Afebrile, doing well, tolerating diet

- Contraception plans (must discuss before patient goes home)
- Vaccines – does pt need rubella vaccine prior to discharge?
- Breastfeeding? Problems? Encourage.
- Rhogam, if Rh-negative
- Discharge and follow-up plan
- Patients usually go home if uncomplicated 24-48 hours postpartum
- Follow-up appointment scheduled in 2-6 weeks postpartum

#### **4b. Sample Postoperative Cesarean Section Orders/Note**

Admit to Recovery Room, then postpartum floor

Diagnosis: Status post (S/p) C/S for failure to progress (FTP)

Condition: Stable

Vitals: Routine, q shift

Allergies: None

Activity: Ambulate with assistance this PM, then up and lib

Nursing: Strict input and output (I&O), Foley to catheter drainage, call MD for Temp > 38.4, pulse > 110, BP < 90/60 or > 140/90, encourage breastfeeding, pad count, dressing checks, and Ted's leg stockings until ambulating

Diet: Regular as tolerated; some hospitals only allow ice chips or clear liquids

IV: Lactated ringers (LR) or D6LR at 125 cc/hr, with 20 units of Pitocin x 1-2 Liters

Labs: CBC in AM

Medications:

- Morphine sulfate PCA (patient controlled analgesia) per protocol (1 mg per dose with 10 minute lockout, not to exceed 20 mg/4 hours)
- Percocet 102 tabs PO q 4-6 hours prn pain, when tolerating PO well
- Vistaril 25 mg IM or PO q 6 hours prn nausea
- Ibuprofen 800 mg PO q 8 hours prn pain, when tolerating PO well
- Prophylactic antibiotics if indicated
- Thromboprophylaxis for high-risk patients
- Rhogam, if Rh-negative

#### **Sample C/S Note**

Date and Time:

Day #1 (Post-op day POD#1)

Subjective: Ask patient about:

- Pain – relieved with medication?
- Nausea/vomiting
- Passing flatus (rare this early post-op)

Objectives

- Vital signs and note tachycardia, elevated or low BP, maximum and current temperature
- Input and output
- Focused physical exam including
  - Heart
  - Lungs
  - Breast: engorged? Nipples – Is skin intact?

- Incision: Clean and dry, intact?
  - Abd: Soft? Location of the uterine fundus – below umbilicus? Firm? Tender?
  - Perineum: Assess lochia (blood on pad, how old is pad?) Visually inspect perineum – Hematoma? Edema? Sutures intact?
  - Extremities: Edema? Cords? Tender?
  - Postpartum labs: Hemoglobin or hematocrit
- Assessment/Plan: POD#1 status post (S/P) C/S or repeat C/S (indication for the C/S)
- Afebrile, tolerating pain with medication, oral intake, adequate urine output (>30cc/hr)
  - Routine postOp care
    - Discharge Foley
    - Discharge PCA or IV pain medications and PO pain Meds when tolerating PO
    - Out of bed (OOB)
    - Advance diet as tolerated
    - Discharge IV when tolerating PO
  - Check hematocrit or CBC

## 5. Sample Gynecologic History and Physical

Introduction: Name, age, gravidity, parity and presenting problem

HPI:

Past Medical History/Past Surgical History:

Past Gynecologic History:

- Menses – menarche, cycle duration, length, heaviness, intermenstrual bleeding, dysmenorrhea, and menopause (if relevant).
- Abnormal Pap smears, including time of last Pap
- Sexually transmitted infections
- Sexual history
- Postmenopausal women. Ask about hypoestrogenic symptoms, such as hot flashes or night sweats, vaginal dryness, and about current and past use of hormone/estrogen replacement therapy.
- Mammogram

Past OB History: Date of delivery, gestational age, type of delivery, sex, birth weight and any complications

Family History:

Allergies:

Medication:

Social History:

Physical Exam: Complete

Review of Systems:

Plan:

1. Pap smear
2. Endometrial biopsy obtained
3. Medications, etc.

Two Samples Gyn Clinic SOAP Notes

S. 22 y/o G2P2 here for annual exam. Regular menses q 28 days with no intermenstrual bleeding. IUD for contraception since birth of last child 2 years ago. NO problems with method. Minimal

dysmenorrhea. Mutually monogamous relationship x 6 years. No hx of abnormal Paps. + BSE, jogs twice a week, no smoking, no abuse, + seat belts.

O. Breasts: No masses, adenopathy, skin changes

Abd: No masses, soft, NT

Pelvic:

Ext genitalia: Normal

Vagina: Pink, moist, well rugated

Cervix: multiparous, no lesions

Bimanual: uterus small, anteverted, NT, no adnexal masses or tenderness

A. Normal exam

B. P. Pap, RTC1 year

\* \* \* \* \*

S. 33 y/o with LMP 1 week ago here for follow up of chronic left sided pelvic pain. Patient first seen 6 months ago with complaints of pain x 2 years. She describes pain as dull and aching, intermittent, with no relationship to eating but increased before and during menses. Pain has gotten worse over the last 6 months and requires her to miss work 2-3 days per month. No relief with NSAIDs. Patient has history of chlamydia 5 years ago for which she was treated. No history of PID. Three partners within the past year: no condom use No GI symptoms: regular BMs, no constipation, diarrhea, nausea or vomiting. Past history of ectopic x 2 with removal of part of the left and right tubes. Also had rupture appendectomy at age 20. On birth control pills for contraception.

O. Abdomen: 1+ LLQ tenderness, no peritoneal signs

Pelvic: Ext genitalia: Normal

Vagina: no discharge

Cervix: no lesions

Biman: uterus small, retroverted, NT, 3+ left adnexal tenderness, no right adnexal tenderness, no masses palpated

A. Pelvic pain unresponsive to medical management; rule out endometriosis vs adhesive disease vs chronic PID vs other

P. Schedule diagnostic laparoscopy

## 6. Template for Intrapartum (L & D) Rounding Note

Pt Initials: \_\_\_\_\_ Room: \_\_\_\_\_

S: Pt feels/does not feel CTX. Has/plans epidural/pain controlled with \_\_\_\_\_ (epidural/IV Fentanyl)

Aware of /not aware of pressure sensation (if in active or second stage). Last void @ \_\_\_\_/has Foley.

?VB ?LOF

O: Vitals: B/P range: \_\_\_\_\_ P: \_\_\_\_\_ T: \_\_\_\_\_ @ \_\_\_\_\_ (time)

I/Os: \_\_\_\_\_ [If relevant, eg. On Magnesium, long labor]

Heart \_\_\_\_\_ Lungs \_\_\_\_\_ [Not needed every note]

Abdomen: soft between CTX/CTX palpate \_\_\_\_\_ (mild/mod/strong)/NT or T fundus.

EFW: \_\_\_\_\_ [Not needed every note]

Extremities: Edema \_\_\_\_\_ Reflexes \_\_\_\_\_ +/- clonus

TOCO: CTX q \_\_\_\_\_ min

FHT: \_\_\_ baseline variability \_\_\_ (absent/mild/mod/marked) \_\_\_ decels (no/early/variable/late)

SVE: \_\_\_\_\_ Cm dilation/ \_\_\_\_\_ % effaced/ \_\_\_\_\_ (-3 to +3) station

Admission Hgb \_\_\_\_\_ [Not needed every note]

Pertinent Labs: \_\_\_\_\_ (eg if pre-eclampsia serial labs)

A: Pt is a \_\_\_\_\_ Yo G \_\_\_\_\_ P \_\_\_\_\_ With: (eg in labor/induction of labor for \_\_\_\_\_)

Pregnancy c/b \_\_\_\_\_ (eg HTN/oligohydramnios/GDM/IUGR)

P:

1. Expectant management

- or ? intervention (eg Pitocin augmentation/AROM with next exam/place internal monitors)

-

2. GBS status \_\_\_\_\_ (+/- on ampicillin or penicillin)

3. RH \_\_\_\_\_ (pos/neg/ s/p Rhogam @ \_\_\_\_\_ wks) Rubella \_\_\_\_\_ (immune/Nomimmune)

4. Feeding plans: \_\_\_\_\_ (breast or bottle)

## 7. Admission Order

These vary a little from case to case, but the following are fairly general (format is ADC VAN DISMAL):

|             |                                                                                                                  |
|-------------|------------------------------------------------------------------------------------------------------------------|
| Admit:      | To the specific service or team                                                                                  |
| Diagnosis : | List the diagnosis and the names of any associated surgeries or procedures                                       |
| Condition:  | Such as Stable vs Fair vs Guarded                                                                                |
| Vitals:     | Frequency                                                                                                        |
| Activity:   | Ambulation, showering                                                                                            |
| Nursing:    | Foley catheter management parameters<br>Prophylaxis for deep venous thrombosis<br>Incentive spirometry protocols |
| Call orders | Vital sign parameters for notifying the team<br>Urine output parameters                                          |
| Diet:       | Oral intake management                                                                                           |
| IVF:        | Rates are typically set at 125 cc per hour                                                                       |
| Special:    | Drain management<br>Oxygen management                                                                            |
| Meds:       | Pain medications<br>Prophylactic orders, such as for sleep or nausea<br>The patients' regular medications        |
| Allergies:  |                                                                                                                  |
| Labs:       | Typically includes hemoglobin/hematocrit                                                                         |

## 8. Commonly-Used Abbreviations

|         |                                                          |
|---------|----------------------------------------------------------|
| AB      | abortion                                                 |
| MAB     | missed abortion                                          |
| SAB     | spontaneous abortion                                     |
| TAB     | therapeutic abortion                                     |
| EAB     | elective abortion                                        |
| ACOG    | American College of Obstetricians and Gynecologists      |
| AFP     | Alpha Fetoprotein                                        |
| MSAFP   | Maternal serum alpha-fetoprotein                         |
| AGUS    | Atypical glandular cells of unknown significance         |
| AMA     | Advanced maternal age                                    |
| AFI     | Amniotic fluid index                                     |
| APGO    | Association of Professors of Gynecology & Obstetrics     |
| AROM    | Artificial rupture of membranes                          |
| ASCUS   | Atypical squamous cells of unknown significance          |
| BBOW    | Bulging bag of water                                     |
| BBT     | Basal body temperature                                   |
| BMD     | Bone mineral density                                     |
| BPD     | Biparietal diameter                                      |
| BPP     | Biophysical profile                                      |
| BSO     | Bilateral salpingo-oophorectomy                          |
| BTBV    | Beat-to-beat variability                                 |
| BTL     | Bilateral tubal ligation                                 |
| CIN     | Cervical intraepithelial neoplasia                       |
| CPD     | Cephalopelvic disproportion                              |
| CRL     | Crown rump length                                        |
| CST     | Contraction stress test                                  |
| CT      | Chlamydia trachomatous                                   |
| CVS     | Chorionic villi sampling                                 |
| D & C   | Dilation & curettage                                     |
| D & E   | Dilation & evacuation                                    |
| DIC     | Disseminating intravascular coagulopathy                 |
| DI/DI   | Dichorionic/diamniotic twins                             |
| EDC/EDD | Estimated date of confinement/estimated date of delivery |
| EFM     | Electronic fetal monitoring                              |
| EFW     | Estimated fetal weight                                   |
| EGA     | Estimated gestational age                                |
| EMB     | Endometrial biopsy                                       |
| ERT     | Estrogen replacement therapy                             |
| FAVD    | Forceps assisted vaginal delivery                        |
| FHR/FHT | Fetal heart rate/fetal heart tracing or tone             |
| FL      | Femur length                                             |
| FLM     | Fetal lung maturity                                      |
| FM      | Fetal movement                                           |

|             |                                                                      |
|-------------|----------------------------------------------------------------------|
| FSE         | Fetal scalp electrode                                                |
| FSH         | Follicle stimulating hormone                                         |
| FTP         | Failure to progress                                                  |
| GBS/GBBS    | Group B beta streptococcus                                           |
| GC          | gonorrhea                                                            |
| GDM         | Gestational diabetes mellitus                                        |
| GIFT        | Gamete intra-fallopian tube transfer                                 |
| GnRH        | Gonadotropin releasing hormone                                       |
| G_P_        | Gravida, para (TPAL – term, preterm, abortions, living children)     |
| GTD         | Gestational trophoblastic disease                                    |
| HCG         | Human chorionic gonadotropin                                         |
| BHCG        | Beta human chorionic gonadotropin (usually serum)                    |
| UHCG        | Urinary human chorionic gonadotropin                                 |
| HELLP       | Hemolysis, elevated liver enzymes, low platelets                     |
| HGSIL       | High-grade squamous intraepithelial lesion                           |
| HPL         | Human placental lactogen                                             |
| HPV         | Human papilloma virus                                                |
| HRT         | Hormone replacement therapy                                          |
| HSG         | Hysterosalpingogram                                                  |
| HSV         | Herpes simplex virus                                                 |
| I & D       | Incision & Drainage                                                  |
| ICSI        | Intracytoplasmic sperm injection                                     |
| IUD         | Intrauterine device                                                  |
| IUFD        | Intrauterine fetal death                                             |
| IUGR        | Intrauterine growth retardation                                      |
| IUI         | Intrauterine insemination                                            |
| IUP         | Intrauterine pregnancy                                               |
| IUPC        | Intrauterine pregnancy pressure catheter                             |
| IVF         | In vitro fertilization                                               |
| LCP         | Long, closed, posterior                                              |
| LEEP/LOOP   | Loop electrical excision procedure                                   |
| LGA         | Large for gestational age                                            |
| LGSIL       | Low grade squamous intraepithelial lesion                            |
| LH          | Luteinizing hormone                                                  |
| LMP/LNMP    | Last menstrual period/last normal menstrual period                   |
| LOA/LOT/LOP | Left occiput anterior/left occiput transverse/left occiput posterior |
| LTC         | Long, thick, closed                                                  |
| LTCS/LVCS   | Low transverse C-section/low vertical C-section                      |
| MFM         | Maternal fetal medicine                                              |
| MVU         | Montevideo units                                                     |
| NST         | Non-stress test                                                      |
| NSVD        | Normal spontaneous vaginal delivery                                  |
| NT          | Nuchal translucency                                                  |
| NTD         | Neural tube defect                                                   |
| OCP         | Oral contraceptive pills                                             |

|             |                                                                         |
|-------------|-------------------------------------------------------------------------|
| OT          | Occiput transverse                                                      |
| PCO/PCOD    | Polycystic ovarian disease                                              |
| PCT         | Post-coital testing                                                     |
| PID         | Pelvic inflammatory disease                                             |
| PIH         | Pregnancy induced hypertension                                          |
| PMB         | Postmenopausal bleeding                                                 |
| POC         | Products of conception                                                  |
| POD/PPD     | Post-operative day/postpartum day                                       |
| PPH         | Postpartum hemorrhage                                                   |
| PPROM       | Preterm premature rupture of membranes                                  |
| PROM        | Premature rupture of membranes                                          |
| PTL         | Preterm labor                                                           |
| PUBS        | Percutaneous umbilical blood sampling                                   |
| PUPPPS      | Pruritic urticarial papules and plaques of pregnancy                    |
| ROA/ROT/ROP | Right occiput anterior/right occiput transverse/right occiput posterior |
| ROM         | Rupture of membranes                                                    |
| SBE         | Self-breast exam                                                        |
| SGA         | Small for gestational age                                               |
| SROM        | Spontaneous rupture of membranes                                        |
| SSE         | Sterile speculum exam                                                   |
| STD/STI     | Sexually transmitted disease/sexually transmitted infection             |
| SVE         | Sterile vaginal exam                                                    |
| TAH         | Total abdominal hysterectomy                                            |
| TOA         | Tubo-ovarian abscess                                                    |
| TOL         | Trial of labor                                                          |
| TRIPLE TEST | MSAFP/HCG/Estriol                                                       |
| TVH         | Total vaginal hysterectomy                                              |
| US          | Ultrasound                                                              |
| VAVD        | Vacuum-assisted vaginal delivery                                        |
| VB          | Vaginal bleeding                                                        |
| VBAC        | Vaginal birth after C-section                                           |
| VAIN        | Vaginal intraepithelial neoplasia                                       |
| VIN         | Vulvar intraepithelial neoplasia                                        |

### THE APGAR SCORE

|                     | 0             | 1                              | 2            |
|---------------------|---------------|--------------------------------|--------------|
| Respiratory effort  | None          | Weak, irregular                | Good, crying |
| Pulse               | None          | <100                           | >100         |
| Muscle tone         | Flaccid       | Some flexion                   | Well flexed  |
| Color               | Pale, blue    | Body pink,<br>extremities blue | Pink         |
| Reflex irritability | Nonresponsive | Grimace                        | Cry          |

## 9. Spanish Lesson

### Admission History and Physical

My name is  
What is your name?  
What number pregnancy is this for you?  
    First?  
    Second?  
    Third?  
What is your due date?  
Have you had ultrasounds?  
    How many?  
How frequent are your contractions?  
When did they start?  
Has your bag of waters broken?  
What color was the fluid?  
Are you bleeding?  
    How much?  
    What color?  
Have you passed and mucous?  
Do you have any serious illnesses?  
Have you had any operations?  
Are you taking any medicine?  
Are you allergic to any medications?  
    Foods?  
Have you been tested for diabetes this pregnancy?  
Any spotting/bleeding this pregnancy?  
  
How much do you weigh now?  
Do you smoke?  
    How much?  
Breast or bottle?

### Labor

We need to do a vaginal exam  
Your cervix is \_\_\_\_ centimeters dilated  
Do you want some pain medication?  
You need to relax and breath with the contractions  
We are going to break your bag of water  
We need to make your contractions more frequent  
Do you feel rectal pressure with the contractions?  
Do you feel the urge to push?  
Your cervix is completely dilated. It is time to push.  
Take deep breaths

Me llamo  
¿Como se llama usted?  
¿Que número embarazó es este para usted?  
¿Primero?  
¿Segundo?  
¿Tercero?  
¿Cual es su fecha de alivio?  
¿Ha tenido sonogramas?  
¿Cuántas?  
¿Que frecuenté son sus contricciones?  
¿Cuando comenzaron?  
¿Se le ha roto la Fuente / la bolas de agua?  
¿De que color era el fluido?  
¿Se la ha salido sangre?  
¿Cuanto?  
¿De que color?  
¿Se la ha salido moco o flujo?  
¿Tiene usted una enfermedad seria?  
¿Ha tenido usted operaciones (cirugía)?  
¿Usted tome cualquier tipo de medicina?  
¿Tiene usted alergia a cualquier medicina?  
¿Comidas?  
¿Le han hecho exámenes de la sangre para la diabetes este embarazo?  
¿Le ha salido gotas de sangre o hemorragias con este embarazo?  
¿Cuanto pesa usted ahora?  
¿Fuma usted?  
¿Cuanto?  
¿Le va dar de pecho o de biberón?

Tenemos que hacer una examinación vaginal  
El cuello de la matriz esta abierto \_\_\_\_ centímetros.  
¿Quiera usted medicina ara el dolor?  
Usted necesita relajarse con los Dolores.

Vamos a romper su Fuente (bolsa de agua).  
Vamos a darle medicina para que le da contracciones mas frecuente.

¿Cuando le da los Dolores, siente presión in el recto?

¿Siente usted como que necesita pujar?  
El cuello de la motriz esta totalmente abierto. Es tiempo pujar.  
Respire profundo.

Hold it (your deep breath)  
Put your chin on your chest  
Push downward (on our bottom) like you are having a bowel movement.  
Put your hands on your knees and pull them back toward you.  
Push very hard.

### **Delivery**

Don't push now.  
Slow (pant) with your contractions  
It's a boy/girl!  
Push for the placenta  
Relax, let your legs fall to the sides  
We are sewing up your episiotomy.  
We're going to give you medicine through your IV to stop your contractions.  
We need to do an ultrasound  
Your baby is coming: head/bottom/feet first  
Your blood pressure is high  
Tell me immediately if you have a headache.

This is consent for a Cesarean section.

Detenga su aire.  
Ponga su cabeza en su pecho  
Puje para abajo como si va a regir.

Pone sus manos en sus rodillas y jale hacia usted.

Puje muy fuerte.

NO puje ahora.  
Sople con sus contracciones  
¡Es un niño / una niña!  
Puje para la placenta.  
Relájese y deje que se caen sus piernas a los lados.  
Vamos a poner puntos donde le cortando.  
Vamos a darle medicina en la sonde para que se paren los dolores.  
Necesitamos hacer una sonograma.  
Su bebe viene: cabeza/nalga/pies primero.  
Su presión esta alta.  
Dígame inmediateamente si tiene visión borrosa, or epigástrica pain dolor de cabeza, la vista rrosa vista doble, o dolor en el estómago.  
Esta es permiso para una cesaría.