"IMPLEMENTATION OF LABOUR CARE GUIDE AND ITS IMPACT ON CAESAREAN SECTION RATE – AN OBSERVATIONAL STUDY"

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LIST OF ABBREVIATIONS USED

WHO	- World Health Organisation
LCG	- Labour Care Guide
SDG	- Sustainable Development Goals
FHR	- Fetal Heart Rate
CTG	- Cardiotocography
FTND	- Full Term Normal Delivery
PTVD	- Pre Term Vaginal Delivery
LSCS	- Lower Segment Caesarean Section
VBAC	- Vaginal Birth after Caesarean
NICU	- Neonatal Intensive Care Unit
APGAR	- Appearance, Pulse, Grimace, Activity and Respiration
ARM	- Artificial Rupture of Membrane
FGR	- Fetal Growth Restriction
LBW	- Low Birth Weight
MSL	- Meconium Stained Liquor
CPD	- Cephalopelvic Disproportion
DTA	-Deep Transverse Arrest
PPH	- Post Partum Haemorrhage

ABSTRACT

Background: The World Health Organization (WHO) Labour Care Guide (LCG) was introduced to improve labor monitoring and outcomes, particularly aiming to provide respectable maternity care and positive intrapartum experience . This study evaluates the impact of LCG implementation on cesarean section rates and other labor and delivery outcomes.

Methods: This observational study included 770 participants at a tertiary care center. Participants' age, parity, onset of labor, cervical dilatation, duration of labor stages, interventions, mode of delivery, indications for interventions, fetal outcomes, birth weights, APGAR scores, NICU admissions, and maternal morbidity were recorded. The primary outcome was the mode of delivery, with secondary outcomes including maternal and neonatal health indicators.

Results: Out of 770 women, the majority (89.2%) were aged 21-34 years. Primigravida accounted for 48.57% of the population, with 54.94% being nulliparous. Term pregnancies constituted 76.36% of the cases, and 79.1% of labors had a spontaneous onset. Only 4.9% required oxytocin augmentation. The mean duration of active labor was approximately 3 hours and 3 minutes. Full-term normal deliveries occurred in 75.06% of cases, with a cesarean section rate of 8.7%. The primary indications for cesarean sections were cephalopelvic disproportion (27.94%) and fetal distress (22.05%). Maternal morbidity was low, with postpartum hemorrhage being the most common complication (2.19%). All 770 cases resulted in live births, with 5.3% requiring NICU admission, mainly due to respiratory distress.

Conclusions: The implementation of the Labour Care Guide significantly improved labor monitoring and reduced unnecessary interventions, leading to favorable maternal and neonatal outcomes. The Labour Care Guide proves to be a more robust and comprehensive tool compared to the traditional partograph, emphasizing personalized, woman-centered care and timely interventions.

Keywords: WHO Labour Care Guide, cesarean section, labor monitoring, maternal outcomes, neonatal outcomes, labor interventions.

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INTRODUCTION

An essential component of good-quality intrapartum care is ensuring that women are adequately monitored during labour and childbirth by a skilled healthcare provider. The partograph is an important clinical tool for monitoring a woman's progress during labour and childbirth that is in routine use worldwide. The partograph, a chart designed to provide particular standards for midwives working in outlying clinics, was first introduced in two important studies published in 1972. The purpose of the chart was to guide midwives in determining whether to refer women in labour to Harare Hospital in Zimbabwe, which was known as Rhodesia at the time.[1,2] This breakthrough occurred simultaneously with prominent reports from the National Maternity Hospital in Dublin regarding the 'active management of labour'. This approach involved early amniotomy, proactive administration of oxytocin, and one-to-one nursing care, all aimed at attaining birth within a specific timeframe[3]. The partograph has been universally implemented and has been utilised for about 50 years as a component of labour progress evaluation. The World Health Organisation (WHO) suggested the use of this tool in the early 1990s to track the development of labour as a standard practice. Although it is widely accepted worldwide, reports indicate that the utilisation rate is as low as 31% and the rate of proper completion is as low as 3%[4].

In 2018, the World Health Organisation (WHO) updated its global recommendations on intrapartum care. [5] As a result, the WHO started a process to revise the partograph, taking into account recent evidence and a better understanding of the individual differences in the progress of labour. This revision was necessary because the current partograph design is based on the average rate of labour, which does not apply to all women. [6,7] Comprehensive investigation, together with

comparable systematic reviews published in this journal[8-10], and later analysis[11], did not discover any evidence to support the use of a cervical dilatation rate of 1 cm/hour as a screening tool to predict negative labour outcomes. In 2018, the WHO released 56 recommendations in the line with sustainable development goal- 3 (SDG-3) on intrapartum care, aiming to offer a more nuanced perspective on labor progression and discourage unnecessary interventions. This included redefining the definition and duration of latent labour and also first and second stage of labour. Among the 56 recommendations the important ones were -to change the definition of active stage of labour from 4cm to 5cm of cervical dilatation as systemic reviews showed transition to more rapid cervical dilatation progression started between 5 and 6 cm. -to remove the rigid 1cm/hr dilatation rule which further reduces the unnecessary intervention to maintain the labour progress at certain rate . [12] The diagnostic test accuracy of using the 1-cm/hour to diagnose adverse delivery outcomes was derived from a systematic review that included eleven observational studies with over 17,000 women showed no direct relation[5]

Other recommendations included companion of choice, pain relief

WHO recommends against the routine usage of oxytocin and routine early amniotomy, vaginal cleansing, enema as routine practice and many other [5].

To implement all the recommendations in a packaged manner – the tool was designed the next generation partograph – LABOUR CARE GUIDE

The new guide emphasizes woman-centered care, critical thinking in decision-making, and individualized monitoring during labor. It introduces features such as monitoring supportive care interventions, removing rigid dilation thresholds, documenting parameter values, and providing clear action thresholds based on

maternal and fetal assessments. This guide serves as a practical tool for healthcare practitioners to implement the updated WHO recommendations on intrapartum care, ensuring that evidence-based practices are followed. [12]

The development of the Labour Care Guide involved extensive study, information synthesis, consultation, field testing, and refinement. . To achieve any benefits, the LCG would need to be used routinely and effectively during labour and childbirth by providers working in labour wards, typically nurses, midwives or doctors. [13,14]

AIMS AND OBJECTIVES

Need of the study

- To improve the quality of intrapartum care with ultimate goal of improving maternal, fetal and newborn outcomes
- To improve the labour monitoring and childbirth at low resource settings
- To reduce the interventions without clear medical indications
- To facilitate early identifications of potential complications and timely referral from primary health services to higher Centre with the help of labour care guide implementation at all levels of health care services
- To see LCG's impact on cesarean section rate
- To know the impact of labor care guide on reduction of cesarean section rate in developing nation like India after proper implementation on grass root level

OBJECTIVES

Primary objective -

To determine the caesarean section rate after implementation of labour care guide

Secondary objective –

To determine the perinatal and maternal morbidity / mortality after implementation of labour care guide

REVIEW OF LITERATURE

Complications during labour and childbirth are responsible for about one third of maternal deaths, half of stillbirths, and a quarter of neonatal mortality[15,16]. Most of these deaths happen in areas with limited resources and can be mostly avoided via prompt interventions[17]. Supervising the process of labour and delivery, as well as promptly recognising and addressing any difficulties, are crucial in order to prevent negative birth outcomes. Enhancing the standard of care during the period surrounding childbirth has been recognised as the most influential approach for decreasing stillbirths and maternal and newborn fatalities, in comparison to initiatives focused on prenatal or postnatal care[18]. The World Health Organisation (WHO) released a comprehensive set of guidelines in February 2018 regarding intrapartum care to ensure a happy birthing experience. The recommendations provide revised definitions for the duration of the initial and subsequent phases of childbirth, as well as guidelines for the appropriate timing and utilisation of interventions during labour, with the aim of enhancing the health and welfare of both mothers and infants[5,7,10]. The recommendations are derived from the principle that by employing efficient labour and childbirth practices and avoiding ineffective (and potentially detrimental) practices, healthcare professionals can assist women in attaining their desired physical, emotional, and psychological outcomes for themselves, their infants, and their families[19].

GUIDING PRINCIPLES FOR THE WHO INTRAPARTUM CARE MODEL[5]

Labour and childbirth should be tailored to the specific needs and preferences of each woman, with a focus on putting the woman at the centre of the experience. Any intervention should only be undertaken if there is a clear medical indication. Only treatments that have a clear and immediate goal and have been proved to be beneficial should be advocated for. The primary focus of labour and childbirth care should always be to ensure a happy and respectful childbirth experience for the lady, the newborn, and her family. [5]

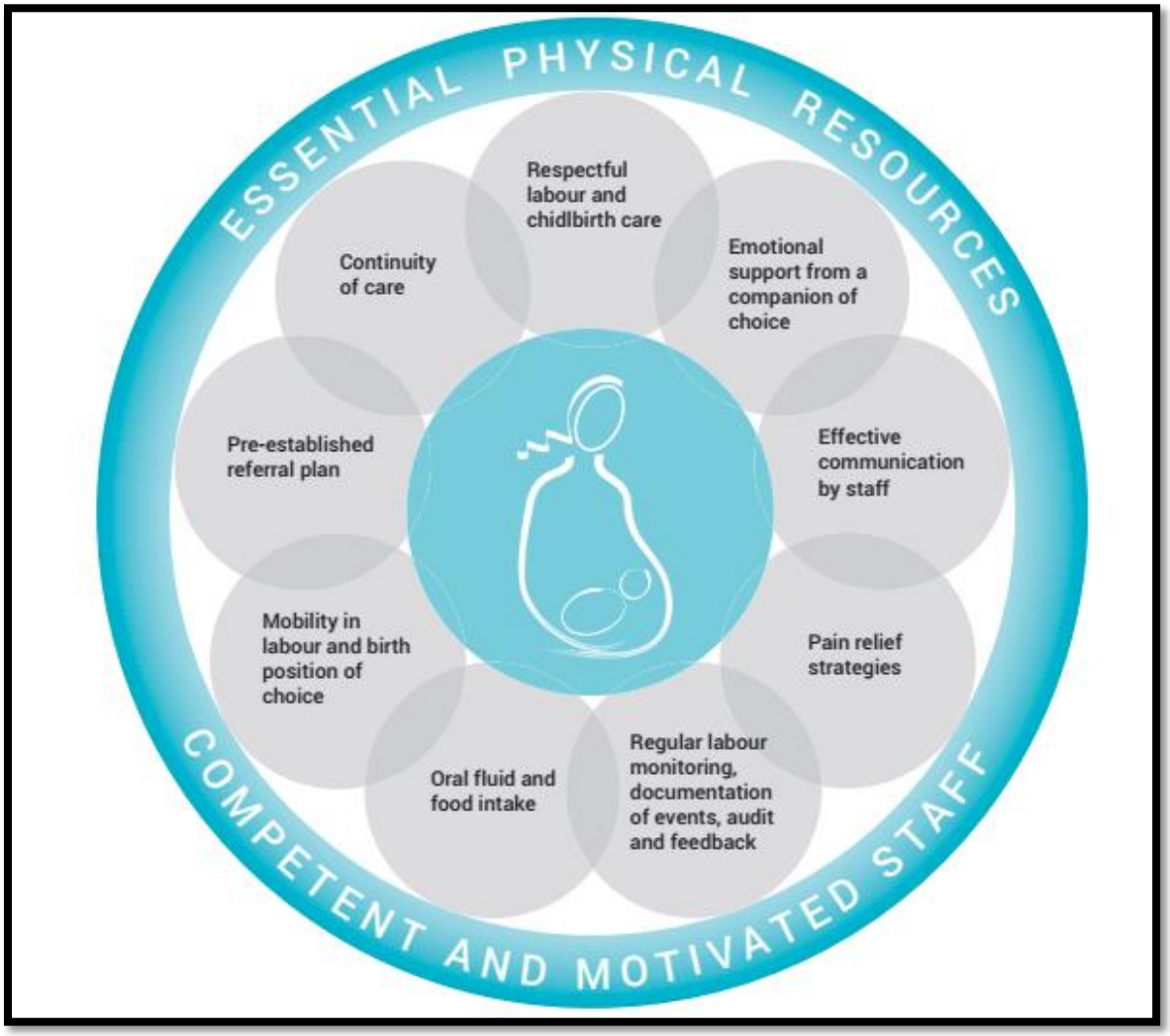

Fig. 1 Schematic representation of the WHO intrapartum care model[5]

The WHO guidelines for intrapartum care outline evidence-based procedures that should be followed during labour and immediately after childbirth, while discouraging the use of inefficient methods that should be avoided. The recommendations issued by the World Health Organisation (WHO) encompass the following areas: [12]

- Comprehensive support during the process of labour and childbirth: Providing respectful care, ensuring efficient communication, offering labour companionship, and maintaining continuity of care;

The stages of labour can be divided into three distinct phases. The first stage includes both the latent and active phases. The latent phase refers to the early stage of labour, while the active phase is when the contractions become stronger and more frequent. The duration and progression of the first stage can vary from woman to woman. During this stage, the hospital's policy for admitting women in labour is important, as well as conducting clinical pelvimetry to assess the size and shape of the pelvis. Routine assessments of the baby's well-being are also performed upon admission. Monitoring the baby's heart rate can be done continuously using cardiotocography or intermittently through auscultation. Pain relief options, oral fluids and food, and maternal mobility and position are also considered.The second stage of labour is the pushing stage, which lasts until the baby is born. The duration of this stage can vary. The position of the mother during birth, with or without epidural analgesia, can have an impact. Different techniques for pushing can be used, and measures to prevent perineal trauma, such as episiotomy, may be considered. The use of fundal pressure may also be employed. The third stage of labour involves the delivery of the placenta. Prophylactic uterotonics, such as medications to help the

uterus contract, may be administered. Delayed umbilical cord clamping, controlled cord traction, and uterine massage are also part of this stage. [12]

- Newborn care: Standard suctioning of the nasal or oral passages during resuscitation, direct skin-to-skin contact, breastfeeding, administration of vitamin K for prevention of hemorrhagic disease, and immediate postnatal care including bathing. [12]
- Postpartum care for the woman: Evaluation of uterine tone, administration of antibiotics, routine assessment of the mother after childbirth, and discharge procedures after a normal vaginal delivery. [12]

THE RATIONALE FOR LABOUR CARE GUIDE

The Labour Care Guide (LCG) came into existence as a result of the World Health Organization's (WHO) efforts to improve labor and delivery care, addressing the limitations of the traditional partograph , and to implement the updated guidelines and recommendations of WHO intrapartum care

1. Identification of Issues with the Partograph:

- The partograph, introduced in the 1970s, was widely used to monitor labor progress and maternal and fetal well-being.
- Despite its utility, studies and feedback from healthcare providers revealed significant limitations, including complexity, difficulties in interpretation, and lack of adaptability to different contexts and needs.

2. Global Consultation and Research:

- Recognizing these issues, the WHO initiated a comprehensive review of the partograph's effectiveness.

- Extensive consultations were conducted with healthcare professionals, including obstetricians, midwives, nurses, and researchers from various regions and settings.
- The aim was to gather insights into the challenges faced with the partograph and to identify potential improvements.

3. Development of the Labour Care Guide:

- Based on the feedback and research, WHO began developing the Labour Care Guide as a more user-friendly and effective tool.
- The new tool was designed to be simpler, more intuitive, and better suited to diverse clinical environments.
- It incorporates evidence-based practices and guidelines to support better clinical decision-making.

4. Pilot Testing and Refinement:

- Prototype versions of the LCG were created and pilot-tested in various healthcare settings across different countries.
- The pilot tests focused on usability, accuracy, and impact on clinical outcomes.
- Feedback from these pilots was used to refine the guide, ensuring it met the needs of healthcare providers and improved labor management practices.

5. Implementation and Training:

- After finalizing the Labour Care Guide, WHO launched it as part of their broader strategy to enhance maternal and newborn health.

- Training programs and materials were developed to facilitate the adoption of the LCG in healthcare settings worldwide.
- Efforts were made to integrate the LCG into existing healthcare systems and to provide ongoing support for healthcare providers using the new tool.

6. Key Features of the Labour Care Guide:

- The LCG includes sections for recording vital information about labor progress, maternal and fetal health, and any interventions performed.
- It emphasizes timely and appropriate clinical interventions, focusing on improving outcomes for both mothers and babies.
- The guide is designed to be adaptable to different contexts, making it useful in a wide range of healthcare settings.

In summary, the Labour Care Guide was developed through a collaborative and evidence-based process, driven by the need to improve upon the traditional partograph and enhance the quality of care during labor and childbirth.

THE LABOUR CARE GUIDE[12]

The primary objectives of the LCG are to:

- Facilitate the monitoring and documenting of the welfare of women and infants, as well as the advancement of labor
- Provide guidance to proficient healthcare professionals in delivering supportive care during labour to promote a favourable childbirth experience for women
- Aid proficient healthcare professionals in promptly recognising and managing emerging labour complications by offering reference thresholds for labour

observations that are designed to prompt reflection and specific actions if an abnormal observation is detected.

- Minimise the unnecessary utilisation of interventions during labor.
- Facilitate the audit and enhancement of labour management quality.

Structure of the LCG

The LCG consists of seven sections, which have been modified from the prior partograph design. The sections are as outlined below:

1. Identifying information and labour characteristics at admission
2. Supportive care
3. Care of the baby
4. Care of the woman
5. Labour progress
6. Medication
7. Shared decision-making

Section 1 is designated for recording the woman's name and pertinent labour admission features that are crucial for managing labour, including parity, method of labour onset, date of active labour diagnosis, date and time of rupture of membranes, and risk factors. This section must be filled out using the information collected once the diagnosis of active labour has been established.

Section 2: This section of the LCG aims to encourage the consistent practice of respectful maternity care during labour and childbirth, through the continuous provision and monitoring of supportive care. This includes labour companionship, access to pharmacological and non-pharmacological pain relief, ensuring women are offered oral fluid. Supportive care measures should be offered and evaluated

continuously during labour. However, to streamline documentation, observations regarding the provision of supportive care should be recorded every bor. The woman should have a companion of her choice present and providing support at the time of assessment. Support the woman's choice of position (left lateral, squatting, kneeling, standing supported by companion) for each stage of labour

Section 3: This section is to facilitate decision-making while monitoring the well-being of the baby. The well-being of the baby is monitored by regular observation of baseline fetal heart rate (FHR) and decelerations in FHR, and of amniotic fluid, fetal position. moulding of the fetal head, and development of caput succedaneum

Section 4: This section is to facilitate decision-making for consistent, intermittent monitoring of the woman's well-being by monitoring pulse, blood pressure, temperature and urine every 4th hourly.

Section 5: Aims to encourage the systematic practice of intermittent monitoring of labour progression parameters. Labour progress is recorded on the LCG by regular observation of the frequency and duration of contractions, cervical dilatation and descent of the baby's head. During the first stage, if labour progresses as expected, assess cervical dilatation every 4 hours unless otherwise indicated. When performing a vaginal examination less than 4 hours after the previous assessment, be sure that the examination will add important information to the decision-making process. Alert triggered when lag time for current cervical dilatation or in second stage is exceeded with no progress.

Section 6: This section aims to facilitate consistent recording of all types of medication used during labour, by describing whether the woman is receiving

oxytocin, and its dose, and whether other medications or IV fluids are being administered

Section 7: This section aims to facilitate continuous communication with the woman and her companion, and the consistent recording of all assessments and plans agreed.

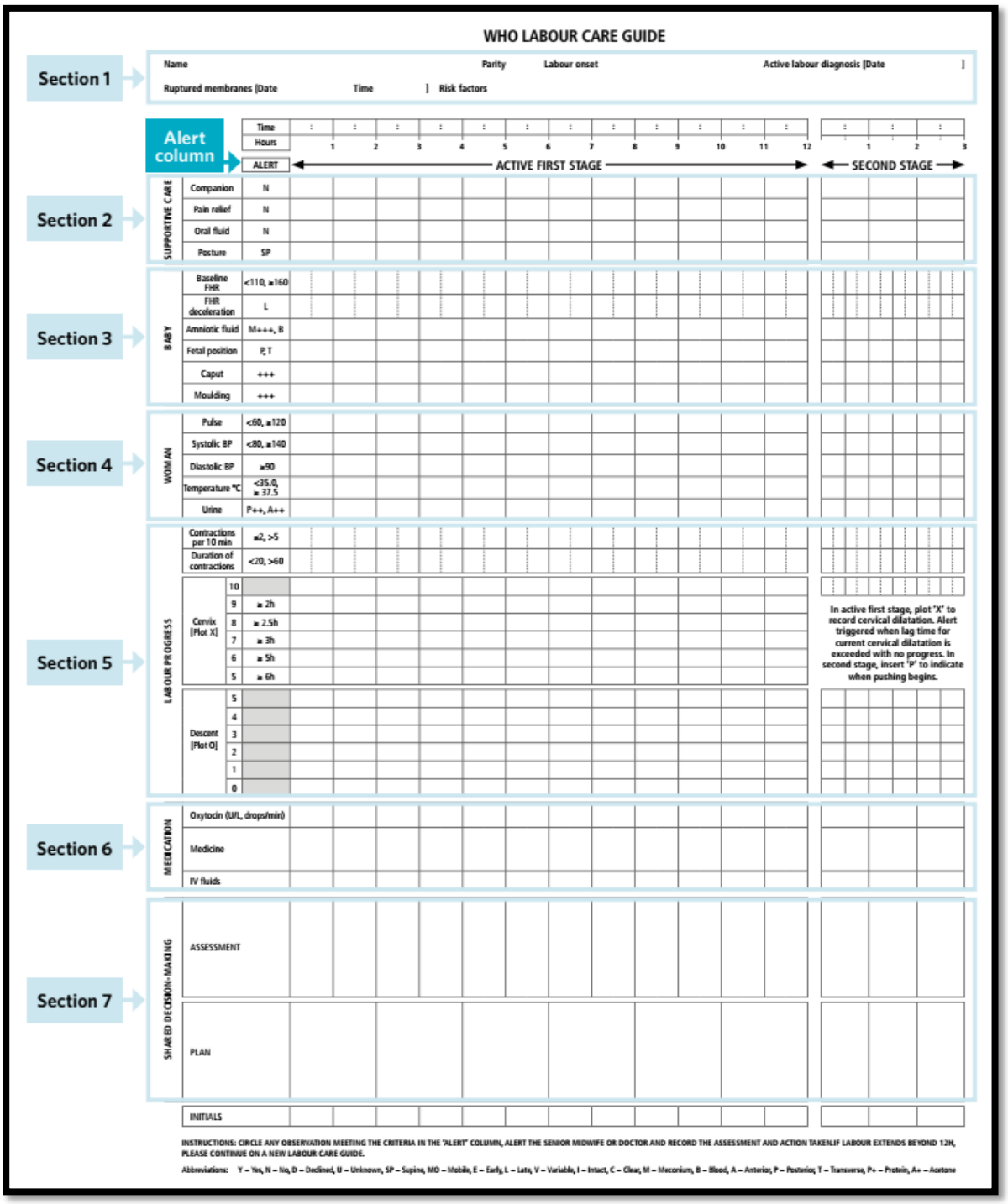

Fig 2. Sections of the LCG[12]

ADVANTAGES OF THE WHO LCG

The revised partograph (or partogram), previously endorsed by the WHO, is the prevailing method for measuring labour progress during the active phase of labour. Replacing the partograph with the WHO LCG while it is being used will necessitate significant health systems investments to establish a supportive environment and maintain its regular utilisation. It is important for maternal and newborn health stakeholders and decision-makers to comprehend the benefits of using the LCG (Labour Care Guide) instead of the WHO modified partograph. Implementing the LCG should align with the new WHO intrapartum care recommendations and result in improved care experiences and outcomes.

The chief advantages of the WHO LCG over the WHO modified partograph are as follows[20]:

1. Enhanced provision of considerate care during the process of labour and delivery: Each woman undergoing labour possesses unique expectations, desires, requirements, and anxieties that are shaped by familial encounters and prevailing societal norms and values. [21] Systematic review revealed that women prioritise having a happy labour and birthing experience, where they can maintain a sense of personal accomplishment and control in decision-making. The WHO LCG aims to enhance the quality of care provided during the process of labour and delivery by implementing the following strategies:

• Utilising a person-centred care approach enhances women's ability to carry out actions that are important to them.

Ensuring women's comfort and well-being during labour and childbirth, as well as improving their experience of care and results, can be achieved by providing

and recording non-clinical intrapartum activities. These practices include labour companionship, pain treatment, maternal position, and oral fluid intake.

The incorporation of shared decision-making, regardless of the results being normal or abnormal, should guarantee that 1) the informational requirements of women and their companions are fulfilled, thereby diminishing uncertainty and anxiety; and 2) women and their companions are actively engaged in making decisions regarding their care, thereby empowering women and enabling them to retain a sense of autonomy.

2. Enhanced labour support and care result in better outcomes: The partograph fails to record non-clinical intrapartum practices that are crucial aspects of care and should be combined with any required clinical interventions to maximise the quality of care given to the woman and her family. Adding non-clinical intrapartum techniques to the WHO LCG not only enhances a woman's care experience but also plays a crucial role in enhancing labour progress.

3. Enhanced evaluation of the health and condition of the unborn baby: The partograph just encompasses the evaluation of the foetal heart rate, whereas the WHO LCG necessitates supplementary evaluation and recording of the presence or absence of decelerations. Identifying decelerations is crucial as different types of decelerations require unique therapies that might enhance the well-being of the foetus. Without this knowledge, the foetus' condition may rapidly worsen, leading to unfavourable peripartum outcomes.

4. More accurate assessment of labour progress: Over the past ten years, the accuracy of the key elements of the partograph's cervicograph, specifically the "alert" and "action" lines, have been doubted due to research findings indicating that normal

labour can really progress at a slower pace than the thresholds used for these lines[18]. Due to the poor threshold of 1 cm/h for identifying women at risk of unfavourable birth outcome, there is a danger of false positive findings. This could result in unnecessary labour interventions that have the potential to cause harm. The partograph solely incorporates evaluation of the moulding of the foetal head; however, the WHO LCG necessitates supplementary evaluation and recording of caput. Caput succedaneum can indicate cephalopelvic disproportion and is a crucial aspect of evaluating inadequate progress during labour.

5. The WHO LCG provides more timely and evidence-based treatments compared to the partograph. It establishes reference threshold values for labour observations, which define the normal and expected ranges for many parameters. When clinicians identify an odd observation, they are prompted to reflect on it and then take a specified action or actions. Gaining comprehension of standard values should minimise superfluous interventions, while triggers should guarantee prompt action in the presence of anomalous findings, even for non-clinical interventions.

6. The WHO LCG has a specific component for documenting care during the second stage, which sets it apart from the partograph. This is significant since there is typically a lack of monitoring for the woman, foetus, and labour progress during the second stage. The addition of the second phase guarantees the provision of continuous non-clinical interventions and the timely identification and management of problems.

7. Enhanced accountability: Providers utilising the partograph are not obligated to record their actions or affix their initials following the completion of assessments. Providers utilising the WHO LCG must adhere to the following requirements: 1) Identify and emphasise any observation that deviates from the standards of high-quality care, well-being, or typical progress during labour; 2) Document the care plan

formulated in collaboration with the woman and her companion; and 3) Sign the column containing the assessment findings and the care plan. Initiating the document is crucial for two purposes: establishing responsibility and associating specific activities or data records with the indexical details of the individuals involved and the timing of those acts or observations. Providers who feel a sense of accountability are more likely to exert increased effort, leading to improvements in performance and outcomes. [20]

SIMILARITIES AND DIFFERENCES BETWEEN THE PARTOGRAPH AND THE LABOUR CARE GUIDE	
Modified WHO partograph	**WHO Labour Care Guide**
Similarities	
Visual depiction of the advancement of labour in relation to the dilatation of the cervix in women and the downward movement of the foetal presenting part, over a period of time. Systematic and consistent documentation of crucial clinical indicators that assess the health status of both the mother and the baby.	
Differences	
Active phase defined as starting from 4 cm of cervical dilatation	Active phase defined as starting from 5 cm of cervical dilatation
Fixed 1 cm/hour 'alert' line and 'action' lines	Evidence-based time limits at each centimeter of cervical dilatation
No second-stage monitoring section	Intensified monitoring in second stage
No recording of supportive care interventions	Explicit recording of labour companionship, pain relief, oral fluid intake and posture
Records strength, duration and frequency of uterine contractions	Records duration and frequency of uterine contractions
No explicit requirement to respond to deviations from expected observations of any labour parameter, other than cervical dilatation alert and action lines.	Requires deviations to be highlighted and the corresponding response to be recorded by the provider.

Robson Classification[22]

Various writers have developed and suggested multiple sorts of classification systems for cesarean section (CS) at the facility level, with diverse objectives. The overarching goal is to establish a uniform and standardised framework for examining CS. In 2011, the World Health Organisation (WHO) undertook a comprehensive evaluation that revealed 27 distinct systems for categorising CS.[23].

The 10-Groups classification, also referred to as the "TGCS-Ten Groups Classification System" or the "Robson Classification," was developed to systematically identify distinct and medically significant groups of women who are admitted for delivery. Its purpose is to examine variations in caesarean section rates among these groups of women, who share similar characteristics and circumstances.[24].

The Robson Classification is applicable to all women who give birth in a certain location, such as a maternity ward or region, regardless of whether they deliver by caesarean section or not. It differs from classifications that are based on indications for caesarean section. It is a comprehensive perinatal categorization.
Given its prospective applicability and comprehensive and mutually exclusive categories, this method allows for the instant classification of every woman hospitalised for birth. This classification is based on a set of basic criteria that are typically collected as part of normal obstetric treatment globally.

The classification is characterised by its simplicity, resilience, replicability, clinical significance, and forward-looking nature. It enables the evaluation and examination of caesarean section rates within and among different categories of women. Prior to receiving official certification from an international institution or

explicit recommendations encouraging its usage in 2015, the Robson Classification has already gained widespread and growing adoption by numerous countries worldwide. In 2014, the World Health Organisation (WHO) performed a systematic study to collect feedback from users of the Robson Classification. The purpose was to evaluate the advantages and disadvantages of adopting, implementing, and interpreting this classification system. Additionally, the review aimed to identify any obstacles, factors that promote its usage, and possible modifications. [25].

The approach categorises every woman admitted for birth into one of ten groups that are both separate from each other and encompass all possibilities. According to a few fundamental obstetric factors, each woman who is admitted to give birth in any facility can be categorised into one of the ten categories, ensuring that no woman is excluded from the classification.

The 10 groups of the Robson Classification[22]

1. Nulliparous, single cephalic, ≥37 weeks, in spontaneous labor.
2. Nulliparous, single cephalic, ≥37 weeks, induced or Caesarean delivery before labor.
3. Multiparous, single cephalic (excluding previous CS), ≥37 weeks in spontaneous labor.
4. Multiparous, single cephalic (excluding previous LSCS), ≥37 weeks, induced or Caesarean delivery before labor.
5. Previous Caesarean delivery, single cephalic, ≥37 weeks.
6. All Nulliparous breeches.
7. All Multiparous breeches (including previous Caesarean delivery).
8. All multiple pregnancies (including previous Caesarean delivery).
9. All Abnormal lies (including previous Caesarean delivery).
10. All single cephalic, <36 weeks (including previous Caesarean delivery).

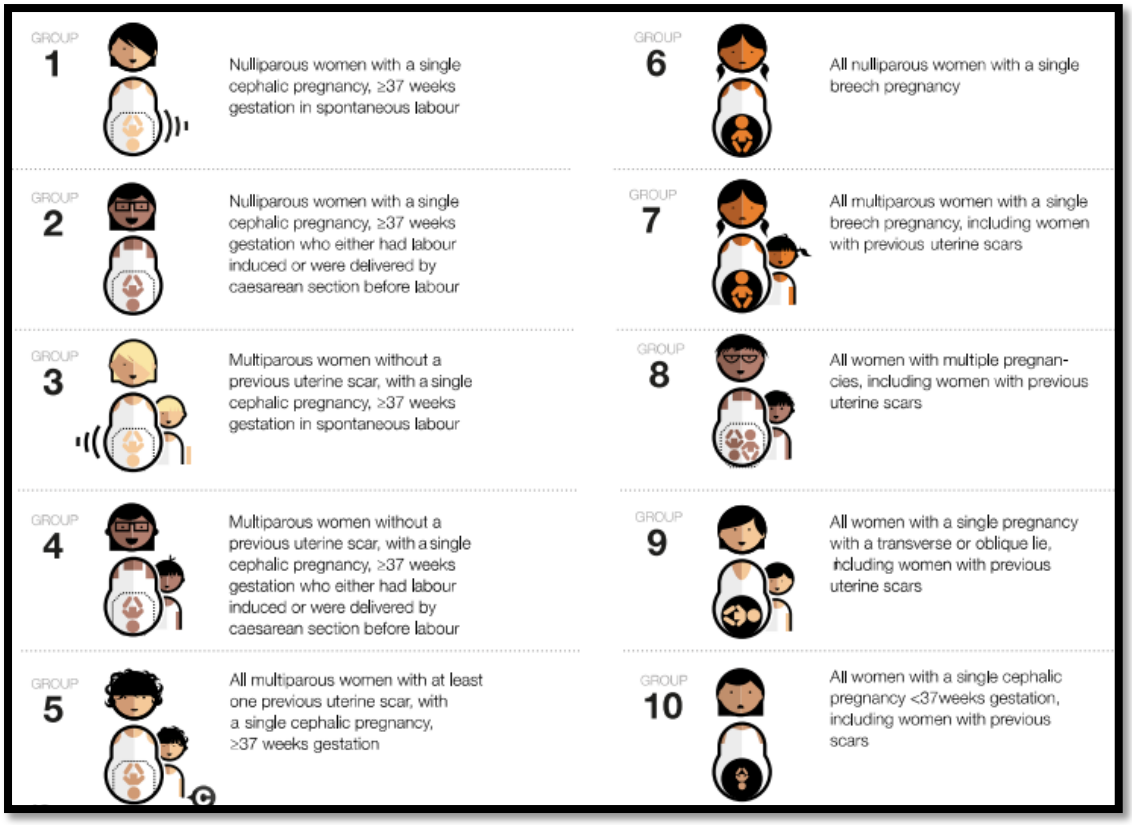

Fig 3- Schematic representation of Robson's classification

LITERATURE FROM PREVIOUS STUDIES:

In a study undertaken by Vogel JP et al. in 2024, a stepped-wedge, cluster-randomized pilot trial was carried out in four hospitals in India. The purpose of the study was to assess the effectiveness of an LCG strategy intervention compared to standard care. The trial was conducted to test the intervention and gather first data on its effectiveness, which will guide future research. The eligible clusters consisted of four hospitals that had an annual birth rate of above 4,000 and a caesarean section rate of 30% or higher. Women who were eligible were those who gave birth at a gestational age of 20 weeks or more. A hospital implemented a random sequence of interventions every 2 months. The main measure of interest was the rate of caesarean section among women in Robson Group 1, which refers to nulliparous women who had a singleton, full-term pregnancy with the baby in a head-down position and went

into labour naturally. A grand number of 26,331 individuals successfully delivered offspring. An absolute reduction of 5.5% in the primary outcome was detected, with a rate of 45.2% compared to 39.7%. The relative risk was 0.85, with a 95% confidence interval of 0.54-1.33. The maternal process-of-care outcomes did not show any significant differences, however the use of oxytocin for labour augmentation was 18.0% lower with the LCG method. There were no detected discrepancies in other health outcomes or women's birth experiences. These findings can provide valuable guidance for future conclusive effectiveness trials, especially in situations where there is an urgent need to reverse the increasing prevalence of caesarean sections.[26]

Srividya N et al. (2023) did an observational study that compared the WHO labour care guide with the WHO modified partograph in low-risk pregnant women who were in the active phase of labour. The study comprised 80 parturient women, who were separated into two groups, with 40 participants in each category. Group 1 utilised a modified partograph recommended by the World Health Organisation (WHO), while Group 2 employed the WHO labour care guide as a means of evaluating the progress of labour. The maternal and perinatal outcomes were examined for both groups. There is no substantial disparity in the rates of caesarean section and instrumental deliveries between the two groups. Group 2 has experienced an increase in the occurrence of postpartum haemorrhage (PPH) and meconium-stained amniotic fluid, in comparison to group 1. All of the individuals experienced labour that lasted less than 12 hours. Group 2 had a greater number of admissions to the Neonatal Intensive Care Unit (NICU). [27]

Poornima HN et al., (2023) undertook a study to evaluate the potential impact of utilising the new World Health Organisation (WHO) Labour Care Guide (LCG) on the reduction of intra partum caesarean procedures. An analytical study was

undertaken between September 2022 and January 2023 among 1735 pregnant women who were admitted to the Hassan Institute of Medical Sciences. The study focused on women in the active phase of labour, namely those with a cervical dilatation of 5cm or more. Informed consent was obtained from all participants. The recently published WHO Labour Care guidance was based on a study involving 1735 pregnant women. Out of the total patients, 1668 (96%) had a vaginal delivery, while 67 (4%) underwent a Caesarean Section. Out of all the patients who had a Caesarean Section, it was discovered that 1082 (94%) of them were in the latent phase of labour before the implementation of the new WHO Labour care guide. On the other hand, only around 67 (6%) Caesarean Sections were performed during the active phase of labour. The majority of patients who received LSCS during the active phase of labour were due to foetal distress (43%), followed by cephalopelvic disproportion (31%), non advancement of labour (20%), and deep transverse arrest (6%). [28]

The objective of Vogel JP et al., (2023) is twofold: (1) to design and refine a strategy for implementing the LCG during its formative phase; and (2) to assess the effectiveness of the LCG strategy compared to standard treatment during the trial phase. During the initial stage, they collaborate with important stakeholders to develop the LCG strategy, taking into account facility assessments and provider surveys. This plan will then be tested in one hospital. The LCG strategy comprises a comprehensive LCG training programme, continuous supporting supervision provided by experienced clinical personnel, and the utilisation of the Robson Classification for audit and feedback purposes. Subsequently, a stepped-wedge, cluster-randomized pilot trial was carried out in four public hospitals in India to assess the impact of the LCG strategy intervention in comparison to the standard treatment provided by using the simplified WHO partograph. The main objective is to determine the caesarean

section rate in first-time mothers with single, full-term, head-first pregnancies who go into labour naturally (Robson Group 1). Secondary outcomes encompass clinical and process of care results, in addition to women's experience of care outcomes. As part of the study, we will also perform a process evaluation. This will involve applying standardised facility assessments, conducting in-depth interviews and surveys with providers, auditing completed LCGs, seeing the labour ward, and reviewing documents. [29]

In their study, Pandey D et al. (2022) sought to assess the impact of the WHO Labour Care Guide on labour outcomes, with a specific focus on its ability to decrease the rate of primary caesarean births. Additionally, the researchers examined the level of acceptance of the guide among healthcare practitioners. This study was a randomised controlled experiment done from September 2021 to December 2021. It included 280 low-risk pregnant women who were admitted for delivery at a busy tertiary care institute in North India. Following the process of obtaining informed consent, women were assigned to either the study group or the control group. In the study group, labour monitoring was conducted using the WHO Labour Care Guide, while in the control group, the World Health Organization-modified partograph was used. The study excluded women who underwent a caesarean delivery during the early stage of labour. The main focus of the study was to determine the mode of birth, whereas other factors such as the duration of active labour, maternal problems (postpartum haemorrhage and puerperal infection), duration of hospital stay, Apgar score at 5 minutes, and neonatal intensive care unit hospitalisation were considered as secondary outcomes. A comparison was made between the labour results in both groups. The study group evaluated the users' acceptability, difficulty, and satisfaction levels using a 5-point Likert scale. The learning curve for the utilisation of the Labour

Care Guide (LCG) was assessed. After removing women who had a caesarean delivery during the early stage of labour, a total of 136 women in the study group and 135 women in the control group were observed to determine the outcomes of their labour. In the study group, the rate of caesarean delivery was 1.5%, while in the control group it was 17.8% (P=.0001). The study group had a considerably shorter length of the active phase of labour compared to the control group (P<.001). The two groups exhibited similarities in relation to maternal problems, duration of hospitalisation, and Apgar score. The learning curve required an average of 6.50 and 2.25 Labour Care Guide plots to transition from "very difficult" to "neutral" and from "neutral" to "easy," respectively. Following an initial period of learning, users of the WHO Labour Care Guide demonstrated high levels of acceptability and satisfaction. [30]

Vogel JP et al. (2021) assessed the usability, feasibility, and acceptability of the LCG (Laboratory Control Group) among maternity care practitioners in clinical settings. A total of 136 practitioners utilised the LCG (Labour Care Guide) to oversee the labour and delivery process for 1,226 women who were classified as low-risk. Out of the total number of women, the vast majority experienced a natural birth through the vagina (91.6%). However, there were two instances of stillbirths that occurred during labour (1.63 per 1000 births). The satisfaction of practitioners with the LCG was excellent, and the median usability score was 67.5%. Practitioners characterised the LCG as facilitating accurate and thorough monitoring during labour, promoting analytical thinking in labour management, and enhancing the delivery of care focused on the needs of women.[31]

MATERIALS AND METHODS

STUDY AREA: The present study was carried out in the Department of Obstetrics and Gynaecology, KLE's Dr. Prabhakar Kore hospital and Medical Research Centre, Belagavi, Karnataka, India

STUDY POPULATION: Antenatal women admitted in labour room in active stage of labour

STUDY DESIGN: This is a hospital based, Observational study

SAMPLE SIZE:

Universal sample size: All labouring women during the study period

STUDY PERIOD: 1 year

Sampling technique: Labour Care Guide (LCG) was implemented for all the labouring women with gestational age equal or more than 28 weeks during the period of study with cervical dilatation equal to or more than 5 cm instead of WHO simplified partograph.

INCLUSION CRITERIA:

- Gestational age equal or more than 28weeks
- Cervical dilatation equal or more than 5 cm

EXCLUSION CRITERIA:

- Women admitted for Elective LSCS

METHODOLOGY:

- All antenatal women meeting the inclusion and exclusion criteria admitting into labour room of KAHER' Dr. Prabhakar Kore hospital and Medical Research Center, Belagavi were included in this study.
- All women were monitored with plotting of LCG instead of WHO simplified partograph according to the before mentioned guidelines (refer to structure of LCG)
- The Intrapartum duration was monitored using LCG which included basic identification details, diagnosis of active labour, monitoring of labour progress, monitoring of maternal and fetal well- being on timely intervals. Any medication or fluid administered during labour process was also monitored. Augmentation with oxytocin or ARM if needed was also noted. Second stage of labour was strictly monitored using LCG. Childbirth experience was also monitored using LCG , a brief note of baby delivery details was also mentioned in LCG
- The maternal outcome includes primary outcome that was mode of delivery, especially the rate of cesarean section. Secondary maternal outcomes included maternal morbidities i.e perineal tear, PPH, puerperal infections, were also recorded at the end of study period
- Neonatal data including birth weight, APGAR score, need of NICU admission were also recorded for every study samples.
- The samples were collected in form of LCG for all the women admitted in labour room in active labour for further statistical analysis.

STATISTICAL ANALYSIS:

Data entry was done using M.S. Excel and statistically analysed using Statistical package for social sciences (SPSS Version 16) for M.S Windows. Descriptive statistical analysis was carried out to explore the distribution of several categorical and quantitative variables. Categorical variables were summarized with n (%), while quantitative variables were summarized by mean ± S.D. All results were presented in tabular form and are also shown graphically using bar diagram or pie diagram as appropriate.

RESULTS

Table 1: Distribution of study population based on age

		Frequency	Percent	Mean +/- SD
AGE GROUP	≤20 years	71	9.2%	25.03 +/- 3.74
	21-34 years	687	89.2%	
	≥35 years	12	1.6%	
	Total	770	100.0%	

The majority of the study population, 687 (89.2%), were in the age range of 21-34 years. A smaller proportion, 71 patients (9.2%), were younger and equals to 20 years. Only 12 patients (1.6%) were 35 years or older

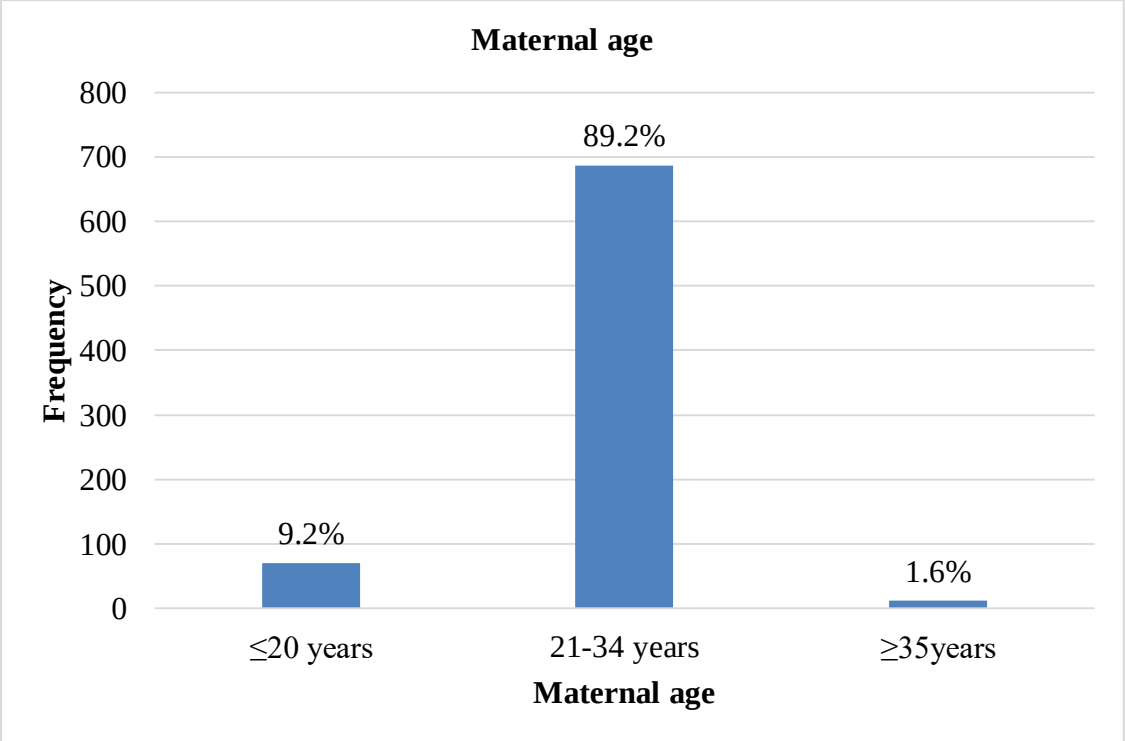

Fig 4: Distribution of study population based on age

Table 2: Descriptive analysis of gravida in the study population (N=770)

Gravida	Frequency	Percentages
1	374	48.57%
2-4	375	48.70%
>5	21	2.73%

Majority of study population ranges from primigravida (48.57%) to the gravida score of 2 to 4 (48.70%) . A smaller proportion 21 (2.73%) were gravida 5 or more

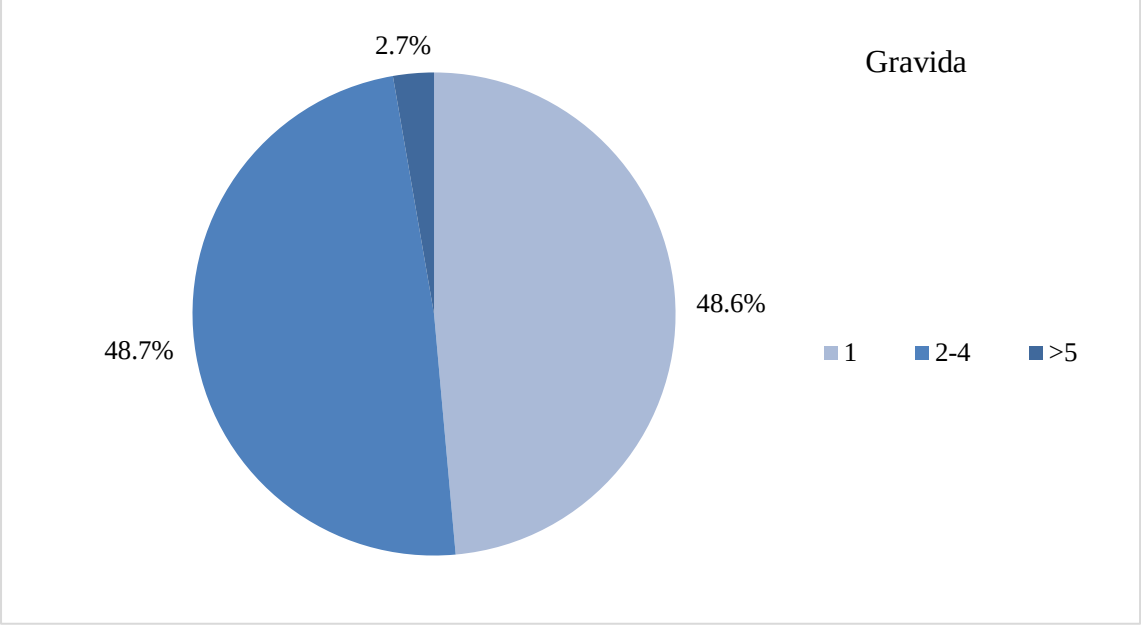

Fig 5- Pie chart of Distribution of study population based on gravida score

Table 3: Descriptive analysis of parity in the study population (N=770)

Parity	Frequency	Percentages
0	423	54.94%
1-3	339	44.03%
≥ 4	8	1.04%

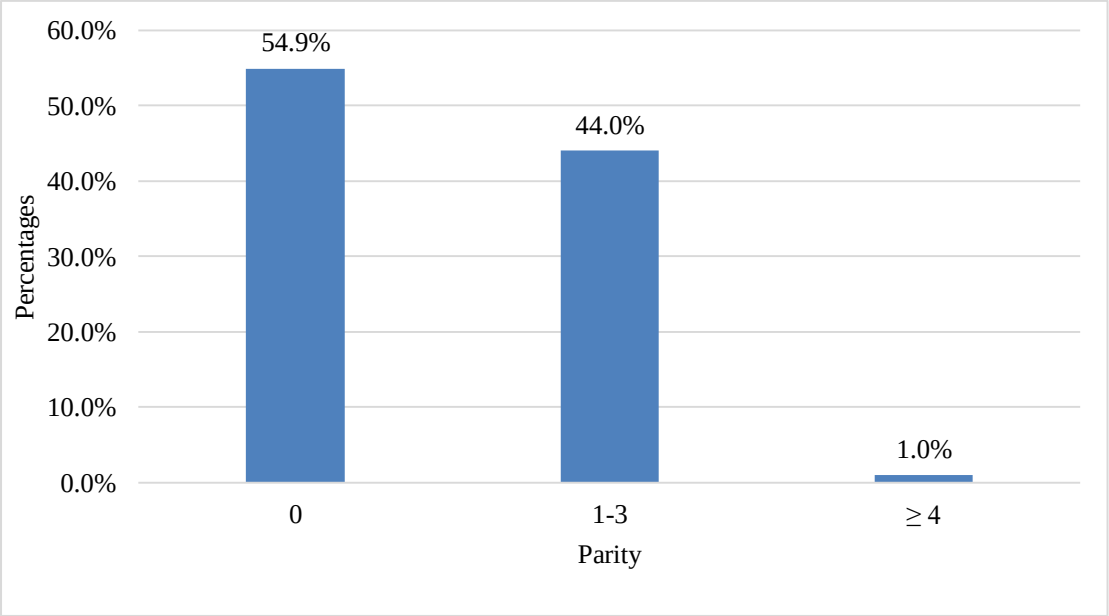

Figure 6: Bar chart of distribution of study population on basis of parity

The majority of women in study population were nulliparous (54.94%) and small proportion of study population had parity of 4 or more (1.04%) and the rest 339 were having parity of 1 to 3 (44.03%)

Table 4: Descriptive analysis of gestational age at birth in the study population (N=770)

Gestational Age at Birth	Frequency	Percentages
28- 31+6 weeks	5	0.65%
32- 36 + 6 weeks	56	7.27%
37- 40 weeks	588	76.36%
>40 weeks	121	15.71%

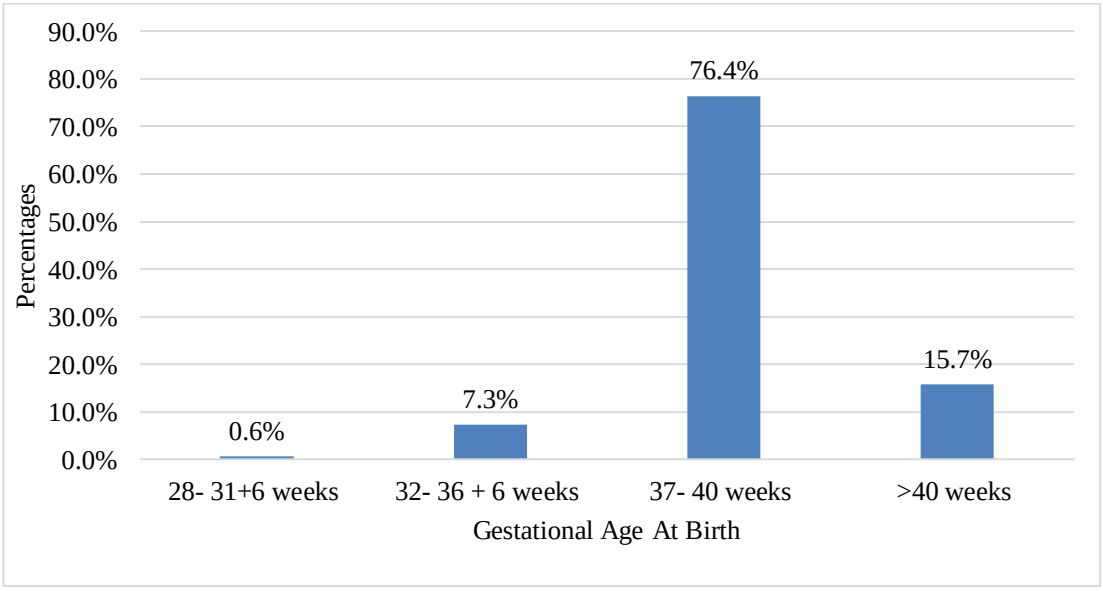

Figure 7: Bar chart of gestational age at birth in the study population (N=770)

The majority of the study population were at term gestation (76.4%) , post dated pregnancy noted about 15.7% and preterm were 61 comprising of approximately 7.9%

Table 5: Distribution of study population based on onset of labour

		Frequency	Percent
ONSET OF LABOUR	Spontaneous	609	79.1%
	Induced	161	20.9%
	Total	770	100.0%

Out of 770, 609 (79.1%) experienced spontaneous labour onset, while 161 (20.9%) had induced labour

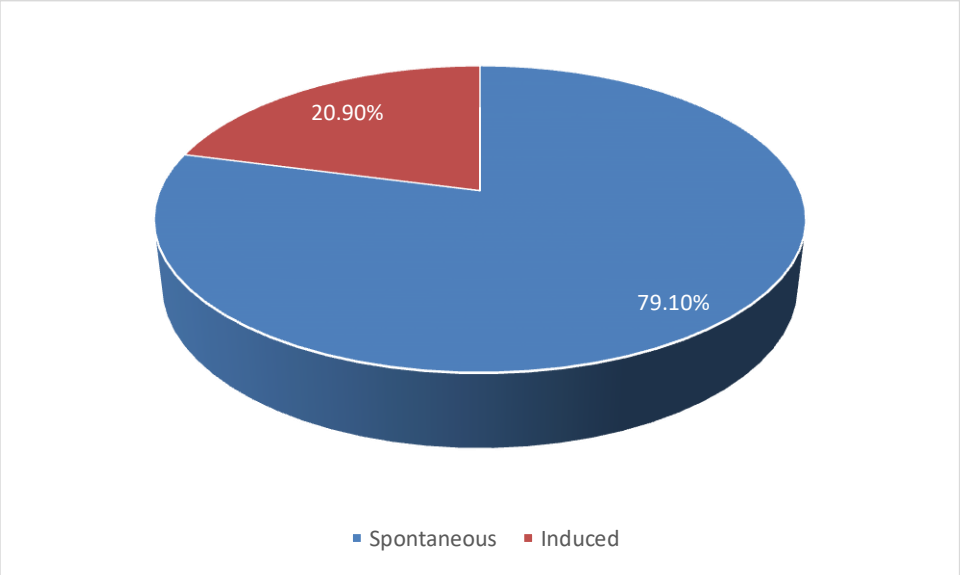

Fig 8: Pie chart of Distribution of labouring women based on onset of labour

Table 6: Use of oxytocin (OXY) or artificial rupture of membranes (ARM) for augmentation of labour

		Frequency	Percent
OXYTOCIN /ARM	Artificial rupture of membrane	16	2.1%
	Oxytocin	38	4.9%
	No additional interventions	716	93.0%
	Total	770	100.0%

716 labouring women (93.0%) did not receive any intervention. Artificial Rupture of Membranes was performed for augmentation of labour on 16 labouring women (2.1%) out of which in 6cases it is done at 6cm cervical dilatation and 5 cases each at 5cm and 7cm of cervical dilatation , while oxytocin was administered to 38 labouring women (4.9%) out of which majority of augmentation with oxytocin was done in second stage of labour i.e in 29 women and in 5 cases it was started at 8cm due to inadequate contractions and in 4cases it was started earlier at 6cm.

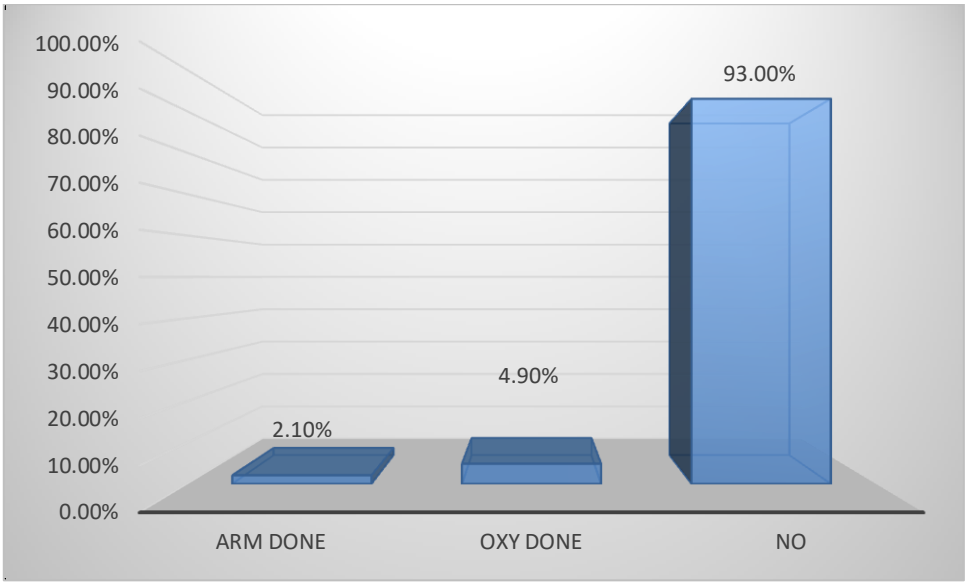

Fig 9: Distribution of labouring women based on use of oxytocin (OXY) or artificial rupture of membranes (ARM)

Table 7: Distribution of study population based on cervical dilatation at diagnosis of active labour

		Frequency	Percent	Mean +/- SD
Cervical dilatation at diagnosis of active labour (in cm)	5	212	27.5%	6.11 +/- 1.07 cm
	6	321	41.7%	
	7	138	17.9%	
	8	61	7.9%	
	9	5	0.6%	
	Fully dilated	33	4.3%	
Total		770	100.0%	

Most of the women was diagnosed with active labour at the cervical dilatation of 6 cm, observed in 321 labouring women (41.7%). This was followed by 5 cm, reported in 212 labouring women (27.5%), with a mean cervical dilatation of 6.11 cm and a standard deviation of 1.07 cm. Additionally, 138 labouring women (17.9%) had a cervical dilatation of 7 cm at the diagnosis of active labour , 61 labouring women (7.9%) was 8 cm dilated , and 5 labouring women (0.6%) had 9 cm . 33 labouring women reported to hospital at full dilatation of cervix i.e 2^{nd} stage of labour (4.3%).

Table 8: Duration of labour after diagnosis of active labour

	TOTAL DURATION OF ACTIVE LABOUR (MIN)			
Cervical dilatation at diagnosis of active labour (in cm)	Mean duration of active 1st stage labour	Mean duration of 2nd stage labour	Mean of total duration of active labour	SD
5	231.09	27.28	258.38	58.84
6	161.07	26.15	187.22	46.93
7	95.27	25.46	120.73	40.19
8	42.31	16.55	58.86	26.20
9	20.00	9.60	29.60	12.34

- For women with an initial cervical dilatation of 5 cm, the mean duration of the active first stage was 231 minutes (3 hours and 51mins) and mean duration of second stage was 27 mins hence the total mean duration of active labour accounts for 258 mins (4hrs 18mins) with a standard deviation of 58.84 minutes.
- For women with an initial cervical dilatation of 6 cm, the mean duration of the active first stage was 161 minutes (2 hours and 41mins) and mean duration of second stage was 26 mins hence the total mean duration of active labour accounts for 187 mins (3hrs 7mins) with a standard deviation of 46.93 minutes
- For women with an initial cervical dilatation of 7 cm, the mean duration of the active first stage was 95 minutes (1 hours and 35mins) and mean duration of second stage was 25 mins hence the total mean duration of active labour accounts for 120 mins (2hrs) with a standard deviation of 40.19minutes

- For women with an initial cervical dilatation of 8 cm, the mean duration of the active first stage was 42.3 minutes and mean duration of second stage was 16.5mins hence the total mean duration of active labour accounts for 58 mins with a standard deviation of 26.2 minutes
- For women with an initial cervical dilatation of 9cm, the mean duration of the active first stage was 20 minutes and mean duration of second stage was 9.60 mins hence the total mean duration of active labour accounts for 29.60minutes with a standard deviation of 12.34 minutes
- For women who came to hospital with full cervical dilatation in 2^{nd} stage of labour , for such labouring women its not applicable to calculate the duration of active and second stage of labour
- The total mean duration of all the labouring women in the study except the women who underwent cesarean section and women who came in full dilatation was 183.6mins (3 hours and 3 mins)

Table 9: Distribution Based on mode of delivery

		Frequency	Percent
MODE OF DELIVERY	FT LSCS	67	8.7%
	PT LSCS	1	0.13%
	FTND	578	75.06%
	PTVD	60	7.79%
	Instrumental delivery	64	8.31%
	Total	770	100.0%

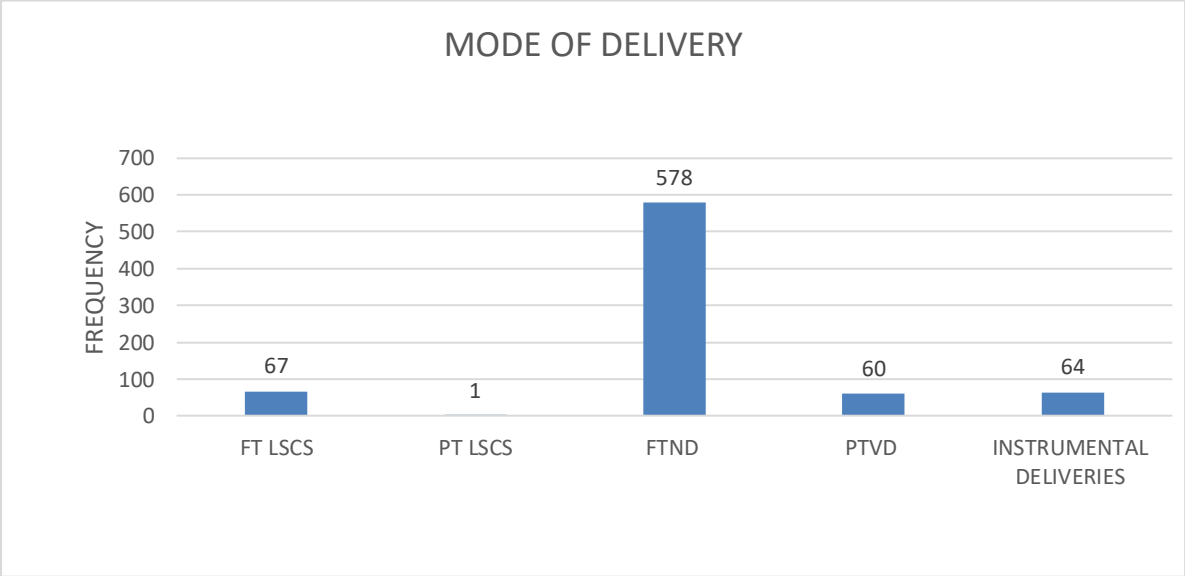

Fig10-distribution of study population on the basis of mode of delivery.

The majority of deliveries were Full term normal deliveries (FTND), accounting for 578 labouring women (75.06%). 60(7.79%) women had Preterm Vaginal Delivery(PTVD) 1 women underwent PreTerm Lower segment cesarean section (PT LSCS) however Full term LSCS was performed in 67(8.7%) women . In 64 cases instrumental / assisted vaginal birth was performed which comprises of 8.31% of total study population .

Table 10: Distribution of labouring women based on indications for instrumental delivery

Indication of instrumental delivery	Frequency (n= 64)	**Percentage**
Prolonged 2nd stage	0	
Poor maternal bearing down	41	64.06%
Fetal distress	5	7.81%
To cut short 2nd stage	15	23.4%
Thick MSL	3	4.68%

Instrumental deliveries were recorded in 64 labouring women (8.3%), mostly due to poor maternal bearing down (41 cases) and fetal distress (5cases). Other reasons for ventouse delivery included fetal distress with poor maternal bearing, thick MSL(meconium stained liquor), and the need to cut short the second stage of labour specially in cases of patient with cardiac disease where vaginal delivery was allowed but to cut down second stage of labour and in cases vaginal birth after caesarean section (VBAC). A total of 6 cases of VBAC ventouse delivery were part of the study.

Table 11: Distribution of labouring women based on indications of caesarean section

Indication	Number (n=68)	Percentage
Fetal distress	15	22.05%
CPD	19	27.94%
DTA	11	16.1%
Thick MSL	18	26.4%
Persistent Occipito- posterior	2	2.94%
Non progress of labour	1	1.47%
Failed instrumentation	1	1.47%
Face presentation	1	1.47%

Caesarean sections (LSCS) were performed in 68 labouring women (8.8%),

Out of which one was preterm and rest 67 were full term LSCS. Indications for LSCS were primarily due to complications such as cephalopelvic disproportion (CPD) in 19 cases out of which 8 cases of CPD was diagnosed at 6cm cervical dilatation , 5cases at 7cm of cervical dilatation and 6 cases underwent second stage caesarean section due to CPD . Another indication was deep transverse arrest in 11cases (16.1%), and thick meconium-stained liquor (MSL) in 18 cases .Out of 18 thick MSL cases 9 women were at 5cm dilatation when per vaginum examination revealed thick meconium stained liquor and 5cases underwent LSCS at 6cm in view of thick MSL .Another important indication was fetal distress which was 15 cases (22.05%) includes fetal bradycardia, persistent fetal tachycardia, late decelerations on CTG. Other indications for LSCS included face presentation, failed instrumental delivery in the second stage, non-progress of labor, and persistent occipitoposterior

Table 12-Distribution of caesarean section cases as per Robson's criterion

		Frequency	Percent
ROBSON CRITERION	1	47	69.1%
	2	11	16.1%
	3	6	8.8%
	4	2	2.9%
	5	1	1.4%
	10	1	1.4%
Total		68	100.0%

Among the women going for caesarean section, the distribution was as follows: 47 (69.1%) were in Group 1, which typically includes nulliparous women with a single cephalic pregnancy at term in spontaneous labor. Group 2 included 11 LSCS (16.1%), Group 3 included 6 LSCS (8.8%), Group 4 included 2 LSCS (2.9%), and both Group 5 and Group 10 included 1 participant each (1.4%). This Indicated when LSCS were classified under the Robson criteria, with the majority falling into Group 1.

Table 13- distribution of secondary maternal outcome (morbidity)

Maternal Secondary outcomes	Frequency			Percentage
Third or 4th degree perineal tears	10			1.29%
Post partum hemorrhage	Vaginal delivery (mean blood loss)	13(715.38ml)	Medically managed - 13	1.68%
	Cesarean section (mean blood loss)	4 (1150ml)	B-lynch- 1 B/L uterine artery ligation – 2 U/L uterine artery ligation – 1	0.51%
Puerperal pyrexia	4			0.51%
Cervical / vaginal wall / labial tear	4			0.51%
Puerperal sepsis	0			

The vast majority, 735 women (95.46%), experienced no morbidity. However, various complications were recorded in the remaining labouring women. postpartum haemorrhage (PPH) was the most common issue, affecting women (2.19%), out of which 13 cases were PPH during vaginal birth which all cases were medically managed and 4 cases of PPH happened during caesarean section in which 2 cases were managed by bilateral uterine artery ligation and in 1 case b- lynch sutures were used . PPH during vaginal delivery had a mean blood loss of 715 ml whereas during caesarean section the mean volume of blood loss are 1150ml . Perineal tears were observed in 10 cases, with 9 women (1.16%) experiencing third-degree tears and 1 women (0.13%) experiencing fourth-degree tears. Other complications included cervical tear, labial tear, vaginal wall tear, puerperal pyrexia which was found in 4 cases (0.51%).

Table 14: Distribution of labouring women based on fetal outcomes

		Frequency	Percent
FETAL OUTCOME	Live birth	770	100.0%

The study recorded fetal outcomes for all 770 labouring women, with 100% of the cases resulting in live births (LB). This indicates that every participant in the study had a live birth, highlighting a successful fetal outcome for all deliveries.

Table 15: Distribution of newborns based on birth weight

		Frequency	Percent
BIRTH WEIGHT	<1.5 kg	3	0.4%
	1.5-2.4 kg	138	17.92%
	2.5- 3.4kg	600	77.92%
	3.5kg- 4kg	29	3.76%
	Total	770	100.0%

The majority of newborns, 600(77.92%) had birth weight weighing between 2.5kg to 3.4kg . additionally approximately 18% newborn had weight between 1.5kg to 2.4kg. 3 newborns weighed less than 1.5kg and 29 newborns (3.76%) had birthweight between 3.5kg to 4kg

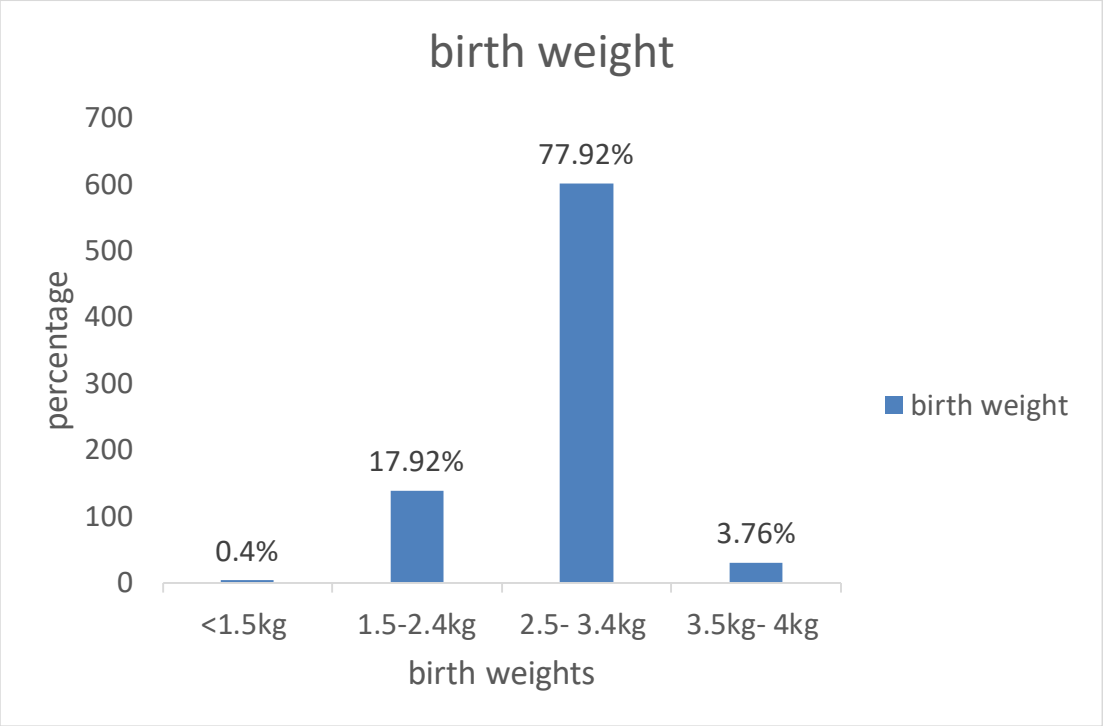

Fig 11: Distribution of newborns based on birth weight

Table 16: Distribution of newborns based on APGAR at 1 min

		Frequency	Percent
APGAR AT 1	4	4	0.5%
	5	4	0.5%
	6	18	2.3%
	7	385	50.0%
	8	358	46.5%
	9	1	0.1%
	Total	770	100.0%

The majority of newborns had an APGAR score at 1 min of 7 or 8, with 385 newborns (50.0%) scoring 7 and 358 newborns (46.5%) scoring 8. A smaller proportion of newborns had lower scores, with 18 newborns (2.3%) had 6, and very few had 4 or 5 (0.5% each) APGAR score

Table 17: Distribution of newborns based on APGAR at 5 min

		Frequency	Percent
APGAR AT 5MIN	4	1	0.1%
	5	3	0.4%
	6	8	1.0%
	7	16	2.1%
	8	271	35.2%
	9	471	61.2%
	Total	770	100.0%

The majority of newborns had an APGAR score at 5 min of 9, with 471 newborns (61.2%) achieving this score. Additionally, 271 newborns (35.2%) scored 8. 16 newborns (2.1%) had APGAR of 7. 8 newborns (1.0%) scored 6, 3 newborns (0.4%) scored 5; and 1 newborn (0.1%) scored 4 which showed about 2 % of new born had APGAR less than 7 which needed NICU management .

Table 18- Distribution of study population on basis of NICU admission

		Frequency	Percent
NICU ADMISSION	Yes	41	5.3%
	No	729	94.7%
	Total	770	100.0%

A total of 41 newborns (5.3%) required NICU admission, while the majority, 729 newborns (94.7%), did not require NICU care.

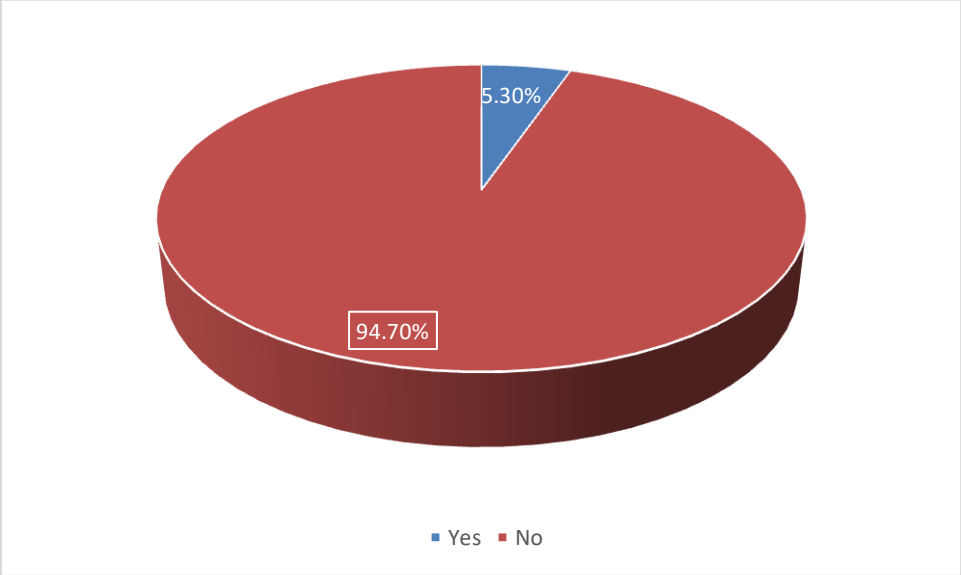

Fig 12- distribution of study population on basis of NICU admission

Table 19 – Distribution of NICU admission as per causes

Causes	N (41)	N (percentage)
LBW in term newborns	2	4.87%
Respiratory distress	16	39.02%
Transient tachypnea	3	7.31%
Fetal hydrops	1	2.43%
Preterm newborn	12	29.26%
Congenital Anomalies	8	19.5%

The vast majority, 729 newborns (94.7%), did not require NICU admission. Among the 41 newborns (5.3%) who were admitted to the NICU, the reasons varied. Respiratory distress was the most common reason, accounting for 16 cases (39.02%). Low birth weight at term newborns i.e SGA or FGR newborn (LBW) comprised of 4.87% , prematurity or being preterm accounted for a total of 12 cases of NICU admission (29.26%).

Other specific reasons for NICU admission included congenital anomalies like imperforate anus, observation for cleft lip/palate ,transposition of the great arteries (TGA) and tetralogy of Fallot (TOF) were each responsible for 8 (19.5%) NICU admission . Other causes were transient tachypnea which comprised for 3 cases .

Table 20– Duration of stay in hospital after childbirth

	Minimum	Maximum	Mean	SD
Duration of stay post childbirth	2	10	3.56	1.082

The study analysed duration of stay in hospital after childbirth

The time from DOC (date of childbirth) to DOD (date of discharge) ranged from a minimum of 2 days to a maximum of 10 days, with a mean duration of 3.56 days and a standard deviation of 1.082 days. This indicates that, on average, participants discharged within about three and a half days after the childbirth.

DISCUSSION

The majority of the global burden of preventable maternal and neonatal deaths occur in low- and middle-income countries (LMICs)[32]. The World Health Organization (WHO) has recently launched a novel alternative tool, the WHO Labor Care Guide (LCG) to monitor mother and baby during labor. This is a timely need as the traditional WHO partogram failed to show any significant clinical benefit[33]. As published by Vogel et al., [31] this LCG might possibly revolutionize labor monitoring in a woman-centered manner with shared decision making. In their mixed-methods study, aspects pertaining to utility, acceptability, anticipated challenges and barriers have been discussed[31]. Its integration of items to promote and monitor positive birth experience is a worthwhile effort. More importantly it also covers the monitoring of the quality of care.

Similarly, WHO previously launched the Safe Childbirth Checklist which later was shown not to have a significant impact on maternal and perinatal morbidity and mortality[34]. This Safe Childbirth Checklist demonstrated improvement in essential birth practices[34,35]. A meta-analysis by Tolu et al. [36] has reported that several aspects of maternal and neonatal morbidity and partogram utilization could be improved with this Safe Childbirth Checklist as an additional document. A question arises whether to use the Safe Childbirth Checklist and the LCG both in all settings. Since LCG is expected to replace the traditional partogram, LCG needs priority as an essential tool in all maternities worldwide, and individual centers will be able to decide the adoption of the Checklist depending on their capacity. As noted above, a large randomized controlled trial has proven that the Safe Childbirth Checklist has no effect on improving maternal and perinatal morbidity and mortality[34].

This LCG seems to be a more robust tool that covers the first stage active phase and second stage of labor in a multifaceted way. Special attention to monitor and avoid prolonged labor, unnecessary oxytocin augmentation and caesarean deliveries, are appreciated. Promoting quality improvement as a reminder for the health staff and a tool to support audit are vital additions. Integration of new WHO recommendations on intrapartum care for a positive childbirth experience fosters its robust quality improvement aspects. On the other hand, the starting of the active phase from 5 cm may yield better outcomes. But it leaves a fair number of women in the latent phase (<5 cm) outside of labor ward who still need some form of monitoring. In the WHO LCG manual, there is no clear updated pathway to monitor women in the latent phase, despite quoting the WHO reference in 2015[37]. Therefore, a suitable place and a method to monitor a woman with a 3–4 cm dilated cervix, who is in pain, comes as a technical necessity. Keeping the WHO partogram for the women in latent phase is also an option. Reorganization of maternity units with usual wards for non-laboring women, a bridging space/room next to the labor ward for women in the latent phase and a labor ward with space to accommodate labor companions should be the ideal set-up. Alternatively, women in the latent phase can also be included into the labor wards, as within the next few hours their labor can swiftly move into the active phase. It has been reported that updating of national policies relating to the physical layout of existing labor wards, equipment and medical supplies and standard protocols for intrapartum care, is a requirement to gain the expected benefits from this WHO LCG[31]. Arranging labor companion of choice, ('doula') which is a proven healthy intervention in labor support, is another challenge in some settings[38,39]. However, it is the responsibility of the local professional bodies and policymakers to make this proven intervention work by addressing social misconceptions related to the labor companion of choice and practical ways to

monitor women in the latent phase. Despite being more robust, the existing partogram should not be replaced completely and suddenly. Vogel et al.[31] have also raised a few negative points in their qualitative findings. These include added workload, lack of a pictorial overview which leads to consuming more energy to interpret, tiny space to write, lack of staff and being reluctant to accommodate a labor companion of choice, etc. [31]

MATERNAL AGE (Table -1)

In this study, majority of the labouring women, 687 (89.2%), were in the age range of 21-34 years. A smaller proportion, 71 labouring women (9.2%), were 20 years or younger. Only 12 labouring women (1.6%) were 35 years or older. This distribution indicates that the study predominantly focused on women in their prime reproductive years, with a small representation of younger and older age groups. In Vogel J.P(2024) et al., mean maternal age in intervention and control groups were 23.9 years and 23.4 respectively as compared to this study where mean age was 25.02 years [26]

In Srividya N et al., Majority of participants in both groups were aged 18-25 years (Group I (Modified partograph): 52.5%, Group II (WHO LCG): 70%), followed by 25-30 years (Group I: 42.5%, Group II: 27.5%), and a small proportion aged 30-35 years (Group I: 5%, Group II: 2.5%).[27]

In Pandey et al., mean maternal age was 25.0 ± 3.5 years in the study group and 25.1 ± 3.6 years in the control group, indicating a younger population compared to our study[30]

GRAVIDA SCORE AND PARITY (Table no. 2 and 3)

In this study, 374 labouring women (48.6%) were primigravida. The remaining 396 labouring women (51.4%) were multigravida. This nearly equal distribution between primigravida and multigravida women ensures a comprehensive analysis of labor outcomes across different gravida statuses. Additionally, in this study referring to table no. 3 , the study population on distributing among nulliparous, multiparous and grand multiparous were 54.94%, 44.03% and 1.04% respectively . In Vogel et al.(2024) , primigravida were 43.1% and 42.9% in intervention and control period [26]

In Srividya N et al., Group I had 55% primigravida and 45% multigravida; Group II had 72.5% primigravida and 27.5% multigravida.[27]

In Pandey et al., 44.12% nulliparous and 55.88% multiparous in the study group, and 42.22% nulliparous and 57.78% multiparous in the control group[30]

GESTATIONAL AGE (Table no. 4)

In this study, 709 (92.07%) labouring women delivered baby at term gestation which is 37weeks to 41weeks 6 days. out of which postdated pregnancy which includes gestation age beyond 40 weeks were 121(15.71%), 61(7.92%) delivered preterm, out of which only a small proportion of 0.65% were in the gestation age group of 28 weeks to 31 weeks 6 days. In Pandey et al., gestational age at the time of delivery in study and control both group were 38 weeks ± 1week with a p value of 0.070. [30] In Vogel et al (2024), mean Gestational age at time of birth was 38.3 in intervention time period and 38.3 in control time period[26] in other studies gesatational age was not specified.

ONSET OF LABOUR(Table no. 5)

In this study, 609 (79.1%) experienced spontaneous labor onset, while 161 (20.9%) had labor induced. This distribution highlights that a significant majority of the women in the study entered labor spontaneously, with a smaller proportion of the labour which was induced. In Srividya N et al., All participants had spontaneous labor onset.[27] Poornima HN et al., Focused on women in active phase of labour (>5 cm cervical dilatation); specifics on onset of labour not provided.[28] Pandey et al., Focused on women in spontaneous labor[30]

USE OF OXYTOCIN (OXY) OR ARTIFICIAL RUPTURE OF MEMBRANES (ARM) FOR AUGMENTATION OF LABOR (Table no. 6)

The present study assessed the use of oxytocin (OXY) or artificial rupture of membranes (ARM) for augmentation of labor among 770 labouring women. The vast majority of labouring women 716(93%)were not augmented with oxytocin or artificial rupture of membranes . Among those who were augmented with oxytocin 38 (4.9%), amongst them the most common was use of oxytocin during the second stage of labor, which occurred in 29 labouring women (3.8%).. Additionally, 5 labouring women (0.8%) received oxytocin at 8 cm and 4 cases oxytocin was started at 6cm due to inadequate contractions. Otherwise ARM was done in 16 cases (2.1%) out of which in 6 cases it was done at 6 cm of cervical dilatation and 5 cases each at 5cm and 7cm of cervical dilatation. In 11 cases ARM was performed due to decelerations and reduced beat to beat variability on CTG to rule out possibility of meconium stained liquor . In another 5 cases ARM was done to augment labour as the progress was slow. This distribution highlights that most women in the study did not undergo labor augmentation, and when such interventions were applied, they varied widely and were relatively infrequent. This data indicates that the majority of women in the study did

not undergo labor augmentation, with a small percentage receiving either ARM or oxytocin. In Vogel JP (2024) et al ., Augmentation with oxytocin during labor was done for 9.3% during childbirth of intervention period in contrast to 27.3% during control period. ARM was done in 5.7% cases during intervention group and 6.7% in control group[26]

Poornima HN et al., Focused on monitoring labour progress using WHO LCG; specifics on oxytocin/ARM usage not provided.[28] In Pandey et al., Oxytocin was used in 18.4% of the study group and 51.8% of the control group.[30]

CERVICAL DILATATION AT DIAGNOSIS OF ACTIVE LABOUR (Table no. 7)

In this study, most of the active labour was diagnosed at cervical dilatation of 6 cm which was observed in 321 labouring women (41.7%). This was followed by 5 cm, reported in 212 labouring women (27.5%), with a mean cervical dilatation of 6.11 cm and a standard deviation of 1.07 cm. Additionally, 138 labouring women (17.9%) had a cervical dilatation of 7 cm, 61 labouring women (7.9%) was 8 cm, and 5 labouring women (0.6%) was 9 cm dilated at the diagnosis of active labour. 33 labouring women (4.3%) reported to hospital directly in second stage labour i.e at full cervical dilatation. This distribution suggests that most women in the study diagnosed with active labor with a cervical dilatation between 6cm. In Srividya N et al., Mean rate of cervical dilatation in active phase of labour was 1.42cm/ hour[27] Poornima HN et al., Labour progress monitored from 5 cm cervical dilatation as per WHO LCG guidelines.[28] In Pandey et al., Cervical dilatation at the start of the partogram was 5.125 ± 0.331 cm in the study group and 4.190 ± 0.431 cm in the control group[30]

DURATION OF ACTIVE LABOUR (Table No. 8)

In this study, For women with an initial cervical dilatation of 5 cm, the mean duration of the active first stage was 231 minutes (3 hours and 51mins) and mean duration of second stage was 27 mins hence the total mean duration of active labour accounts for 258 mins (4hrs 18mins) with a standard deviation of 58.84 minutes. For women with an initial cervical dilatation of 6 cm, the mean duration of the active first stage was 161 minutes (2 hours and 41mins) and mean duration of second stage was 26 mins hence the total mean duration of active labour accounts for 187 mins (3hrs 7mins) with a standard deviation of 46.93 minutes .For women with an initial cervical dilatation of 7 cm, the mean duration of the active first stage was 95 minutes (1 hours and 35mins) and mean duration of second stage was 25 mins hence the total mean duration of active labour accounts for 120 mins (2hrs) with a standard deviation of 40.19minutes .For women with an initial cervical dilatation of 8 cm, the mean duration of the active first stage was 42.3 minutes and mean duration of second stage was 16.5mins hence the total mean duration of active labour accounts for 58 mins with a standard deviation of 26.2 minutes. For women with an initial cervical dilatation of 9cm, the mean duration of the active first stage was 20 minutes and mean duration of second stage was 9.60 mins hence the total mean duration of active labour accounts for 29.60minutes with a standard deviation of 12.34 minutes. For women who came to hospital with full cervical dilatation in 2nd stage of labour, for such labouring women its not applicable to calculate the duration of active and second stage of labour as the accurate duration since when the women is experiencing active labour seems unknown .The total mean duration of all the labouring women in the study except the women who underwent cesarean section and women who came in full dilatation was 183.6mins (3 hours and 3 mins)

In Srividya N et al., Mean duration of active phase was 3.66 hours [27] In this study, In the study mean duration of second stage is approximately 24 minutes. In Srividya N et al., Mean duration of 2nd stage of labour was 18.4 minutes.[27]

In Pandey et al., duration of the active phase of labor was significantly shorter in the study group (2.27 ± 1.44 hours) compared to the control group (4.12 ± 1.60 hours). The second stage of labor was similar between groups[30]

MODE OF DELIVERY (Table no. 9)

In this study, majority of deliveries were vaginal deliveries accounting for 638 labouring women (82.8%) out of which majority were Full term vaginal delivery (75.06%) and preterm vaginal delivery were 60 cases (7.79%) . Lower segment cesarean section (LSCS) was performed in 68 labouring women (8.8%) out of which 67 were full term LSCS and 1 case was preterm emergency LSCS, while ventouse-assisted delivery occurred in 64 labouring women (8.3%). This distribution indicates that vaginal delivery was the predominant mode of childbirth in the study, with a smaller proportion of assisted deliveries and cesarean sections.

In Vogel et al (2021) 90.8% were vaginal birth, 1.3% were instrumental deliveries and 7.1% were caesarean delivery. [31]

In Srividya N et al., Both groups had 80% NVD, Group I had 15% LSCS and 5% instrumental deliveries; Group II had 12.5% LSCS and 7.5% instrumental deliveries.[27] In Poornima HN et al., Out of 1735 women, 1668 (96%) had vaginal deliveries, and 67 (4%) had caesarean sections. Majority of caesarean sections (94%) were conducted before the active phase of labour.[28]

In Pandey et al., Normal delivery was 93.4% in the study group and 76.3% in the control group. Cesarean deliveries were significantly lower in the study group (1.5%) compared to the control group (17.8%).[30]

In a study by Pandey D et al, only 1.5% caesarean sections were conducted when the labour was monitored by the new WHO Labour Care guide.[30] The incidence of caesarean section in active phase of labour due to arrest of labour was about 20% Poornima HN et al.,[28] compared to 1.7% in a study by Anna et al.[40.] In Vogel et al (2024) study operative vaginal birth was 2.63% in intervention group as compared to this study where it is 8.3% (64 instrumental deliveries) Vogel et al in his study concluded that in Robson 1 group there was approximately 5% reduction in LSCS rate when monitored with labour care guide [26 i]

As said by Ghulaxe et al Labour Care guide has evolved to motivate best practices with proof-based, compassionate care during delivery, which add advancement of excellent, considerate care for all women, new mothers, and their families.[41,42]

INDICATION FOR INSTRUMENTAL DELIVERIES (table no . 10)

In this study, 64 labouring women (8.3%,) had underwent instrumental deliveries , out of which all 64 were ventouse deliveries . Among all instrumental deliveries , the most common indication was poor maternal bearing down, which accounted for 41 cases (64.06%). Thick meconium-stained liquor (MSL) was an indication in 3 cases (4.68%), as well as the need to cut short the second stage of labor in another 15 cases (23.4%) in view of VBAC and labouring women with cardiac disease . In Vogel et al., (2021) operative vaginal birth was (1.3%) but indications not specified . [31]

In Srividya N et al., In Group I, Instrumental delivery 5% , indications not specified .In Group II, instrumental delivery was 7.5% [27] In Vogel et al., (2024) operative vaginal birth was 2.63%

In Pandey et al., In the study group and control group both had comparable 5% instrumental / operative vaginal birth and indications were not specified [30]

INDICATIONS OF CAESEAREAN SECTION (Table No. 11)

Caesarean sections (LSCS) were performed in 68 labouring women (8.8%),

Out of which one was preterm and rest 67 were full term LSCS. Indications for LSCS were primarily due to complications such as cephalopelvic disproportion (CPD) in 19 cases out of which 8 cases of CPD was diagnosed at 6cm cervical dilatation, 5cases at 7cm of cervical dilatation and 6 cases underwent second stage caesarean section due to CPD .There was various causes for CPD which included fetal macrosomia or LGA babies (8 cases), short stature of mother (4 cases), inlet or outlet CPD, Contracted pelvis . Another indication was deep transverse arrest in 11cases (16.1%), and thick meconium-stained liquor (MSL) in 18 cases .Out of 18 thick MSL cases 9 women were at 5cm dilatation when per vaginum examination revealed thick meconium stained liquor and 5cases underwent LSCS at 6cm in view of thick MSL .Meconium stained liquor usually was associated with fetal distress and in most of the cases it was associated with non- favourable bishop's score which caused emergency caesarean section. Another important indication was fetal distress which was 15 cases (22.05%) includes fetal bradycardia, persistent fetal tachycardia(4 cases) , late decelerations on CTG(8cases) . Other indications for LSCS included face presentation, failed instrumental delivery in the second stage, non-progress of labor, and persistent occipitoposterior. In 1 cases which underwent section in view of non

progress of labour , the women was at 6 cm cervical dilatation for more than 6 hours despite no features suggestive of cephalopelvic disproportion like increasing caput or moulding .

This highlights that while most deliveries were normal vaginal deliveries, a range of complications necessitated cesarean sections and assisted deliveries to ensure the safety of both mother and child.

In Poornima HN et al., Among caesarean sections in active phase, 43% due to fetal distress, 31% due to CPD, 20% due to non-progression of labour, and 6% due to deep transverse arrest.[28] In Srividya N et al., In Group I, LSCS was due to fetal distress (33.3%) and prolonged first stage (66.7%). In Group II, LSCS was due to fetal distress (60%), prolonged second stage (20%), and maternal exhaustion (20%)[27]

In Pandey et al., In the study group, indications for cesarean delivery were arrest of labor and arrest of the second stage of labor. In the control group, cesarean indications included arrest of labor in the active phase (50%), arrest of the second stage (12.5%), and fetal distress (37.5%)[30]

ROBSON CRITERION (Table no. 12)

In this study, among the 68 cesarean section, the distribution was as follows: 47 labouring women (69.1%) were in Group 1, which typically includes nulliparous women with a single cephalic pregnancy at term in spontaneous labor. Group 2 included 11 labouring women (16.1%), Group 3 included 6 labouring women (8.8%), Group 4 included 2 labouring women (2.9%), and both Group 5 and Group 10 included 1 participant each (1.4%) group 10 denotes preterm caesarean delivery. The majority of caesarean delivery as per Robson criterion fell into group 1.

In Vogel et al(2024)., Cesarean section in Robson Group 1 accounts for 39.7% in intervention period group vs control group which was 45.2%[26]

MATERNAL MORBIDITY (Table No. 13)

In this study, majority, 735 women (95.46%), experienced no morbidity. However, various complications were recorded in the remaining 35 (4.54%) labouring women. Postpartum hemorrhage (PPH) was the most common issue, affecting 2.19% women out of which 13 cases had PPH during vaginal birth which all were medically managed. The mean blood loss of PPH during vaginal birth was about 715ml. In 4 cases of caesarean section PPH was noted managed with B-Lynch, uterine artery ligation. The Mean blood loss of PPH during caesarean delivery was 1150ml. Perineal tears were observed in 10 cases, with 9 women (1.16%) experiencing third-degree tears and 1women (0.13%) experiencing fourth-degree tears. Other complications included cervical tears labial tear and vaginal wall tear, accounting for 4 cases (0.51%). In another 4 cases puerperal pyrexia was noted. This data indicates that while most women did not experience morbidity, a small percentage faced complications primarily related to hemorrhage and tears during childbirth.

In Vogel JP et al., third or fourth degree perineal tears were present in 0.12% cases in intervention group and PPH was noted in 0.19% [26]

In Pandey et al., Maternal complications were similar in both groups, with 0.9% experiencing PPH in each group. One case of infection was reported in the control group[30]

FOETAL OUTCOME (Table no. 14)

In this study, all the 770 labouring women had live birth , similarly Pandey et. Al. also had 100% live birth status in both control and study group

In vogel et al., (2021) 0.2% stillbirth was noted [31]. In another study done by Vogel et al., in 2024 showed stillbirth rate was similar in both intervention and control group accounting 3% each

BIRTH WEIGHT (table no. 15)

In this study, The majority of newborns , 600(77.92%) had birth weight weighing between 2.5kg to 3.4kg. additionally approximately 18% newborn had weight between 1.5kg to 2.4kg. 3 newborns weighed less than 1.5kg and 29 newborns (3.76%) had birthweight between 3.5kg to 4kg

This distribution indicates that the majority of newborns had birth weights within the typical range of 2.5 to 3.5 kg, suggesting generally healthy birth outcomes for the labouring women in the study.

In Vogel et al in 2021, most of the newborn in study (92.3%) was in the range of 2.5kg to 4kg birth weight.

In Pandey et al., Mean birth weight was 2.84 ± 0.33 kg in the study group and 2.79 ± 0.31 kg in the control group[30]

APGAR at 1min and 5min (Table no. 16 and 17)

In this study, majority of newborns had an APGAR score at 1 min of 7 or 8, with 385 newborns (50.0%) scoring 7 and 358 newborns (46.5%) scoring 8. A smaller proportion of newborns had lower scores, with 18 newborns (2.3%) with APGAR 6,

and very few with 4 or 5 (0.5% each). This distribution indicates that most newborns were in relatively healthy condition at 1 minute after birth, with the APGAR scores predominantly falling in the 7 to 8 range.

In this study, majority of newborns had an APGAR score at 5 min of 9, with 471 newborns (61.2%) achieving this score. Additionally, 271 newborns (35.2%) scored 8. Lower scores were much less common: 16 newborns (2.1%) scored 7; 8 newborns (1.0%) scored 6, 3 newborns (0.4%) scored 5; and only 1 newborn (0.1%) scored 4. This distribution indicates a significant improvement in the condition of most newborns by 5 minutes after birth, with the vast majority achieving APGAR scores of 8 or 9, reflecting a healthy adaptation to the extrauterine environment . those who have 6 or less APGAR at 5 minutes usually required NICU management .

In Vogel et al., (2021) 1% (12 newborn) had APGAR less than 7. In another study by Vogel et al in 2024 in intervention period group APGAR at 5 mins was less than 7 in 4.61% as compared to control group 5.04%

None of the study has specific data of APGAR at 1 minute of birth

NICU ADMISSION (Table no. 18 and Table no. 19)

In this study, total of 41 newborns (5.3%) required NICU admission, while the majority, 729 newborns (94.7%), did not require NICU care. This indicates that most newborns were healthy enough at birth to avoid the need for intensive neonatal care. In Pandey et al., NICU admission was significantly lower in the study group (2.2%) compared to the control group (8.9%).[30] In Vogel et al, the percentage of NICU admission for more than 48 hours was 12.7% [26]

Among the 41 newborns (5.3%) who were admitted to the NICU, the reasons varied . Respiratory distress was the most common reason, accounting for 16 cases (39.02%). Low birth weight at term newborns i.e SGA or FGR newborn (LBW) comprised of 4.87% , prematurity or being preterm accounted for a total of 12 cases of NICU admission (29.26%).

Other specific reasons for NICU admission included congenital anomalies like imperforate anus, observation for cleft lip/palate ,transposition of the great arteries (TGA) and tetralogy of Fallot (TOF) were each responsible for 8 (19.5%) NICU admission . Other causes were transient tachypnea which comprised for 3 cases .

This data highlights that while most newborns were healthy, a small percentage required NICU care for a range of medical issues, with respiratory distress being the most prevalent reason. In Srividya N et al., Group I had 6 NICU admissions (50% for meconium-stained liquor), Group II had 13 NICU admissions (69.2% for meconium-stained liquor)[27]

DURATION OF STAY IN HOSPITAL POST DELIVERY

In this study, the time from the day of childbirth(DOC) to the day of discharge (DOD) was assessed which ranged from a minimum of 2 days to a maximum of 10 days, with a mean duration of 3.56 days and a standard deviation of 1.082 days. This indicates that, on average, participants discharged within about three and a half days after the childbirth .

In Vogel et al ., mean duration of stay in hospital post delivery was 3.29 days .

LIMITATIONS

- The study included 770 participants from a specific setting, which may limit the generalizability of the findings to other populations or healthcare settings.
- The observational nature of the study identifies associations but cannot establish causality. Unmeasured variables may influence outcomes.
- Section -1 of Labour care guide which is supportive care section could not have been implemented in this study.
- The study primarily focuses on immediate labour and delivery outcomes without long-term follow-up on maternal and neonatal health

CONCLUSION

The key findings indicate that the majority of participants experienced spontaneous labor onset and normal vaginal deliveries. The interventions, including the use of oxytocin and artificial rupture of membranes, were relatively low, highlighting a conservative approach to labor management.

Neonatal outcomes were predominantly positive, with all births resulting in live newborns and the majority achieving healthy APGAR (7 or more) scores at both 1 and 5 minutes. NICU admissions were minimal, primarily due to respiratory distress. Maternal morbidity was also low, with most women experiencing no complications.

Overall, the implementation of the Labour Care Guide appears to support positive maternal and neonatal outcomes, with a focus on promoting spontaneous labor and normal vaginal delivery while minimizing unnecessary interventions. The findings suggest that such guidelines can contribute to respectable maternity care , effective labor management and potentially reduce the cesarean section rate, benefiting both mothers and newborns.

SUMMARY

The majority of participants (89.2%) were aged 21-34 years, with 48.6% being primigravida and 51.4% multigravida.

- Spontaneous labor onset occurred in 79.1% of participants, while 20.9% had labor induced.
- Diagnosis of active labor was done most commonly at the cervical dilatation of 6 cm (41.7%), with a mean dilatation of 6.11 cm.
- Mean duration of active labour was 183 mins with second stage mean duration was 24 mins
- Majority did not receive oxytocin or artificial rupture of membranes (ARM). Among those who did, oxytocin was administered to 4.9%, and ARM was performed on 2.1%.
- Full term normal delivery(75.06%) was the predominant mode followed by cesarean section (LSCS) at 8.8% and Instrumental delivery at 8.3%. there was 6 cases of VBAC and 60 were preterm vaginal delivery .
- Common indications for instrumental delivery included poor maternal bearing down (64.06%) and need of cutting down the second stage (23.4%)
- Common indications for cesarean delivery included fetal distress, cephalopelvic disproportion ,thick MSL comprising about 65% of total cesarean deliveries .
- Robson Classification: Among those classified, Group 1 (nulliparous women with single cephalic pregnancy at term in spontaneous labor) was the most common (69.1%) of all cesarean sections .

- Most women (95.46%) experienced no morbidity. Postpartum hemorrhage and third-degree perineal tears were among the most common recorded complications.
- All newborns were live births. Birth weights were predominantly in the range of 2.5 to 3.5 kg, with 51.7% weighing 2.5-3 kg.
- At 1 minute, most newborns had scores of 7 (50.0%) or 8 (46.5%). At 5 minutes, the majority had scores of 9 (61.2%) or 8 (35.2%).
- Only 5.3% of newborns were admitted to the NICU, primarily for respiratory distress (39.02%).
- The mean duration of stay in hospital post childbirth was 3.56 days.

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ANEXURE: I – PROFORMA

Title: IMPLEMENTATION OF LABOUR CARE GUIDE AND ITS IMPACT ON CESAREAN SECTION RATE – An OBSERVATIONAL STUDY

PROFORMA

Date of active labour diagnosis (DD/MM/YYYY) -

IP No.

First name

Middle name

Last name

Husband's name

Age (years)

Address

Phone number

Obstetric score – G P A L

Gestational age _____

Active labour date- **time-**

Diagnosis

Labour event details - WHO Labour Care Guide attached

MODE OF DELIVERY

Normal delivery ☐

Instrumental delivery ☐

Caesarean section ☐

INSTRUMENTAL DELIVERY INDICATION

Prolonged 2nd stage of labour ☐

Poor maternal bearing down ☐

Fetal distress ☐

To cut short 2nd stage of labour ☐

LSCS INDICATION

Fetal distress ☐

CPD ☐

Deep transverse arrest ☐

Thick MSL ☐

Second stage arrest ☐

Persistent occipito- posterior ☐

Others , specify if any ----------

FETAL outcome

Live birth ☐

Still birth ☐

Full term ☐

Pre term ☐

Birth weight _____

APGAR score at 1 min		**APGAR score at 5 min**	
≥7	☐	**≥7**	☐
<7	☐	**<7**	☐

NICU admission

Yes ☐

No ☐

Perinatal Maternal morbidity

PPH ☐

Tear ☐

(Cervical/vaginal / perineal)

Vulval hematoma ☐

Acute infection ☐

Puerperal pyrexia ☐

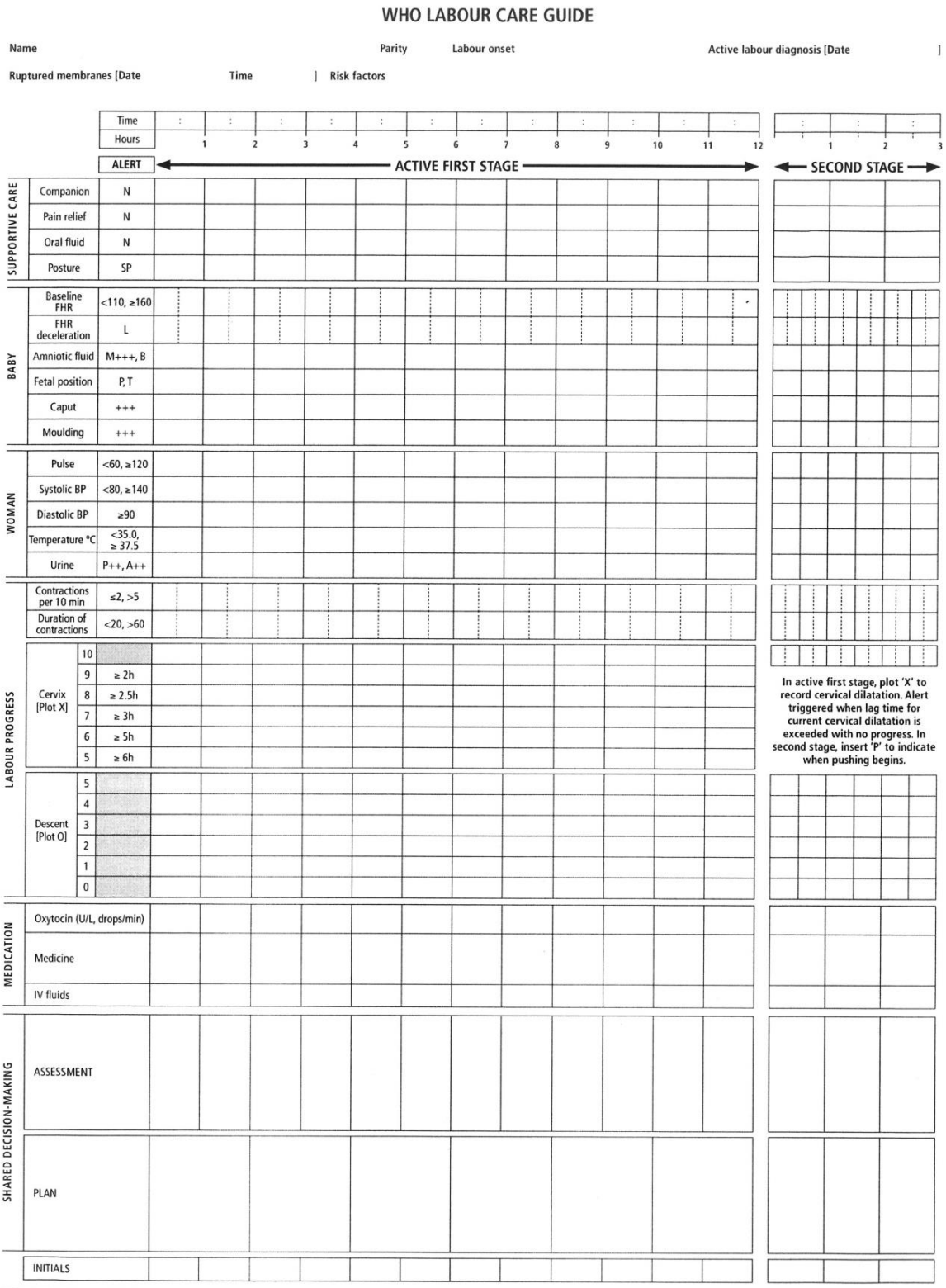
Puerperal sepsis ☐

Admission to MICU ☐

Perinatal maternal mortality ☐ **Yes** ☐ **No**

If Yes specify the cause of Death

WHO LABOUR CARE GUIDE



WHO LABOUR CARE GUIDE

Name Parity Labour onset Active labour diagnosis [Date]

Ruptured membranes [Date Time] Risk factors

			Time / Hours	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
			ALERT	← ACTIVE FIRST STAGE →												← SECOND STAGE →		
SUPPORTIVE CARE	Companion	N																
	Pain relief	N																
	Oral fluid	N																
	Posture	SP																
BABY	Baseline FHR	<110, ≥160																
	FHR deceleration	L																
	Amniotic fluid	M+++, B																
	Fetal position	P, T																
	Caput	+++																
	Moulding	+++																
WOMAN	Pulse	<60, ≥120																
	Systolic BP	<80, ≥140																
	Diastolic BP	≥90																
	Temperature °C	<35.0, ≥ 37.5																
	Urine	P++, A++																
LABOUR PROGRESS	Contractions per 10 min	≤2, >5																
	Duration of contractions	<20, >60																
	Cervix [Plot X]	10																
		9	≥ 2h															
		8	≥ 2.5h															
		7	≥ 3h															
		6	≥ 5h															
		5	≥ 6h															
	Descent [Plot O]	5																
		4																
		3																
		2																
		1																
		0																
MEDICATION	Oxytocin (U/L, drops/min)																	
	Medicine																	
	IV fluids																	
SHARED DECISION-MAKING	ASSESSMENT																	
	PLAN																	
	INITIALS																	

In active first stage, plot 'X' to record cervical dilatation. Alert triggered when lag time for current cervical dilatation is exceeded with no progress. In second stage, insert 'P' to indicate when pushing begins.

INSTRUCTIONS: CIRCLE ANY OBSERVATION MEETING THE CRITERIA IN THE 'ALERT' COLUMN, ALERT THE SENIOR MIDWIFE OR DOCTOR AND RECORD THE ASSESSMENT AND ACTION TAKEN IF LABOUR EXTENDS BEYOND 12H, PLEASE CONTINUE ON A NEW LABOUR CARE GUIDE.

Abbreviations: Y – Yes, N – No, D – Declined, U – Unknown, SP – Supine, MO – Mobile, E – Early, L – Late, V – Variable, I – Intact, C – Clear, M – Meconium, B – Blood, A – Anterior, P – Posterior, T – Transverse, P+ – Protein, A+ – Acetone

ANEXURE: II

MASTER CHART

SL NO.	IP NO.	AGE	PARITY	GEST AGE	ONSET OF LABOUR	RISK FACTOR	CERVICAL DILATATION AT ONSET OF ACTIVE LABOUR	DURATION OF ACTIVE 1ST STAGE	DURATION OF 2ND STAGE	OXY /ARM	MODE OF DELIVERY	INDICATION	FETAL OUTCOME	BIRTH WT	APGAR AT 1	APGAR AT 5MIN	NICU ADM	REASON OF NICU	MAT MORBIDITY	ROBSON CRITERION	doa to doc	doc to dod
1	1195777	28	G2P1L1	39+2	spont	hypothyroid	7cm	2hrs 10 mins	12 mins	no	FTND	no	LB	2.75kg	8	8	no		no		1	2
2	1196119	24	G2P1L1	39+4	spont	prev lscs	6cm	3hours	n/a	no	FT emg lscs	fetal distress	lb	2.8kg	8	9	no		no	5	0	5
3	1196003	26	G2P1L1	38+4	induced	fgr	5cm	3hours	25mins	no	FTVD	no	lb	2.5kg	7	9	no		no		2	3
4	1196195	20	primi	39+2	spont	h/o ovarian cystectomy	6cm	4 hours 30mins	11mins	no	ftnd	no	lb	2.2kg	7	9	no		no		0	3
5	1196059	27	g4p2l2a1	39+1	induced	placental calcif	6cm	2 hours 40mins	19 mins	no	ftvd	N0	lb	3kg	8	9	no		no		0	3
6	1196307	21	g2a1	38+6	Sponta	no	5cm	4 hours	45 mins	no	ftnd	no	lb	2.6kg	8	9	no		no		0	3
7	1196401	22	primi	38+4	spont	no	7cm	3 hours	28mins	no	ftnd	no	lb	3.3kg	8	9	no		no		1	3
8	1196603	22	G2P1L1	38+3	spont	no	6cm	3hour	n/a	no	FT emg lscs	occipito posterior with distress	lb	3.1kg	7	8	no		no	3	1	7
9	1196589	25	primi	38 +3	spont	no	5cm	3hours 30 mins	17 mins	no	FTND	no	lb	3.1kg	8	9	no		no		0	3
10	1196941	20	primi	38	spont	fgr	5cm	6 hours	34mins	no	ftvd	no	lb	2.2kg	7	9	no		no		0	4
11	1196846	22	primi	40 +1	induced	hypothyroid,post datism	5cm	3 hours 20mins	30mins	no	FTVD	no	lb	3.2kg	8	9	no		no		0	4
12	1196917	25	g2a1	40	spont	no	6cm	5 hours 30mins	54mins	arm done at 7cm	ventouse delivery	poor maternal bearing down	lb	3.2kg	8	9	no		no		1	5
13	1197239	28	primi	39+2	induced	ghtn	6cm	4hours	27mins	no	ftvd	no	lb	3.1kg	8	8	no		no		0	3
14	1197522	23	primi	39+5	spont	rh nega	n/a	n/a	30mins	no	ftnd	no	lb	2.7kg	8	9	no		no		1	3
15	1197438	32	G2P1L1	40+1	induced	post datism	7cm	2 hrs 20mins	33 mins	no	ftvd	no	lb	2.5kg	7	8	no		no		0	3
16	1197435	30	g5p2l2a2	38	spont	no	5cm	3 hours	15mins	no	ftnd	no	lb	2.8kg	7	9	no		no		1	3
17	1197682	23	primi	40	spo	fgr	6cm	4 hours 30mins	19 mins	no	ventouse delivery	poor maternal bearing down	LB	2.8KG	7	9	no		no		0	4
18	1197708	21	primi	39	spo	no	7cm	3 hours 30m	37mins	no	ftnd	no	lb	3kg	8	9	no		no		0	3
19	1193949	30	primi	37 +5	induced	macrosomia gdm	5cm	5 hours	40mins	oxy started at 6cm	ftvd	no	lb	3.6kg	7	8	no		no		1	3
20	1197434	19	primi	40+2	spo	fgr	8CM	1 hour	13mins	no	ftnd	no	lb	2.7kg	7	7	no		no		1	3
21	1197822	25	G2P1L1	38+1	induced	fgr	5cm	3h	21mins	no	ftd	no	lb	2.5KG	8	9	NO		NO		1	3
22	1198069	21	primi	39+6	sp	hypoth	7cm	40mins	n/a	no	FT emg lscs	thick msl	lb	3kg	7	8	no		no	1	0	5
23	1198172	26	G2P1L1	37+6	sp	excess liq	9cm	30MINS	16mins	no	ftnd	no	lb	2.7kg	8	9	no		no		0	3
24	1198271	36	g4p3l3	37+4	induced	fgr	5cm	3 hours	26 mins	no	ftnd	no	lb	2.2kgq	7	8	no		pph		0	3
25	1198270	28	primi	40	spo	no	6cm	4 hours	23 mins	no	ftnd	no	lb	2.9kg	7	8	no		no		1	4
26	1198378	21	primi	36+5	spo	fgr , fetal rhizomelia	6cm	2 hours 40mins	27mins	no	PTVD	n	lb	2kg	8	8	no		no		1	5
27	1198400	26	g3p2l1d1	39+5	spo	no	8cm	1 hour 30mins	44min	oxy in 2nd stage	ftnd	no	lb	3.25kgq	8	9	no		no		1	5
28	1198060	30	g3p1l1a1	36+2	induced	gdm on insulin	6CM	2 hours20mins	21mins	no	ptvd	no	lb	2.6kg	8	9	no		no		0	5
29	1198597	21	G2P1L1	39+6	sp	no	7cm	2 hours	33min	no	ftnd	no	lb	2.8kg	7	8	NO		pph		0	3
30	1198603	24	G2P1L1	39 +4	SPO	no	5cm	4hours 30mins	32 mins	no	ftnd	no	lb	2.5kg	8	9	no		no		0	4
31	1198726	18	primi	37+1	spo	no	n/a	n/a	35mins	no	ftnd		lb	2.4kg	7	8	no		no		1	3
32	1198610	27	g5p3l3a1	40+1	spo	anemia	6cm	5 hours	25mins	no	ftnd	no	lb	3.1kg	7	9	no		no		0	3
33	1198718	22	primi	40+1	spo	no	5cm	4 hours 45 mins	21 mins	no	ftnd		lb	3kg	7	8	no		no		0	3
34	1198780	24	primi	39+5	spon	rh nega	8cm	2hours	44min	no	ftnd	no	lb	2.8kg	8	9	no		no		0	3
35	1198985	20	g3p1l1a1	37+4	spont	no	6cm	3 hours	41min	no	ftnd		lb	3.2kg	7	9	no		no		1	3
36	1198987	27	G2P1L1	38+5	spon	no	5cm	4 hou	54 min	oxy in 2nd stage	ftnd		lb	2.6kg	8	9	no		no		0	3
37	1198904	26	g3p2l2	40+2	spont	no	7cm	1hours 45 mins	25mins	no	ftnd		lb	3,1kg	8	8	no		no		0	4
38	1198865/	26	G2P1L1	39	spont	no	5cm	6hours	30mins	no	ftnd		lb	2.8kg	7	8	no		no		0	3

39	1198888	27	g2p1d1	37+1	induced	gdm	5cm	5hours	40mins	no	ftvd		lb	2.6kg	8	9	no		no		0	3
40	1199202	23	primi	38+5	spo	fgr	6cm	3hours	16mins	no	ftnd		lb	2.5kg	7	9	mo		no		1	2
41	1199253	19	g2p1l1	37	spo	fgr	7cm	2h	39min	no	ftvd		lb	2.1kg	7	9	no		no		0	3
42	1199054	32	primi	39+6	induced	fgr	5cm	5hours	27mins	no	ftvd		lb	2.5kg	8	9	no		no		1	4
43	1199483	27	G3P2L2	40+1	induced	post datism	6cm	3 hours	32min	no	ftvd		lb	2.7kg	7	8	no		no		1	3
44	1199817	22	g2a1	37+5	sp	prom	5cm	4hours 30mins	12mins	no	ftnd		lb	2.8kg	8	8	no		no		1	4
45	1199908	23	primi	39+3	sp	ghtn	7cm	1hour 40mins	47mins	no	ftnd		lb	2.8kg	7	8	no		no		0	5
46	1199968	25	g2p1l1	37+6	sp	gdm	6cm	3 hours	34mins	no	ftnd		lb	3.4kg	7	7	no		no		2	3
47	1200136	26	g5p1a3	35+3	sp	boh	na	n/a	23mins	no	ptvd		lb	2.3kg	7	8	no		no		0	3
48	1199998	22	g2a1	38+4	sp	no	6cm	3h	40mins	no	ftnd		lb	2.8kg	8	9	no		no		2	4
49	1200051	21	primi	37+6	sp	fgr	5cm	2hrs 10 mins	45m	no	ftvd	q	lb	2.7kg	7	8	no		no		0	4
50	1200066	22	primi	34+5	sp	preterm	6cm	3h	18m	no	ptvd		lb	1.7kg	7	7	yes	w pre teri	no		2	3
51	1200064/	23	primi	39+5	sp	no	5cm	4h	44mins	no	ftnd		lb	2.7kg	8	9	no		no		1	3
52	1200090	24	primi	40+4	induced	post datism	6cm	n/a	n/a	no	ft emg lscs	fetal distress	lb	3.5kg	8	9	no		no	2	1	8
53	1200350	27	g2p1l1	40+2	induced	post datism	5cm	4h 30min	14mins	no	ftvd		lb	2.7kg	7	8	no		no		0	3
54	1201068	32	primi	39+3	sp	hypothy	8cm	1hr	24mins	no	ftnd		lb	3.1kg	8	9	no				0	3
55	1200693	26	primi	35+4	sp	preterm	5cm	5hr 20m	29mins	no	ptvd		lb	2.9kg	7	8	no				0	5
56	1201297	26	g4p1l1a2	38	sp	no	7cm	2hours 40 min	40mins	no	ftnd		lb	2.7kg	8	9	no				0	4
57	1201340	28	primi	37+6	sp	ovulation ind	5cm	3 hous	30mins	no	ftnd		lb	3kg	8	8	no				0	
58	1201461	22	g2p1l1	32+3	sp	preterm	7cm	1hour 10 mins	29mins	no	ptvd		lb	2.3kg	7	8	no				0	3
59	1201448	26	g2a1	35+4	sp	preterm	6cm	2hrs 10 mins	20mins	no	ptvd		lb	2.4kg	8	8	no				0	4
60	1201828	23	primi	39+6	sp	no	6cm	n/a	n/a	n/a	ft emg lscs	second stage arrest	lb	3.2kg	7	8	no			1	2	8
61	1201839	21	primi	39	sp	no	7cm	3h20min	30mins	no	ftnd		lb	3.2kg	8	8	no				0	4
62	1201766	28	primi	40+1	sp	post datism	6cm	4h20m	36mins	no	ventouse delivery	poor maternal bearing down	lb	3kg	7	8	no				2	3
63	1202030	21	primi	38+6	sp	no	8cm	1h	28mins	no	ftnd		lb	2.8kg	8	9	no				2	3
64	1201774	31	g3p2l2	39+3	sp	no	5cm	3hr	26	no	ftvd		lb	3.2kg	7	8	no				0	3
65	1202623	22	primi	40+3	sp	post datism	6cm	3h	17mins	no	ftvd		lb	2.8kg	8	9	no				0	4
66	1202713	25	g3p2l2	39+3	sp	no	5cm	4h30min	41min	no	ftnd		lb	2.6kg	7	8	no				2	3
67	1202813/	26	g2a1	39+6	sp	excess liq	6cm	2hr20min	25mins	oxy in 2nd stage	ventouse delivery	poor maternal bearing down	lb	3.3kg	8	8	no				1	5
68	1202923/	32	g3p2l2	38+3	sp	macrosomia gdm	8cm	1hr	36mins	no	ftnd		lb	3.4kg	8	9	no				1	3
69	1202943	25	g3p2l2	39	sp	no	6cm	3hrs 15min	17mins	no	ftnd		lb	3.2kg	7	8	no				0	4
70	1203047	30	g2p1l1	38+2	sp	no	6cm	1hr`	12mi`	no	ftnd		lb	2.8kg	7	8	no				0	4
71	1203092/	25	primi	40 +1	sp	post datism	6cm	3 hrs	29 mins	no	ftnd		lb	2.7kg	7	8	no				0	4
72	1203104	24	primi	40+1	sp	post datism	5cm	2hrs 10 mins	13mins	no	ftnd		lb	3.2kg	8	8	no		pph		1	4
73	1202864	24	primi	37+5	induced	galactorrhea	5cm	2 hours 25mins	12mins	no	ftvd		lb	2.9kg	8	9	no				0	4
74	1203173	29	g3p1l1e1	40+3	sp	post datism	8cm	55mins	30mins	no	ftnd		lb	2.8kg	8	9	no				0	4
75	1203164	21	primi	39+3	sp	hypothy	7cm	2hrs 20 mins	32mins	no	ftnd		lb	2.7kg	7	8	no				0	4
76	1203201/	24	g2p1l1	37+1	sp	igt	6cm	3hrs	30mins	no	ftnd		lb	3kg	8	9	no				0	4
77	1203252	23	g2a1	38+3	sp	no	6cm	1hr40mins	4mins	no	ftnd		lb	2.9kg	7	9	no				1	3
78	1203258	23	g3p2l1d1	39+1	sp	ghtn	7cm	2hr	12mins	no	ftnd		lb	2.9kg	8	9	no				0	3
79	1203262	30	g2p1l1	39+5	sp	no	5cm	4hr 30mins	26mins	no	ftnd		lb	2.6kg	7	8	no				0	3
80	1203246	25	g4p1l1a2	40+5	sp	post datism	6cm	3h20min	21mins	no	ftnd		lb	3kg	8	9	no				0	3
81	1203395	24	primi	39+5	sp	no	5cm	4hrs	22mins	no	ftnd		lb	2.5kg	7	9	no				0	4
82	1203480	27	primi	38+5	sp	prom	6cm	3hrs	17mins	no	ftnd		lb	2.6kgq	8	8	no				1	3
83	1203655	29	g5p4l4	38+2	sp	multipara	8cm	20mins	12mins	no	ftnd		lb	2.5kg	7	8	no				1	3
84	1203747	23	primi	38+4	sp	no	5cm	2hr 30min	16mins	no	ftnd		lb	2.6kg	7	8	no				1	3
85	1203681	22	primi	38+5	sp	no	6cm	2hr 30min	15mins	no	ftnd		lb	3.1kg	8	9	no				0	4
86	1203775	32	g6p4l4a1	39	sp	grand multi	5cm	3hr	5mins	no	ftnd		lb	3.1kg	8	8	no				1	3
87	1203873/	19	primi	37+5	induced	fgr	5cm	4hr	10 min	no	ftvd		lb	1.9kg	7	8	no				2	3
88	1204141	20	primi	38+5	sp	prom	6cm	2hr45mins	23mins	no	ftnd		lb	2.9kg	8	9	no				1	4
89	1204265	21	g2p1l1	38+3	sp	no	8cm	50mins	16mins	no	ftnd		lb	2.5kg	7	8	no				1	3
90	1204342	21	g2p1l1	39	sp	no	7cm	45mins	24m	no	ftnd		lb	2.9kg	8	9	no				0	4
91	1204282	22	primi	39+4	sp	prom	5cm	3 hrs 20mins	28mins	no	ftnd		lb	3.3kg	8	9	no				0	3
92	1204338	22	primi	37+6	induced	fgr, rh neg	6cm	2hr40m	16mins	no	ftvd		lb	2.3kg	8	9	no				0	3

93	1204174	27	g3p2l2	39+6	sp	hypothy	7cm	1 hr 30mins	15 mins	no	ftnd		lb	3kg	8	9	no				1	3
94	1204453	24	primi	40+6	sp	post datism	6cm	3h	17mins	no	ftnd		lb	3.3kg	9	9	no				0	4
95	1204498	20	primi	39+2	sp	no	5cm	4 hr 20mi	19min	no	ftnd		lb	2.7kg	8	9	no				1	3
96	1204385	25	primi	40+5	induced	post datism	6cm	3h 30m	23mins	no	ftvd		lb	2.7KG	8	8	no				0	3
97	1204672	36	g3p2l2	39	sp	fetus pckd	8cm	30mis	14mins	no	ftnd		lb	2.9kg	8	8	no				1	4
98	1204659	31	g2p1l1	37	sp	prom	5cm	4h 45 m	22m	no	ftnd		lb	3kg	7	8	no				1	3
99	1204671	23	primi	39	sp	no	6cm	2hr50min	15mins	no	ftnd		lb	3kg	8	8	no				1	3
100	1204674	25	g2a1	38+1	sp	prom	7cm	1h 30mi	11mins	no	ftnd		lb	3.1kg	7	9	no				1	3
101	1204756	27	g2p1l1	38+1	sp	no	n/a	n/a	22mins	no	ftnd		lb	2.6kg	8	9	no				1	3
102	1204754	19	primi	38+6	sp	PROM	6cm	1hr45mi	15mins	no	ftnd		lb	2.8kg	7	8	no				2	3
103	1204812/	26	primi	36+6	sp	preterm	5cm	3hr	30mins	no	ptvd		lb	2.2kg	8	9	no				1	4
104	1204878	21	primi	40+1	sp	no	6cm	2hr 30mins	17mins	no	ftnd		lb	2.9kg	8	9	no				1	5
105	1204945	21	primi	36+5	sp	preterm	6cm	2h	34mins	no	ptvd		lb	2.3kg	8	9	no				1	5
106	1202631	29	g5p1l1a3	35 +2	sp	pvert dm,poly	5cm	3h	21mins	no	ptvd		lb	3.3kg	6	7	yes	esp distres	no		1	5
107	1205006	20	primi	39	sp	no	6cm	3 hr 30mins	18m	no	ftnd		lb	2.9kg	7	9	no				1	4
108	1205280	21	g2a1	38+2	sp	no	9cm	20mins	6m	no	ftnd		lb	2.9kg	8	9	no				1	3
109	1205413	20	primi	39+1	sp	no	8cm	n/a	n/a	n/a	ft emg lscs	2nd stage arrest	lb	3.1kg	7	9	no			1	1	6
110	1205297	25	primi	38+5	sp	no	5cm	3h	38m	no	ftnd		lb	2.5kg	8	9	no				1	3
111	1205295	23	primi	39	sp	no	6cm	2h	34mins	no	ftnd		lb	2.6kg	7	8	no				1	3
112	1205524	26	primi	39+3	sp	fgr	5cm	3hr 30m	29mi	no	ftnd		lb	2.6kg	8	9	no				1	4
113	1205681	21	primi	40+2	sp	post datism	6cm	2hr 40mins	24mins	no	ftnd		lb	2.7kg	8	9	no	cervical tear ,pph			1	4
114	1206068	23	primi	39+4	sp	ovulation ind	5cm	3hr 25mins	11mins	no	ftnd		lb	3kg	7	9	no				1	4
115	1206285	23	g4p2l1a1	35+5	sp	severe ms	7cm	1hr 10min	24mins	no	ptvd		lb	1.8KG	6	8	no				1	3
116	1206143	23	primi	39+1	sp	no	5cm	4h 10 min	19 mins	no	ventouse delivery	poor maternal bearing down	lb	2.8kg	7	9	no		no		1	5
117	1206189	24	g2p1l1	39+5	sp	no	6cm	3 h 15m	13mins	no	ftnd		lb	2.8kg	8	9	no				1	4
118	1206202	27	g2p1l1	40 week	sp	no	6cm	3hr	15mins	no	ftnd		lb	2.8kg	7	9	no				1	4
119	1206258	31	primi	38+6	sp	gdm, prom	5cm	4hr 30mins	17mins	no	ftnd		lb	2.8kg	7	8	no				1	4
120	1200293	26	primi	40wk	sp	no	6cm	n/a	n/a	n/a	ft emg lscs	thick msl	lb	2.7kg	7	9	no			1	1	6
121	1201388	24	primi	37+6	sp	prom	5cm	n/a	n/a	n/a	ft emg lscs	fetal distress	lb	2.7kg	7	9	no			1	1	7
122	1201479	27	primi	40	sp	no	7cm	n/a	n/a	n/a	ft emg lscs	fetal distress	lb	3kg	8	8	no			1	1	5
123	1206451	23	primi	30+4	sp	pprom	5cm	2hr45mins	16mins	no	ptvd		lb	1.4kg	5	5	yes	preterm lb	atonic pph		1	4
124	1206441	26	g2p1l1	40+3	sp	post datism	6cm	3h	10m	no	ftnd		lb	2.7KG	8	9	no				1	4
125	1206438	25	primi	39+1	SP	GDM	7cm	1 hr 40 mins	31m	no	ftnd		lb	2.8kg	7	9	no				1	3
126	1206655	35	primi	39+2	sp	no	8cm	n/a	n/a	no	ft emg lscs	deep transverse arrest	lb	3.1kg	7	8	no			1	1	6
127	1206782/	23	g2a1	38+5	sp	np	5cm	3h	26mins	no	ftnd		lb	2.7kg	8	9	no				1	5
128	1206973	29	g2p1l1	40+2	sp	no	n/a	n/a	14mins	no	ftnd		lb	3.2kg	8	9	no				0	5
129	1206958	23	primi	36+5	sp	preterm	6cm	3 hr 45 mins	30mins	no	ptvd		lb	2.7kg	7	8	no				1	4
130	1207122	22	primi	39+6	sp	no	7cm	2h	26mins	no	ftnd		lb	2.6kgq	7	9	no				1	3
131	1207421	31	g4p1l1a2	38+4	sp	no	6cm	3h	18m	no	ftnd		lb	2.7kg	7	9	no				1	3
132	1207292	36	g2p1l1	37+2	sp	no	7cm	1h 30mi	23mins	no	ftnd		lb	2.6kg	7	8	no				1	4
133	1206687	26	primi	36+2	s	anemia	6cm	2h 30m	35mins	no	ptvd		lb	2.5kg	6	7	yes	esp distress			1	3
134	1207340	26	primi	41	sp	post datism	5cm	2h 15mins	54mins	oxy in 2nd stage	ventouse delivery	poor maternal bearing down	lb	3kg	7	8	no	cervical tear			1	3
135	1205484	23	primi	28+6	induced	aedf,ghtn,fgr	7cm	1h 45	15mins	no	ptvd		lb	560gm	7	7	yes	f low birth wt			1	3
136	1206224	20	g3a2	38+1	sp	no	6cm	3h	6m	no	ftnd		lb	2.5kg	7	8	no				1	3
137	1205690	20	primi	35+6	induced	oligo fgr	7cm	1hr 40m	24m	no	ptvd		lb	2.3kg	7	8	no				1	4
138	1206081	25	g2p1l1	38	sp	rh nega	5cm	4h	38m	no	ftnd		lb	2.9kg	7	8	no				1	3
139	1208006	24	g2p1l1	39+2	sp	no	6cm	2h 40m	15mins	no	ftnd		lb	3kg	7	8	no				0	4
140	1208105	29	g2p1l1	39+3	sp	no	8cm	45mins	15mins	no	ftnd		lb	3.1kg	8	9	no				1	3
141	1207992	28	primi	40+4	sp	excess liq	5cm	3hrs30m	19min	no	forceps delivery	fetal distress , poor maternal	lb	3.1kg	6	5	yes	esp distress			1	3
142	1208230	32	g2p1l1	39+6	sp	no	6cm	3hrs	26mins	no	ftnd		lb	2.6kg	7	8	no				0	4
143	1208272	28	g3p1l1a1	39+1	sp	no	6cm	2hrs 40mins	40mins	no	ftnd		lb	3.3kg	8	9	no				1	4
144	1208266	21	g2p1l1	40+3	induced	post datism	5cm	4hrs 30mins	18mins	no	ftvd		lb	3.1kg	8	8	no				1	3

145	1208182	27	g2p1l1	39+1	sp	no	6cm	3hrs 15min	31m	no	ftnd		lb	2.7kg	7	8	no				0	3
146	1208293	26	g2a1	37+6	sp	ovulation ind	5cm	4h	45m	no	ft emg lscs	deep transverse arrest	lb	2.7kg	7	9	no			1	1	7
147	1208830	27	primi	40+2	induced	fgr	6cm	4h 30min	1h	oxy started at 8cm	ventouse delivery	poor maternal bearing down	lb	2.4kg	8	9	no				1	5
148	1208301	25	g3a2	37+3	induced	fgr,oligo	7cm	1hr 30m	22m	no	ftvd		lb	2.1kg	7	9	no				1	4
149	1209103	20	primi	40+2	induced	post datism	8cm	1hr50	16mins	no	ftvd		lb	3kg	8	9	no		atonic pph		1	3
150	1209299	21	g2p1l1	40+5	sp	excess liq	8CM	15m	7mi	no	ftnd		lb	2.8kg	7	8	no				1	3
151	1209351	26	primi	40+1	SP	Less liq	6cm	1hr 45m	21mins	no	ftnd		lb	2.5k	7	8	no				1	3
152	1209317	21	primi	38+2	sp	no	5cm	1hr	25mins	no	ftnd		lb	2.6kg	8	9	no				0	3
153	1209473	19	g2p1l1	38 +5	sp	no	n/a	n/a	12mins	no	ventouse delivery	fetal distress	lb	2.4kg	8	9	no				1	4
154	10000213	26	primi	39+4	sp	prom	6cm	2h	49m	no	ftnd		lb	2.6kg	8	9	no				1	3
155	1000001	21	g3p2l2	39	sp	rhd , severe mr	6cm	1h	9m	no	ventouse delivery	to cut short 2nd stage	lb	2.8kg	8	8	no				1	5
156	10000404	30	g2p1l1	38+5	sp	fgr	7cm	45mins	7mi	no	ftnd		lb	2.4KG	7	8	no				1	3
157	10000319	20	g2a1	40+2	induced	no	8cm	n/a	n/a	n/a	ft emg lscs	non progress of labour	lb	3.2kg	7	8	no			2	0	5
158	1208472	23	primi	38+5	sp	no	7cm	n/a	n/a	n/a	ft emg lscs	thick msl	lb	2.7kg	8	9	no			1	1	5
159	10000437	22	primi	38+5	induced	rh neg., prom, anemia	5cm	4hrs	30mins	no	ftnd	no	lb	2.2kg	7	9	no		no		1	3
160	10000262	29	g3p1l1a1	39 +3	induced	ghtn	6cm	3hrs	38m	no	ftvd	no	lb	2.7kg	8	9	no		no		1	3
161	10000471	20	primi	38+3	sp	no	7cm	2hrs	11mins	no	ftnd	no	lb	2.7kg	8	9	no		no		0	3
162	10000512	24	primi	37+2	induced	prom	6cm	n/a	n/a	n/a	ft emg lscs	deep transverse arrest	lb	2.8kg	7	9	no		no	2	1	6
163	10000540	21	primi	38+2	sp	NO	7cm	2hra	31min	no	ftnd	no	lb	2.5kg	8	8	no		no		1	3
164	10000525	26	primi	38	sp	no	6cm	3hrs	17mins	no	ftnd	no	lb	2.7kg	7	9	no		no		1	3
165	10000037	30	g2a1	39+5	sp	no	6cm	2hrs	14mins	no	ftnd	no	lb	2.7kg	7	8	no		no		0	4
166	10000611	27	primi	39+6	SP	HYpothy	7cm	1hr	14mins	no	ftnd	no	lb	3.3kg	7	9	no		no		1	3
167	10000719	20	primi	39+1	sp	macrosomia gdm	5cm	n/a	n/a	n/a	ft emg lscs	cpd	lb	3.2kg	7	9	no		atonic pph, b-l	1	0	5
168	10000746	25	primi	40+1	sp	post datism	6cm	2hrs	25mins	no	ftnd	no	lb	2.6kg	7	9	no		no		1	3
169	10000656	23	primi	40	sp	no	7cm	1hrs 30 mins	18mins	no	ftnd	no	lb	3kg	8	9	no		no		1	3
170	10000673	22	primi	40+4	sp	post datism	8cm	30mins	11mns	no	ftnd	no	lb	2.7kg	7	8	no		no		1	4
171	10000912	28	primi	38+6	sp	hypothy, high leak	5cm	4hrs	25mins	no	ftnd	no	lb	3kg	8	8	no		no		1	3
172	10001059	21	g3p1l1a1	38	sp	2nd stage	n/a	n/a	14mins	no	ftnd	no	lb	3.3kg	7	8	no		no		0	4
173	10001038	27	primi	39+1	sp	no	7CM	3hrs	40mins	no	ftnd	no	lb	2.5kg	7	9	no		no		1	4
174	10001077	22	primi	39	sp	prom	5cm	n/a	n/a	n/a	ft emg lscs	thick msl with fetal distress	lb	2kg	8	9	no		no	1	1	6
175	10001045	26	primi	39+3	sp	rh neg	6cm	3hrs	48mins	oxy	ftnd		lb	2.7kg	7	9	no		no		1	3
176	10001214	24	g2p1l1	37wk	induced	macrosomia gdm	6cm	3hrs	36mins	no	ftnd		lb	3.7kg	7	9	no		no		1	3
177	10001424	27	primi	38+2	induced	prom	5cm	2hrs	13mins	no	ftvd		LB	1.8kg	7	9	no		no		0	4
178	1209300	28	g2p1l1	37+1	induced	anemia	5cm	n/a	n/a	n/a	ft emg lscs	fetal distress	lb	2.7kg	8	8	no		atonic , /l ut ar	4	1	6
179	10001279	22	g2a1	39+2	sp		7cm	2hrs	36mins	no	ftnd		lb	2.1kg	8	9	n		no		1	3
180	10001483	30	g2p1l1	39+3	sp		8cm	1hr	7mins	no	ftnd		lb	2.7kg	8	9	no		no		1	2
181	10001480	28	g2a1	39wk	sp	prom	5cm	n/a	n/a	n/a	ft emg lscs	cpd	lb	3.1kg	8	9	no		no	1	1	4
182	10001254	24	primi	40+1	induced	post datism	5cm	4hrs	20mins	no	ftnd		lb	3KG	8	9	no		no		1	3
183	10001508	26	g3p1l1	40+1	induced	prom	6cm	3hrs 30m	15mins	no	ftnd		lb	3.5kg	8	9	no		no		1	4
184	10001266	33	g2a1	38+3	induced	overt dm	5cm	4hrs	39min	no	ventouse delivery	poor maternal bearing down	lb	3.1kg	8	9	no		no		0	5
185	10001537	27	g2p1l1	38wk	sp		6cm	2hrs	20mins	no	ftnd		lb	3kg	8	9	no		no		1	3
186	10001572	26	g3p1l1	40+1	induced	prom	7cm	3hres	25mins	no	ftnd		lb	3.5kg	8	9	no		no		1	3
187	10001579	29	g21l1	39wk	sp	prom	5cm	3hrs	30mins	no	ftnd		lb	2.8kg	8	9	no		no		1	2
188	10001536	23	primi	40+1	sp	prom	6cm	2hrs	26mins	no	ftnd		lb	2.6kg	8	9	no		no		1	3
189	10001584	25	g3p1l1	37wk	sp		5cm	4hrs	20mins	no	ftnd		lb	2.28kg	8	9	yes	cleft lip	no		0	4
190	10001568	25	primi	38+2	sp	prom	7cm	1hr 30	13mins	no	ftnd		lb	2.4kg	8	9	no		no		1	3
191	10001818	29	g3p2l2	39+1	sp		8cm	30mins	9min	no	ftnd		lb	3kg	8	9	no		no		1	3
192	10001271	20	primi	39+3	sp		5cm	2hrs	14mins	no	ftnd		lb	2.8kg	8	9	no		no		0	3

193	10001853	20	primi	39+2	sp		7cm			n/a	ft emg lscs	dta	lb	3.6kg	8	9	no		no	1	1	7
194	10001725	26	g3p2l2	39+2	sp		5cm	3hrs	18mins	no	ftnd		lb	3.1kg	8	9	no		no		1	3
195	10002093	23	primi	37+4	sp		5cm	4hrs 30mins	07mins	no	ftnd		lb	2.7kg	8	9	no		no		1	3
196	10003029	24	g3p1l1	40wk	induced	Less liq	6cm	2hrs	20mins	no	ftnd		lb	3.3kg	8	9	no		no		1	3
197	10002350	32	g2p1l1	40+6	sp	postPDA closure	6cm	3hrs	10min	no	ftnd		lb	2.7kg	8	9	no		no		1	2
198	10002333	23	primi	38+6	sp	no	7cm	1hr	16mins	no	ftnd		lb	2.4kg	8	9	no		no		1	3
199	10001756	26	g2p1l1	38+6w	induced	Less liq	5cm	4hr 30mins	24mins	no	ftnd		lb	2.8kg	8	9	no		no		0	3
200	10002589	21	primi	36+3	sp	2nd stage ,sev PE,preterm	n/a	n/a	7mins	no	ptvd		lb	2.7kg	8	9	no		no		1	4
201	10002334	21	primi	40wk	induced	no	6cm	3hrs	11mins	no	ftvd		lb	2.8kg	8	9	no		no		1	3
202	10002516	26	g3p2l2	36+6	sp	preterm	7cm	1hr	20mins	no	ptvd		lb	2.3kg	8	9	no		no		0	3
203	10002798	28	g3p1l1a1	37+5	sp	hypothy	5cm	3hrs	18mins	no	ftnd		lb	2.8kg	7	9	no		no		1	4
204	10002568	26	g2p1l1	37+2	induced	macrosomia	6cm	2hrs 30mins	13mins	no	ftnd		lb	3.3kg	7	9	no		no		1	3
205	10002385	24	g2p1l1	39wk	sp	hypothy	6cm	3hrs	14mins	no	ftvd		lb	2.9kg	7	9	no		no		1	3
206	10002008	29	g2p1l1	38wk	induced	rh neg , oligo	5cm	5hr 20m	14mins	early arn	ftvd		lb	2.5kg	7	9	no		no		1	3
207	10002930	22	primi	39+6	sp	prom	6cm	-	-	no	ft emg lscs	dta	lb	2.9kg	7	9	no		no	1	1	6
208	10003173	34	g4p2l2a1	39+3	induced	mod anemia ,ghtn	5cm	5hr 20m	18mins	no	ftvd		lb	2.8kg	7	8	no		no		0	3
209	10003420	20	primi	38	sp	rh neg	6cm	3hr	23mins	no	ftnd		lb	2.5kg	7	7	no		no		1	3
210	10003293	22	primi	38+5	sp	n o	6cm	2hrrs 30mins	29min	no	ftnd		lb	2.9kg	8	9	no		no		1	3
211	10003588	32	g3p1l1a1	38wk	sp	thrombocytopenia	5cm	3hrs	12mins	no	ftnd		lb	2.7kg	7	8	no		no		1	3
212	10003562	24	g2p1l1	37+3	induced	hyperthy,oligo	6cm	4hrs 20min	29mins	no	ftvd		lb	2.6kg	7	8	no		no		1	3
213	10003625	19	primi	39	sp	no	7cm	2hrs	8min	no	ftnd		lb	3kg	7	8	no		no		0	3
214	10003631	21	primi	40	induced	hypothy	5cm	3hrs	31mins	no	ftvd		lb	2.7kg	7	8	no		no		1	3
215	10003799	23	primi	39+4	sp	rh neg	6cm	3hrs 30mins	17mins	no	ftnd		lb	2.6kg	7	8	no		no		1	3
216	10003913	21	primi	38+4	induced	fgr late onset	5cm			no	ft emg lscs	thick msl	lb	2.6kg	7	8	no		no	2	1	5
217	10004150	27	g2p1l1	39+3	sp	MV repair , mod anemia	8cm	45mins	11mins	no	ventouse delivery	to cut short 2nd stage	lb	2.7kg	7	8	no		no		1	5
218	10003935	20	g2a1	40+1	induced	postdatism	6cm	3hrs	34mins	no	ftvd		lb	3.2kg	7	8	no		no		1	4
219	10004218	25	g3p2l2	38+6	sp	no	7cm	1hr	22mins	no	ftnd		lb	2.9kg	7	8	no		no		1	4
220	10004198	28	g2p1l1	40wk	sp	no	6cm	2hr	12mins	no	ftnd		lb	2.9kg	7	8	no		no		1	4
221	10004112	25	g2p1l1	38wk	sp	fever	6cm	3hr	18mins	no	ftnd		lb	2.6kg	7	8	no		no		2	4
222	10004227	29	g2p1l1	39+3	sp	rh neg	5cm	4hr 30mins	27m	no	ftnd		lb	2.8kg	7	8	no		no		1	4
223	10004234	35	g5p3l3a1	36+3	induced	hellp , preterm, pprom	6cm	1hr	36mins	no	ptvd		lb	1.7kg	8	8	yes	w, preter	no		2	5
224	10004439	32	g2p1l1	39+1	sp	second stage . Rh neg,msl	n/a	n/a	20mins	no	ventouse delivery	msl	lb	3.3kg	8	8	no		no		0	3
225	10004269	32	g5p4l2d1	39wk	induced	ghtn	5cm	2hrs 30mins	8min	no	ftvd		lb	3.3kg	8	8	no		no		1	3
226	10004487	24	g2p1l1	39+5	sp	no	6cm	1hr	8min	no	ftnd		lb	3.2kg	8	9	no		no		1	3
227	10004646	28	g2a1	37wk	sp	no	7cm	1hr 30mins	18mins	no	ftvd		lb	2.1kg	8	9	no		no		1	3
228	10004475	21	primi	40	sp	rh neg	6cm	3hrs	21mins	no	ftnd		lb	3.1kg	8	9	no		no		0	3
229	10004760	23	primi	40+5	sp	postdatism	5cm	n/a	n/a	n/a	ft emg lscs	thick msl	lb	2.7kg	8	9	no		no	1	1	8
230	10004399	26	g2p1l1	38+2	induced	macrosomia	5cm	4hrs	13mins	no	ftnd		lb	3.1kg	8	9	no		no		1	3
231	10004796	22	primi	39wk	sp	hypothy	7cm	1h	52m	oxy in 2nd stage	ventouse delivery	poor maternal bearing down	lb	2.2kg	8	9	no		no		1	5
232	10004791	21	g2a1	40wk	sp	rhd grade 2mr	5cm	3hrs 30mins	25mins	no	ventouse delivery	to cut short 2nd stage	lb	2.7kg	8	9	no		no		1	6
233	10004810	22	gep1l1a1	39+1	sp	no	7cm	1hr	25mins	no	ftnd		lb	3.1kg	8	9	no		no		1	4
234	10004820	22	primi	36+2	sp	preterm	6cm	2hr	28mins	no	ptvd		lb	2.2kg	8	9	no		no		1	4
235	10005081	23	primi	37wk	sp	no	7cm	1hr 30mins	25mins	no	ftnd		lb	2.4kg	8	9	no		no		1	4
236	10005043	25	primi	39+2	sp	no	6cm	2hrs 30mins	16mins	no	ftnd		lb	2.4kg	8	9	no		no		1	4
237	10005401	28	g3a2	37+2	sp	no	8cm	n/a	n/a	n/a	ft emg lscs	DTA	lb	2.8kg	8	9	no		no	1	0	7
238	10005103	26	g2a1	39wk	sp	prom	6cm	2hrs 35mins	20mins	no	ftnd		lb	3.3kg	8	9	no		no		1	4
239	10005344	23	primi	39+6	sp	hypothy	8cm	30mins	5m	no	ftnd		lb	3kg	8	9	no		no		1	4
240	10005295	23	primi	39+4	sp	prom , asd closure	5cm	2hrs	8min	no	ftvd		lb	2.7kg	8	9	no	3rd degree perineal te			0	4
241	10005370	23	primi	37+1	sp	doppler chamges	6cm	N/A	N/A	n/a	ft emg lscs	persistant op	lb	3.4kg	8	9	no		no	1	1	7

242	10005102	21	primi	38+2	induced	fgr, severe pe, anemia	5cm	4hrs	36mins	no	ftvd		lb	2.3kg	7	9	no		no		1	3
243	10005335	23	g3p2l2	39	sp	no	8cm	30mins	19mins	no	ftnd		lb	2.7kg	8	9	no	3rd degree perineal te			1	3
244	10005244	21	primi	37+5	induced	fetus vein of galen deformity	6cm	2hr	19m	no	ftvd		lb	2.6kg	8	9	yes	bservatio	no		1	3
245	10005636	28	g2p1l1	37+5	induced	polyhydram	5cm	3hrs	21mins	no	ftvd		lb	2.8kg	8	9	no		no		2	3
246	10005919	27	g5p2l2a1	40wk	sp	no	6cm	2hr	19mins	no	ftnd		lb	2.9kg	7	9	no		no		1	3
247	10005763	23	primi	37+3	induced	oligo	5cm	4hrs	29mins	no	ftvd		lb	2.5kg	7	9	no		no		1	3
248	10005743	23	g2p1l1	37+2	sp	hypothy	6cm	3hrs	31mins	no	ftnd		lb	2.5kg	7	8	no		no		1	3
249	10005894	24	g4p3l2d1	39wk	sp	fgr	5cm	4h	30mins	no	ftnd		lb	2.5kg	7	8	no		no		0	3
250	10005594	27	primi	37+6	induced	prom, hypothy	6cm	2h 30m	19min	no	ventouse delivery	fetal distress	lb	2.7kg	7	8	no		no		1	6
251	10006116	29	g4p2l1d1a1	38wk	sp	no	7cm	4h	17mins	no	ftnd		lb	2.7kg	7	8	no		no		1	4
252	10005956	24	primi	35wk	sp	preterm	6cm	2hrs 30mins	18mins	no	ptvd		lb	2.6kg	7	8	no		no		1	4
253	10005896	29	g3p2l2	36+6	sp	no	5cm	3hrs	9mins	no	ftnd		lb	3kg	7	8	no		no		1	4
254	10005813	22	primi	35+6	sp	oligo	6cm	2hrs 30mins	12mins	no	ptvd		lb	2.3kg	7	8	no		no		0	4
255	10006182	25	g2p1l1	39+3	induced	gdm	5cm	4hrs	32m	no	ftvd		lb	3.2kg	7	8	no		no		1	4
256	10006305	31	g2p1l1	38+2	sp	no	5cm	3hrs	16mins	no	ftnd		lb	3kg	7	8	no		no		1	4
257	10006394	26	primi	37+4	sp	no	6cm	2hrs 30mins	14mins	no	ftnd		lb	3.1kg	7	8	no		no		1	3
258	10006346	26	primi	40+1	induced	postdatism	5cm	3hrs 30mins	29mins	no	ftnd		lb	3kg	7	8	no		no		0	3
259	10006461	21	g2a1	40+4	induced	rh neg, oligo	6cm	2hr	33min	no	ftnd		lb	2.4kg	7	8	no		no		1	3
260	10006758	23	primi	38+6	sp	no	7cm	1hr 30mins	11mins	no	ftnd		lb	2.9kg	7	8	no		no		1	3
261	10006736	25	g3p1l1a1	39+4	sp	hypothy	5cm	3hrs	22mins	no	ftnd		lb	2.9kg	7	8	no		no		1	3
262	10006719	21	primi	40wk	sp	no	6cm	2hr 30mins	25mins	no	ftvd		lb	2.6kg	7	8	no		no		0	2
263	10007039	23	primi	36+6	induced	pprom	5cm	2hrs 30mins	28mins	no	ptvd		lb	2.2kg	7	8	no		no		1	2
264	10007273	27	primi	39+4	sp	no	6cm	3hrs	32mins	no	ftvd		lb	2.3kg	7	8	no		no		1	2
265	10007274	25	primi	38+5	sp	short stature	7cm	2hr	22mins	no	ftvd		lb	2.2kg	7	8	no		no		1	2
266	10007383	21	primi	37+1	sp	no	6cm	3hr	33mins	no	ftnd		lb	2kg	7	8	no		no		0	2
267	10007423	23	g2p1l1	40+1	induced	hypothy	5cm	3 hrs 30mins	27mins	no	ftnd		lb	2.9kg	7	9	no		no		1	2
268	10007283	24	primi	40wk	induced	fgr ghtn	6cm	n/a	n/a	n/a	ft emg lscs	fetal distres	lb	2.8kg	7	9	no		no	2	1	6
269	10007793	22	primi	38+6	induced	hbsg+, l/o fgr	5cm	2hr 30m	24mins	no	ftnd		lb	2.4kg	7	9	no		no		1	3
270	10007830	33	g2p1l1	37+2	induced	oligo vdrl+ve	6cm	1hr 30m	17mins	no	ftnd		lb	1.9kg	7	9	no		no		1	3
271	10007632	25	primi	33+6	induced	pprom , precious preg	5cm	1hr 40m	19mi	no	ptvd		lb	1.6kg	7	9	yes	lbw	no		0	2
272	10007905	21	primi	40wk	sp	no	6cm	2hrs 30mins	16mins	no	ftnd		lb	3.2kg	7	9	no		no		1	3
273	10007975	22	g3a2	39+5	induced	gest htn, l/o fgr	5cm	n/a	n/a	no	ft emg lscs	cpd	lb	2.8kg	7	9	no		no	2	1	7
274	10007981	20	primi	37+5	induced	thrombocytopenia	6cm	3hrs	31mi	no	ftnd		lb	2.8kg	7	9	no		no		1	3
275	10008101	30	g3p2l2	38+1	sp	no	8cm	40mins	7mins	no	ftnd		lb	2.7kg	7	9	no		no		1	3
276	10008068	28	g2a1	40wk	induced	no	6cm	2hr	40mins	no	ftvd		lb	3kg	8	9	no		no		1	3
277	10008221	23	primi	38+5	sp	no	5cm	2hr	38mins	no	ftnd		lb	3kg	8	9	no		no		1	3
278	10006724	22	primi	39+4	induced	FGR ,	6CM	3hr 20min	18mins	no	ftvd		lb	2.3kg	8	9	no		no		1	8
279	10008258	29	primi	39+3	sp	no	5cm	n/a	n/a	no	ft emg lscs	fetal distress in 2nd stg	lb	2.5kg	8	9	no	epi +b/l ut arte		1	1	6
280	10008389	27	primi	40wk	sp	persistant fetal tachy	6cm	4hr	29min	no	ft emg lscs	persistant fetal tachy	lb	3.2kg	8	9	no		no	1	1	5
281	10008153	20	primi	37+1	induced	doppler chamges	5cm	5hrs 30mins	30mins	no	ftvd		lb	2.3kgs	8	9	no		no		1	3
282	10008445	20	primi	37+3	induced	hypothy, doppler	6cm	4hr	24mins	no	ftvd		lb	2.5kg	8	9	no		no		1	3
283	10008608	24	primi	39+6	sp	ovulation ind	5cm	4hr	21mins	no	ftvd		lb	3.1kg	8	9	no		no		1	3
284	10008604	20	primi	40wk	sp	no	6cm	3hr	22mins	no	ftvd		lb	3.1kg	8	9	no		no		0	3
285	10008983	20	primi	37+5w	sp	no	7cm	2hr	26mins	no	ftvd		lb	1.9kg	8	9	no		no		1	3
286	10008997	28	g3p2l2	40+2	sp	2nd stage	n/a	n/a	12mins	no	ftnd		lb	3.4kg	8	9	no		no		1	3
287	10009213	24	g2a1	37+4	sp	rh neg, oligo, ghtn	6cm	3hr	30mins	no	ftvd		lb	2.5kg	8	9	no		no		1	3
288	10009069	20	g2a1	38+6	sp	no	5cm	3hr	1hr 18mins	oxy in 2nd stage	ventouse delivery	poor maternal bearing down	lb	2.7kg	8	9	no		no		1	6
289	10009158	30	g3p2l2	40+1	induced	reduced liq, postdatism	6cm	3hr 30m	24mins	no	ftvd		lb	3.2kg	8	9	no		no		1	4
290	10009229	22	g2p1l1	40+3	sp	postdatism	6cm	3hrs	14mins	no	ftnd		lb	3.3kg	7	9	no		no		1	4

291	10009155	20	g2a1	40wk	sp	no	5cm	n/a	n/a	n/a	ft emg lscs	thick msl	lb	3.3kg	7	9	no		no	1	1	5
292	10009190	23	g2a1	39week	sp	thrombocytopenia	6cm	2hrs	32min	no	ventouse delivery	fetal distress	lb	2.8kg	7	9	no		no		0	6
293	10009291	23	primi	40+4	induced	postdatism	5cm	5hrs	19mins	no	ftvd		lb	3.7kg	7	9	no		no		1	3
294	10009235	20	g2a1	37wk	sp	excess liq	7cm	n/a	N/A	n/a	ft emg lscs	cpd	lb	2.7kg	7	9	no		no	1	1	6
295	10009537	20	primi	38+4	sp	no	6cm	3hr	10mins	no	ftnd		lb	3.1kg	7	9	no		no		1	3
296	10009518	23	primi	40+1	induced	post datism	5cm	3hrs 30mins	16mn	no	ftnd		lb	3.1kg	7	9	no		no		1	3
297	10009605	23	g2p1l1	39+5	sp	no	7cm	2hr	40mins	no	ftnd		lb	2.9kg	7	9	no		no		0	3
298	10009870	24	primi	40+1	induced	post datism	6cm	3hrs	34mins	no	ftvd		lb	2.7kg	7	9	no		no		1	3
299	10009749	30	primi	40+3	induced	oligo,fgr	6cm	1hr 30mins	21mins	no	ftvd		lb	2.3kg	7	9	no		no		1	3
300	10009773	35	g5p3l3a1	37+2	induced	fgr, less liq	7cm	1hr	11mins	no	ftvd		lb	2.2kg	7	9	no		no		1	3
301	10009911	23	primi	37+5q	sp	no	8cm	45mins	20mins	no	ftnd		lb	2.5kg	7	9	no		no		1	3
302	10009869	20	g2p1l1	37+3	sp	Less liq	6cm	2hrs	41mins	no	ftvd		lb	3kg	6	6	yes	bservatio	no		1	3
303	10008323	26	g2a1	37+1	induced	gdm	5cm	n/a	n/a	n/a	ft emg lscs	cpd	lb	2.8kg	8	9	no		no	2	1	7
304	10010177	28	primi	39w	sp	no	6cm	3hrs	40mins	oxy in 2nd stage	ventouse delivery	poor maternal bearing down	lb	2.3kg	8	9	no		no		0	6
305	10009866	23	primi	39w	sp	no	6cm	2hrs	17mins	no	ftnd		lb	3kg	8	9	no		no		0	3
306	10010398	26	g3p1l1a1	38+6	sp	2nd stage	n/a	n/a	26mins	no	ftnd		lb	2.9kg	8	9	no		no		1	3
307	10010461	27	primi	38+5	sp	fgr, hypothy	8cm	30min	21mins	no	ftvd		lb	2.2kg	8	9	no		no		1	3
308	10010392	25	primi	37+3	sp	no	6cm	2hr	26mins	no	ftnd		lb	2.5kg	8	9	no		no		0	3
309	10010493	22	g2p1l1	33+5	sp	preterm	6cm	2hr	14mins	no	ptvd		lb	2kg	8	9	no		atonic pph		1	3
310	10010604	20	primi	38+4	sp	no	7cm	na	n/a	n/a	ft emg lscs	fetal distress	lb	2.7kg	8	9	no		no	1	1	7
311	10010233	19	primi	38+5	induced	doppler chamges	6cm	2hrs	22mins	no	ftvd		lb	2.7kg	8	9	no		no		1	3
312	10010775	28	g3p1l1a1	39+5	sp	gest thrombocytopenia	6cm	3hrs	32mins	no	ftnd		lb	3kg	8	9	no		no		1	3
313	10010786	27	g2p1l1	40+2	induced	post datism	5cm	4hrs 30mins	14mins	no	ftvd		lb	3kg	8	9	no		no		0	3
314	10010898	23	primi	38	induced	prom,hypothy, ghtn	6cm	2hrs	20mins	no	ftvd		lb	3kg	8	9	no		no		0	3
315	10010922	23	primi	33	sp	prom	7cm	1hr	33m	no	PTVD		lb	2.65kg	8	9	no		no		0	3
316	10011526	25	g2p1l1	38wk	sp	hypthy	6cm	2hrs 30mins	18mins	no	ftnd		lb	2.6kg	8	9	no		no		1	3
317	10011523	25	g2p1l1	39+5	sp	no	6cm	3hrs 30mins	28mins	no	ftnd		lb	3.1kg	8	9	no		no		1	3
318	10011542	26	g3p2l2	40+1	induced	postdatism	5cm	3hrs	21mins	no	ftvd		lb	3kg	8	9	no		no		0	4
319	10011537	26	primi	40+1	induced	post datism	6cm	3hrs	18mins	no	ftnd		lb	3.1kg	8	9	no		no		1	3
320	10011915	24	g2a1	40+2	sp	post datism	7cm	1hr	29mins	no	ftnd		lb	3.3kg	8	9	no		no		1	4
321	10012047	22	g2p1l1	37+6	sp	mcda twins	6cm	1hr	37mins, 13mins	no	ftvd		lb	2.3kg, 2.2kg	7,6	8,7	no		no		1	4
322	10012135	22	g2p1l1	39+2	sp	no	5cm	4hrs	19min	no	ftnd		lb	2.9kg	8	9	no		no		1	4
323	10012155	34	g4p3l3	39w	sp	hypothy	5cm	4hr 30mins	29mins	no	ftnd		lb	3.1kg	8	9	no		no		1	4
324	10011865	24	g2p1l1	38+6	induced	gdm	6cm	3hrs 30mins	11mins	no	ftvd		lb	3.3kg	8	9	no		no		1	4
325	10012363	35	primi	40wk	sp	short stature	5cm	n/a	n/a	n/a	ft emg lscs	cpd	lb	3kg	8	9	no		no	1	1	7
326	10012409	21	primi	37wk	sp	no	6cm	n/a	n/a	n/a	ft emg lscs	thick msl	lb	3.1kg	8	9	no		no	1	1	8
327	10012350	24	primi	35+1	sp	tb on att, preterm	5cm	2hr 30m ins	14mins	no	ptvd		lb	2kg	6	7	yes	sp distres	no		1	4
328	10012467	23	primi	38+6	sp	no	7cm	2hrs	29mins	no	ftvd		lb	2.3kg	8	9	no		no		0	4
329	10012561	28	g4p3l2d1	39+4	sp	2nd stage	n/a	n/a	5mins	no	ftnd		lb	3kg	8	9	no		no		1	3
330	10012643	25	g2p1l1	38wk	sp	no	5cm	5hrs	11mins	no	ftnd		lb	2.9kg	8	9	no		no		1	3
331	10012719	28	g3p2l2	39+2	sp	macrosomia	6cm	2hrs 30mins	14mins	no	ftvd		lb	3,8kg	8	9	no		no		1	3
332	10012836	27	primi	32+3	sp	ghtn, preterm n	7cm	1hr 30mins	20mins	no	PTVD		lb	1.6kg	8	9	yes	w, preter	no		0	3
333	10012660	28	g2a1	40+1	sp	hypothy, postdatism	6cm	n/a	n/a	n/a	ft emg lscs	thick msl	lb	2.6kg	8	8	no		no	1	1	7
334	10012847	27	primi	37+6	sp	low lying placenta	7cm	1hr	34mins	no	ftvd		lb	2.1kg	8	8	no		no		1	3
335	10012700	32	g5p4l4	38+1	sp	fetus tga	6cm	2hrs	22mins	no	ftnd		lb	2.6kg	6	6	yes	tga	no		1	3
336	10013118	19	primi	39w	sp	rh neg	8cm	30mins	15mins`	no	ftnd		lb	2.4kg	8	8	no		no		1	3
337	10013294	27	g2p1l1	39+4	sp	no	6cm	2hrs 30mins	21mins	no	ftnd		lb	2.5kg	8	8	no		no		1	3
338	10013605	23	primi	38+4	sp	no	5cm	4hr	20mins	no	ftnd		lb	2.7kg	8	8	no		atonic pph		1	3
339	10013613	23	g3p2l2	40+1	induced	postdatism	6cm	1hr 30mins	26mins	no	ftvd		lb	3.1kg	8	8	no		no		1	3
340	10013643	20	primi	37+6	induced	fgr	5cm	3hrs	33m	no	ftvd		lb	2.3kg	8	8	no		no		1	2
341	10013649	25	primi	40+2	sp	postdatism	6cm	n/a	n/a	no	ft emg lscs	thick msl	lb	3kg	8	8	no		no	2	0	8

342	10013738	25	g2p1l1	40wk	sp	no	6cm	2hrs 30mins	10mins	no	ftnd		lb	3.6kg	8	8	no		no		1	3
343	10013820	22	g2a1	39+4	sp	no	7cm	1hr 30mins	18mins	no	ftnd		lb	2.5kg	8	8	no		no		1	3
344	10013900	32	primi	40+2	sp	post datism	6cm	2hr 30mins	12mn	no	ftnd		lb	3.1kg	8	8	no		no		1	3
345	10013906	23	g3p2l2	38+1	sp	rh neg	5cm	n/a	n/a	no	ft emg lscs	non reassuring ctg	lb	2.8kg	8	8	no		no	3	1	7
346	10013608	30	primi	36+4	induced	fgr	6cm	1hr 30mins	18mins	no	ptvd		lb	2.1kg	8	8	no		no		1	3
347	10013871	27	primi	39+6	sp	no	5cm	3hrs	15m	no	ftnd		lb	2.4kg	8	8	no		no		1	3
348	10013915	23	primi	40+2	sp	post datism	7cm	2hrs	30mins	no	ftnd		lb	3.4kg	7	8	no		no		1	3
349	10013825	19	g2a1	39+1	sp	no	6cm	3hrs 30mins	21mins	no	ftnd		lb	2.5kg	7	8	no		no		0	3
350	10014013	25	g2p1l1	39+2	sp	no	5cm	4hrs	36mins	no	ftnd		lb	3.5kg	7	8	no		no		1	3
351	10014046	28	g4p3l3	38+4	induced	fgr	6cm	2hrs	47mi	no	ftnd		lb	2.5kg	7	8	no		no		1	4
352	10014354	20	primi	37+6	induced	fgr with doppler changes	6cm	2hrs	18mins	arm at 6cm	ftvd		lb	2.2kg	7	8	no		no		1	4
353	10013533	26	g2p1l1	38+4	sp	hypothy	5cm	4hrs	42mins	no	ftnd		lb	3.1kg	7	8	no		no		1	3
354	10014390	27	g3p2l2	37+2	sp	no	6cm	2hrs 30mins	16mins	no	ftd		lb	2.3kg	7	8	no		no		1	3
355	10014437	25	g2p1l1	40+4	induced	post datism, rh neg, hbsag+, h/o iga nephro	7cm	1hr 30mins	17mins	no	ftvd		lb	2.4kg	7	9	no		no		1	3
356	10014285	21	g2p1l1	40+3	induced	postdatism	6cm	4hrs	13mins	no	ftvd		lb	3.1kg	7	9	no		no		0	3
357	10013305	26	primi	36wk	sp	preterm	8cm	1hr	37mins, 13mins	no	ptvd		lb	2.5kg	7	9	no		no		1	3
358	10014618	22	g3a2	40+1	induced	ovulation ind,post datism	6cm	2hrs	35mins	no	ftvd		lb	3.1kg	7	9	no		no		1	3
359	10014890	23	primi	38+6	sp	rh neg	5cm	5hrs	38hrs	no	ftvd		lb	2.6kg	7	9	no		no		1	3
360	10014823	27	primi	38+3	sp	prom,	6cm	n/a	n/a	n/a	ft emg lscs	cpd	lb	2.9kg	7	9	no		no	1	1	6
361	10014549	24	g3p2l2	38+2	sp	rh neg, dm, ghtn	7cm	2hrs	29mins	oxy in 2nd stage	ftvd		lb	4kg	7	9	no		no		1	3
362	10015367	23	g2a1	38+4	sp	gdm, fetal macrosomia	5cm	n/a	n/a	n/a	ft emg lscs	cpd	lb	3.8kg	7	9	no		no	1	0	7
363	10015167	24	primi	37+5	induced	ghtn, fgr, doppler changes	5cm	3hrs	15mins	no	ftvd		lb	2kg	7	9	no		no		1	3
364	10015234	21	primi	40+3	induced	post datism	6cm	n/a	n/a	no	ft emg lscs	fetal distress	lb	2.9kg	8	9	no		no	1	1	6
365	10015300	29	primi	37+6	sp	prom	5cm	3hrs	33m	no	ftvd		lb	2.9kg	7	9	no		no		1	3
366	10015307	27	g2d1	38+4	sp	prom	6cm	2hrs	25min	no	ftvd		lb	3kg	7	9	no		no		1	3
367	10015404	29	primi	38wk	induced	macrosomia	5cm	4cm	59mins	oxy in 2nd stage	ftvd		lb	2.5kg	6	6	yes	esp distres	no		1	4
368	10015225	23	primi	38+3	sp	no	6cm	3hrs	44mins	no	ftvd		lb	2.8kg	7	9	no	3rd degree perineal te			0	10
369	10015625	20	g2p1l1	41+1	induced	post datism,excess liq,hypothy	6cm	2hrs	28mins	no	ftvd		lb	3.6kg	7	9	no		no		1	3
370	10015709	24	g2p1l1	38+5	induced	Less liq	7cm	1hr	40mins	no	ftvd		lb	2.8kg	7	9	no		no		1	3
371	10015163	29	g4p1a2d1	37+2	sp	fetus hving hydronephrosis	6cm	2hr	28mins	no	ftvd		lb	2kg	7	9	no		no		1	3
372	10015828	31	g3p2l1d1	39+2	sp	rhd, ghtn	8cm	30mins	21mins	no	ventouse delivery	to cut short 2nd stage	lb	3.2kg	7	9	no		no		1	3
373	10016248	30	g2a1	38+5	sp	2nd stage labour	n/a	n/a	20mins	no	ftnd		lb	2.8kg	7	9	no		no		1	3
374	10016533	29	primi	38wk	sp	early onset fgr	7cm	n/a	n/a	m/a	ft emg lscs	thick msl	lb	2kg	7	9	no		no	1	1	3
375	10016260	30	primi	39+3	sp	no	8cm	n/a	n/a	n/a	ft emg lscs	dta	lb	3.0kg	4	4	yes	esp distres	no	1	1	3
376	10016565	22	primi	38+4	sp	2nd stage arrest	n/a	n/a	na	n/a	ft emg lscs	dta	lb	2.8kg	6	7	yes	esp distres	no	1	1	3
377	10016645	23	g2p1l1	39+4	sp	no	6cm	2hr	24mins	no	ftnd		lb	3kg	8	9	no		no		1	3
378	10016725	29	g3a2	39+2	sp	rhd	5cm	3hr	20mins	no	ventouse delivery	to cut short 2nd stage	lb	2.8kg	8	9	no		no		0	3
379	10016366	28	g4p3l3	38+4	induced	Ghtn	6cm	3hr	46mins	oxy in 2nd stage	ftvd		lb	3kg	8	9	no		no		1	3
380	10016927	19	primi	38wk	sp	no	6cm	1hr	1hr 11mins	oxy in 2nd stage	ventouse delivery	poor maternal bearing down	lb	3kg	8	9	no		no		1	3
381	10016749	27	primi	40wk	induced	post datism	5cm	4hr	18mins	no	ftvd		lb	3.4kg	8	9	no		no		0	4
382	10016974	22	g2p1l1	40wk	sp	prom, excess liq	5cm	3h30mi	12mins	no	ftvd		lb	3.1kg	8	9	no		no		1	4

383	10017029	30	g2p1l1	38+6	sp	hypothy, gest htn	6cm	3hr	22mins	no	ftnd		lb	3.6kg	8	9	no		no		1	4
384	10016222	32	g2a1	38+5	sp	no	7cm	1hr	27mins	no	ftvd		lb	3.2kg	8	9	no		no		0	4
385	10017048	30	g3a2	32+2	sp	preterm , early onset fgr , hypothy	7cm	1hr 30mins	7mins	no	ptvd		lb	1.9kg	7	9	yes	reterm lb	no		1	4
386	10017382	23	g3p1l1a1	38+4	sp	pda , gdm	6cm	1hr	37 mins	no	ftnd		lb	2.5kg	8	9	no		no		1	4
387	10017318	25	primi	37+6	sp	no	6cm	n/a	n/a	n/a	ft emg lscs	fetal distress	lb	3.1kg	8	9	no		no	1	1	5
388	10017371	23	primi	37+3	sp	hypothy	5cm	4hrs	20mins	arm at6cm	ftvd		lb	3kg	8	9	no		no		1	3
389	10017641	23	g2p1l1	39week	sp	fgr	6cm	2hrs30mins	10mins	no	ftnd		lb	2.6kg	8	9	no		labial tear		1	3
390	10017654	25	g2p1l1	38+6	sp	no	9cm	30mins	8min	no	ftnd		lb	2.6kg	8	9	no		no		1	3
391	10017707	24	g3p2l2	39+2	sp	prev lscs with 1 vbac	8cm	30mins	16mins	no	ftvd		lb	3.3kg	8	9	no		no		0	3
392	10017605	23	primi	39+6	sp	Less liq	5cm	4hrs	21mins	no	ftvd		lb	2.3kg	8	9	no		no		1	3
393	10017732	21	g2p1l1	39+6	sp	no	9cm	10mins	5mins	no	ftnd		lb	3.1kg	8	9	no		no		1	3
394	10018012	28	g2p1l1	38+2	induced	Less liq	6cm	2hrs30 mins	35mins	no	ftvd		lb	2.5kg	8	9	no		no		1	3
395	10017748	21	primi	36+1	sp	pprom	6cm	1hr 30mins	7mins	no	ptvd		lb	2.7kg	8	9	no		no		1	3
396	10018040	20	primi	38+3	sp	no	7cm	1hr	14mins	no	ftvd		lb	2.6kg	8	9	no		no		0	3
397	10018064	28	primi	38+4	sp	no	6cm	2hr 30mins	23mins	no	ftvd		lb	2.36kg	8	9	no		no		1	3
398	10017969	32	g2p1l1	38+1	induced	gest htn	6cm	n/a	n/a	n/a	ft emg lscs	thick msl	lb	2.6kg	8	9	no		no	4	1	5
399	10018538	23	primi	39+4	sp	no	8cm	n/a	n/a	n/a	ft emg lscs	2nd stage arrest	lb	2.9kg	8	9	no		no	3	1	8
400	10018519	26	g2p1l1	38+2	sp	no	6cm	2hrs	20mins	no	ftnd		lb	3kg	8	9	no		no		1	3
401	10018461	22	primi	40+3	sp	no	7cm	1hr	35min	no	ftnd		lb	3.4kg	8	9	no		no		1	3
402	10018543	27	g5p2l2a2	37+3	induced	lessliq, fgr , hypothy	6cm	2hr	34mins	no	ftvd		lb	2.5kg	8	9	no		no		0	3
403	10013661	23	g2p1l1	40+4	induced	postdatism	6cm	3hrs	13mins	no	ftnd		lb	3kg	8	9	no		no		1	4
404	10013731	25	g2p1l1	39+3	sp	prom	5cm	4hr 30mins	28mins	no	ftvd		lb	3.2kg	8	9	no		no		1	3
405	10018875	21	primi	38+6	sp	no	6cm	3hrs	43mi	oxy in 2nd stage	ftnd		lb	2.8kg	7	9	no		no		1	3
406	10018890	26	g2p1l1	38+2	sp	no	7cm	1hr	44mins	no	ventouse delivery	poor maternal bearing down	lb	2.7kg	7	9	no		no		1	4
407	10018963	22	primi	38+5	sp	no	6cm	2hr 30m	37mins	no	ftnd		lb	2.7kg	7	9	no		no		1	3
408	10018754	30	primi	39+6	induced	rh neg , oligo	5cm	4hr 40min	27mins	no	ftvd		lb	2.7kg	7	9	no		no		1	3
409	10017684	22	g3p1l1a1	37wk	induced	gdm,polyhydramnios	6cm	3hrs 30mins	36mins	oxy in 2nd stage	ftvd		lb	3kg	7	9	no		no		1	3
410	10019221	23	primi	40+2	induced	post datism	8cm	40mins	7mins	no	ftnd		lb	2.6kg	7	9	no		no		1	3
411	10019250	26	g2p1l1	39+4	sp	no	6cm	3hrs	16mins	no	ftnd		lb	3.1kg	7	9	no		no		1	3
412	10019441	20	primi	38+2	induced	prom	7cm	1hr	30mins	no	ftnd		lb	2.6kg	7	9	no		no		1	4
413	10019243	20	primi	39+1	sp	no	5cm	4h 30min	25mins	no	ftvd		lb	2.3kg	7	9	no		no		1	3
414	10019559	23	g2p1l1	38+4	sp	no	6cm	2hr	26mins	no	ftnd		lb	3.4kg	7	9	no		no		1	3
415	10018374	25	primi	40+1	induced	post datism, thrombocytopenia	5cm	6hrs	32mins	arm at 6 cm	ftvd		lb	3.6kg	7	9	no		no		1	4
416	10019674	26	primi	39wk	sp	macrosomia	6cm	2h	17mins	no	ftnd		lb	3.8kg	8	9	no		no		1	3
417	10019428	28	g2p1l1	34+6	induced	severe pe, l/o fgr, hypothy	8cm	1hr	7mins	no	ptvd		lb	1.7kg	8	8	no		no		1	4
418	10019828	24	primi	40+1	sp	l/o fgr	5cm	6hrs	17mins	no	ftvd		lb	2.4kg	8	8	no		no		1	3
419	10019839	20	primi	40wk	sp	l/o fgr	6cm	4hrs	51hrs	arm at 7cm	ftnd		lb	2.6kg	8	8	no		no		1	3
420	10019658	28	primi	40+2	sp	post datism	6cm	3hrs	17mins	no	ftnd		lb	2.8kg	8	8	no		no		1	3
421	10019853	25	primi	39wk	sp	no	7cm	n/a	n/a	n/a	ft emg lscs	cpd	lb	2.8kg	8	8	no		no	1	1	6
422	10019609	22	primi	38+4	induced	fgr	5cm	3hrs	40mins	ftvd	ftnd		lb	2.3kg	8	8	no		no		1	5
423	10020023	25	primi	36+3	sp	preterm	7cm	1hr	12mins	no	ptvd		lb	2.6kg	8	8	no		no		1	3
424	10020004	21	primi	37+6	sp	igt	6cm	4hrs 30mins	14mins	no	ftnd		lb	2.7kg	8	8	no		no		1	3
425	10020001	24	g3p2l2	38+6	sp	no	8cm	1hr	26mins	no	ftvd		lb	2.3kg	8	8	no		no		1	3
426	10019831	19	primi	40+1	induced	postdatism	6cm	4hrs	1hr 9mins	oxy in 2nd stage	ventouse delivery	poor maternal bearing down	lb	2.8kg	7	9	no		no		1	3
427	10020202	23	g3p1l1a1	40+2	sp	postdatism	6cm	2hrs	38mins	no	ftnd		lb	3.1kg	8	9	no		no		1	3
428	10020384	28	g3p2l2	39+5	sp	rh neg	6cm	3hrs	39mins	no	ftnd		lb	3.5kg	8	9	no		no		1	5

429	10020379	31	primi	38+2	induced	l/o fgr , doppler changes	5cm	3hrs	24mins	no	ftvd		lb	2.2kg	7	9	yes	nsient apı	emoval of place		1	3
430	10020491	32	g6p2l2a3	36+3	sp	preterm . Hbsag	6cm	1hr	28mins	no	ptvd		lb	2.8kg	8	9	no		no		1	3
431	10020820	21	primi	39+4	sp	no	7cm	1hr 30mins	58mins	no	ventouse delivery	poor maternal bearing down	lb	2.7kg	7	9	no		no		1	3
432	10020455	24	primi	40+2	induced	post datism , ghtn	5cm	4hrs 30mins	50min	ARMat 6cm	ftvd		lb	3.6kg	8	9	no		no		1	3
433	10020814	28	primi	36+2	sp	pprom	6cm	2hrs 30mins	25m	no	ptvd		lb	2.2kg	8	9	no		no		0	3
434	10020793	18	primi	40wk	sp	no	7cm	2hrs 30mins	11mins	no	ftnd		lb	3.2kg	8	9	no		no		1	3
435	10021060	27	primi	39+1	sp	prom	6cm	n/a	n/a	n/a	ft emg lscs	thick msl	lb	2.9kg	8	9	no		no	1	1	3
436	10021044	27	g3p1l1a1	40+1	induced	post datism	5cm	3hrs 30mins	36mins	no	ftvd		lb	3.4kg	8	9	no		no		1	3
437	10021104	25	g3p2l2	39+4	sp	prom	7cm	1hr	17mins	no	ftnd		lb	2.6kg	8	9	no		no		1	3
438	10021053	24	primi	38+6	sp	no	6cm	3hrs	1hr25mi	oxy in 2nd stage	ventouse delivery	poor maternal bearing down	lb	2.6kg	8	9	no		no		1	3
439	10020969	25	g3a2	37+4	sp	no	6cm	2hrs30mins	35mins	no	ftnd		lb	3.5kg	8	8	no	extension of episiotom			1	3
440	10021203	28	g2p1l1	38+5	sp	no	8cm	30mins	14mins	no	ftnd		lb	2.5kg	8	8	no		no		1	4
441	10021071	25	primi	38+5	induced	fgr with doppler changes	5cm	4hrs	29mins	no	ftvd		lb	2.8kg	8	8	no		no		1	3
442	10021264	34	g3p2l2	40+4	induced	postdatism	7cm	1hr 30m	20mins	no	ftvd		lb	3.2kg	8	8	no		no		1	3
443	10021055	23	primi	39+2	induced	ghtn, rh neg	6cm	3hrs	15m	no	ventouse delivery	thin msl with poor bearing	lb	2.35kg	4	8	yes	bservatio	no		1	4
444	10021265	24	g2p1l1	40wk	sp	no	8cm	50mins	11m	no	ftnd		lb	3.2kg	8	8	no		no		1	3
445	10020785	22	primi	35+5	sp	oligo	8cm	30mins	15mi	no	ptvd		lb	2.7kg	8	8	no		no		1	3
446	10021333	24	primi	39+6	sp	no	6cm	2hrs	26mins	no	ftnd		lb	2.6kg	8	8	no		no		1	4
447	10021275	22	g3p1l1a1	39+2	induced	ghtn	5cm	3hrs	21mins	no	ventouse delivery	poor maternal bearing down	lb	3.6kg	8	8	no		no		1	3
448	10021328	22	primi	39+3	sp	no	7cm	1hr	21mins	no	ftnd		lb	2.7kg	8	8	no		no		1	2
449	10021382	31	g3p2l2	39+3	sp	no	7cm	1hrs	21mins	no	ftnd		lb	2.6kg	8	8	no		no		1	3
450	10021482	25	primi	40wk	sp	ovulation ind	6cm	3hrs30m	28mins	no	ftnd		lb	2.9kg	8	9	no		no		1	3
451	10021662	25	g2p1l1	37+4	induced	fetal hydrops	6cm	4hrs	31m	no	ftvd		lb	3.4kg	4	6	yes	tal hydrp	no		1	3
452	10021926	31	g5p3l3a1	38+6	sp	no	5cm	3hrs 30m	38mins	no	ftnd		lb	3.2kg	8	9	no		no		1	3
453	10021934	28	g3p1l1a1	39w	sp	no	7cm	1hr 30mins	37mi	no	ftnd		lb	2.9kg	8	9	no		no		1	3
454	10021943	28	g3p2l2	38wk_5	sp	no	8cm	40mins	15mins	no	ftnd		lb	3.7kg	8	9	no		no		1	3
455	10021541	28	primi	37+4	induced	Less liq	6cm	4hrs	23mins	no	ftvd		lb	2.8kg	7	9	no		no		1	3
456	10021820	25	primi	39+2	SP	no	6cm	3hrs30mins	17mins	no	ftnd		lb	3kg	8	9	no		no		1	3
457	10022019	25	g2p1l1	33+6	sp	pprom	7cm	1hr	31mi	no	ptvd		lb	1.8kg	6	8	yes	rematurit	no		1	3
458	10022114	25	g4p2l1d1a1	37+3	sp	no	6cm	1hr30mins	19mins	no	ftvd		lb	2.4kg	8	9	no		no		1	3
459	10022305	26	primi	40wk	sp	short stature	5cm	n/a	m/a	n/a	ft emg lscs	cpd	lb	3kg	8	9	no		no	1	1	3
460	10022483	23	primi	39w	sp	prom	6cm	2hrs	24mins	no	ftvd		lb	2.4kg	8	9	no		no		1	3
461	10022513	23	primi	38+1	sp	no	7cm	1hr	36mins	no	ftnd		lb	3.2kg	8	9	no		no		1	3
462	10022565	22	primi	40+4	sp	post datism	6cm	3hrs	25m	no	ftnd		lb	3kg	8	9	no		no		1	3
463	10022710	23	primi	38+1	sp	ovulation ind	7cm	1hr	30mins	no	ftnd		lb	2.8kg	8	9	no		no		1	3
464	10022704	23	primi	37+2	sp	no	8cm	30mins	12mins	no	ftvd		lb	2.3kg	8	9	no		no		1	3
465	10022880	26	g2p1l1	38+1	sp	no	5cm	4hrs	47mi	no	ftnd		lb	2.6kg	8	9	no		no		1	3
466	10022916	20	primi	39+5	sp	no	8cm	30m	7mins	no	ftnd		lb	3kg	8	9	no		no		1	3
467	10022466	21	primi	38+2	induced	ghtn	5cm	4hrs	34mins	no	ftvd		lb	2.4kg	8	9	no		no		1	3
468	10022909	24	g2a1	39+1	sp	Less liq, rh neg	6cm	3hrs	1hr 43mins	oxy in 2nd stage	ventouse delivery	poor maternal bearing down	lb	2.9kg	8	9	no		no		1	3
469	10023081	24	g2p1l1	38+3	sp	no	7cm	1hr 30mins	21mins	no	ftnd		lb	3.2kg	8	9	no		no		1	3
470	10023228	20	primi	39+5	sp	polyhydram	5cm	4hrs	39mins	arm controlled	ventouse delivery	poor maternal bearing down	lb	2.9kg	8	9	no		no		1	3
471	10023412	32	g3p2l2	39w	sp	hypothy	6cm	2hrs 30mins	26mins	no	ftnd		lb	3.2kg	8	9	no		no		1	3
472	10023671	23	primi	37+6	sp	rh neg	5cm	4hrs	50mins	no	ftnd		lb	2.75kg	8	9	no		no		1	3
473	10023625	29	g3p1l1a1	38wk+1	sp	poliomyletis	6cm	3hrs	22m	no	ftnd		lb	3.4kg	8	9	no		no		1	3
474	10023727	26	g3p1l1a1	40wks	sp	no	6cm	3hrs	39mins	no	ftnd		lb	3kg	8	9	no		no		1	3
475	10019962	28	g2p1l1	38wk	sp	mild anemia	7cm	1hr 30mins	34mins	no	ftnd		lb	2.8kg	8	9	no		no		1	3

476	10022501	28	g2p1l1	39wk	sp	prev lscs	6cm	3hrs	22m	no	ft VBAC		lb	2.7kg	8	9	no		no		1	3
477	10022521	25	g2p1l1	40+1	sp	postdatism	5cm	5hrs	30min	no	ftnd		lb	3.4kg	8	9	no		no		1	3
478	10023911	23	primi	40wk	sp	oligo	6cm	2hrs	30mins	no	ftnd		lb	2.34kg	8	9	no		no		1	3
479	10023984	25	g2p1l1	37+3	sp	no	6cm	1hr 30mi	28mins	no	ftnd		lb	2.6kg	8	9	no		no		1	4
480	10024035	29	primi	39wk	sp	no	8cm	30mins	24mins	no	ftnd		lb	3.1kg	8	9	no		no		1	3
481	10024237	24	g2p1l1	38+6	sp	2nd stage	n/a	n/a	17mins	no	ftnd		lb	2.4kg	8	9	no		no		1	3
482	10024230	22	g2p1l1	37+2	sp	rh neg	7cm	2hrs	41m	no	ftnd		lb	3kg	8	9	no		no		1	3
483	10024295	28	g3p1l1a1	40wk	sp	no	6cm	4hrs	25m	no	ftnd		lb	2.6kg	8	9	no		no		1	3
484	10024414	27	g2p1l1	40+1	induced	hypothy, postdatism	5cm	5hrs	16mins	no	ftvd		lb	2.9kg	8	9	no		no		1	4
485	10024558	29	g2p1l1	39+6	sp	no	7cm	2hrs	38mins	no	ftnd		lb	3kg	8	9	no		no		1	3
486	10024562	25	primi	39+1	sp	no	8cm	1hr	10mins	no	ftnd		lb	3.2kg	8	9	no		no		1	3
487	10024521	21	primi	40+2	sp	fgr, postdatism	6cm	3hrs	22m	no	ftnd		lb	2.8kg	8	9	no		no		1	3
488	10024729	23	primi	37+5	sp	no	6cm	n/a	n/a	no	ft emg lscs	cpd	lb	2.7kg	8	9	no		no	1	1	6
489	10024559	27	g2p1l1	39+3	sp	no	5cm	4hrs 30mins	36mins	no	ftnd		lb	3.1kg	8	9	no		no		1	3
490	10024537	32	g3p2l2	40wks	sp	anemia , fetus hving ventriculomeg	6cm	4hrs	18mins	no	ftnd		lb	2.7kg	8	9	no		no		1	3
491	10025073	36	g4p3l3	39+6	sp	no	6cm	1hr 30mins	9mins	no	ftnd		lb	3kg	8	9	no		no		1	3
492	10025979	27	g2p1l2	38+4	sp	prev lscs	5cm	4hrs	25mins	no	VBACventouse delivery	to cut short 2nd stage	lb	2.8kg	8	9	no		no		1	3
493	10025093	22	primi	38wk	sp	prom ,fgr	6cm	2hrs	21mins	no	ftvd		lb	2.2kg	8	9	no		no		1	3
494	10025109	23	g2a1	39+6	sp	no	5cm	4hr 30mins	12mins	no	ftnd		lb	2.7kg	8	9	no		no		1	3
495	10025168	23	primi	38+3	sp	mod anemia	6cm	3hrs	44mins	oxy in 2nd stage	ventouse delivery	poor maternal bearing down	lb	2.7kg	8	9	no		no		1	3
496	10025231	25	primi	39+6	sp	macrosomia	6cm	3hrs	23mins	no	ftnd		lb	3.2kg	8	9	no		no		1	3
497	10025346	25	g4p2l2a1	39+5	sp	no	7cm	1hrs	17mins	no	ftnd		lb	2.8kg	8	9	no		no		1	3
498	10025333	26	g2p1l1	39+4	sp	hypothy , s/p asd patch in situ	6cm	2hrs	17mins	no	ventouse delivery	to cut short 2nd stage	lb	2.7kg	8	9	no		no		1	4
499	10025524	36	g6p5l1d2a2	38+6	sp	no	8cm	30mins	17mins	no	ftnd		lb	2.7kg	8	9	no		no		1	4
500	10025612	25	g2p1l1	37+1	sp	prev lscs with fgr	6cm	2hrs 30mins	17mins	no	VBACventouse delivery	to cut short 2nd stage	lb	2.3kg	8	9	no		no		1	6
501	10025598	23	primi	39+3	sp	rh neg	5cm	4hrs 30mins	29mins	no	ftnd		lb	2.4kg	8	9	no		no		1	4
502	10025610	28	g2p1l1	39+4	sp	p thal trait	6cm	3hrs	33mins	no	ventouse delivery	poor maternal bearing down	lb	3.5kg	8	9	no		no		1	5
503	10025661	27	g4p1l1a2	37+6	sp	rh neg, 2nd stage	n/a	n/a	30mins	no	ftnd		lb	2.9kg	8	9	no		no		1	3
504	10025648	23	primi	37+1	sp	no	7cm	2hrs	37mins	no	ftnd		lb	2.4kg	8	9	no		no		1	3
505	10025543	27	g3p1l1a1	37wk	sp	no	6cm	3hrs	37mins	no	ftnd		lb	2.5kg	8	9	no		no		1	3
506	10025247	24	primi	38wk	induced	fgr	5cm	4hrs	30mins	no	ftvd		lb	2.3kg	8	9	no		no		1	3
507	10025936	18	primi	38+3	sp	rh neg	6cm	3hrs	53min	oxy at 8cm	ftnd		lb	2.8kg	8	9	no		no		1	3
508	10025946	26	primi	40wk	sp	prom	7cm	1hr 30mins	35mi	no	ftnd		lb	2.7kg	8	9	no		no		1	3
509	10026031	19	primi	34+3	sp	preterm 2nd stage	n/a	n/a	14mins	no	ptvd		lb	1.5kg	5	7	yes	, prematu	no		1	3
510	10026020	22	primi	39+6	sp	high leak	7cm	n/a	n/a	n/a	ft emg lscs	fetal distress	lb	3.7kg	7	9	no		no	1	1	6
511	10026111	30	g4p3l3	39+3	sp	prev lscs with 2 vbac in 2nd stage	n/a	n/a	24mins	no	ftnd		lb	3kg	8	9	no		no		1	3
512	10026124	24	primi	38+3	sp	e/o fgr	6cm	2hrs	19mins	no	ftnd		lb	2 .5kg	8	9	no		no		1	3
513	10026279	36	g2p1l1	39wk	sp	ffgr	8cm	30mins	15mins	no	ftnd		lb	2.5kg	8	9	no		no		1	3
514	10026286	25	g2p1l1	40wk	sp	, mod anemia	6cm	3hrs	25mins	no	ftvd		lb	3.4kg	8	9	no		no		1	3
515	10025975	22	g2p1l1	39+2	sp	hypothy	5cm	5hrs	25mi	no	ftnd		lb	2.9kg	8	9	no		no		1	4
516	10026251	33	g4p3d2l1	37+2	sp	fgr w	6cm	3hrs	40mins	no	ftnd		lb	2.5kg	8	9	no		no		1	4
517	10026817	27	g3p2l2	38+5	sp	hbsag+	5cm	3hrs	12mins	no	ftnd		lb	3.5kg	8	9	no		no		1	4
518	10026894	28	g3p1l1a1	39+6	sp	no	8cm	45mins	16mins	no	ftnd		lb	3.1kg	8	9	no		no		1	3
519	10026618	29	primi	38+3	induced	gdm,ghtn,excess liq	5cm	4hrs 30mins	30mins	no	ftvd		lb	2.7kg	8	9	no		no		1	4
520	10027143	32	g3p1l1a1	37+6	sp	no	6cm	2hrs	34mins	no	ftnd		lb	2.7kg	8	9	no		no		1	4
521	10027007	24	g2p1l1	38w	sp	no	7cm	1hrs	28mins	no	ftvd		lb	2.27kg	8	9	no		no		1	3

522	10027092	22	primi	38+5	induced	fgr	6cm	4hrs	52mins	no	ventouse delivery		lb	2.4kg	8	9	no		no		1	4
523	10027313	31	g4p3l3	40w	sp	oligo	5cm	3hrs	30min	no	ftnd		lb	3.3kg	8	9	no		no		1	4
524	10027324	33	g2a1	40+1	sp	prom , gdm	6cm	2hrs	48mins	no	ventouse delivery	poor maternal bearing down	lb	3.2kg	8	9	no		no		1	3
525	10027460	26	g3p2l2	36+6	sp	preterm labour	7cm	1hr 30mins	23mins	no	ptvd		lb	1.9kg	8	9	no		no		1	3
526	10027389	21	g2a1	38wk	sp	rh neg	6cm	3hrs	16mins	no	ftnd		lb	3kg	8	9	no		no		1	3
527	10027551	30	g2p1l1	39+6	sp	single ua	7cm	3hrs	52mins	oxy at8cm	ventouse delivery	poor maternal bearing down	lb	3kg	8	9	no		no		1	3
528	10027550	23	g2a1	39+4	sp	no	6cm	2hrs30mins	24mins	no	ftnd		lb	3.2kg	8	9	no		no		1	3
529	10027460	21	primi	39w	sp	no	7cm	1hrs30mi	24mins	no	ftnd		lb	2.1kg	8	9	no		no		1	3
530	10027652	26	primi	39+1	sp	nno	6cm	3hrs	28mins	no	ftnd		lb	2.9kg	8	9	no		no		1	3
531	10027666	27	primi	39+6	sp	hypothy	5cm	4hrs	39mins	no	ftnd		lb	2.6kg	8	9	no		no		1	3
532	10027845	32	primi	34+6	sp	preterm withpprom	6cm	2hrs	34mins	no	ptvd		lb	2.4kg	8	9	no		no		1	3
533	10027665	21	primi	39w	sp	rh neg	6cm	n/a	n/a	n/a	ft emg lscs	thick msl	lb	2.6kg	8	9	no		no	1	1	4
534	10027967	26	g2p1l1	41w	induced	post datism	5cm	4hrs30mins	49mins	no	ftvd		lb	3kg	8	9	no		no		1	3
535	10027848	25	g2p1l1	39+2	sp	no	7cm	1hr 30mi	26mins	no	ftnd		lb	3.1kg	8	9	no		no		1	3
536	10028138	29	g3p2l1d1	39wk	sp	hypothy	5cm	4hrs	12mins	no	ftnd		lb	2.6kg	8	9	no		no		1	3
537	10028248	25	g2p1l1	36+1	sp	preterm 2ndstage	n/a	n/a	20mins	no	ptvd		lb	1.9kg	8	9	no		no		1	4
538	10028250	29	g2p1l1	39w	sp	no	6cm	2hrs 30mins	13mins	no	ftnd		lb	2.7kg	8	9	no		no		1	4
539	10028396	23	primi	40wk	sp	doppler chamges	6cm	3hrs	13mins	arm at 8cm	ventouse delivery	fetal distress	lb	2.7kg	6	9	no		no		1	4
540	10028565	30	primi	38+3	sp	prom	7cm	2hrs	38mins	oxy in 2nd stage	ventouse delivery	poor maternal bearing down	lb	2.6kg	8	9	no		no		1	4
541	10028664	25	primi	38+5	sp	no	6cm	3hrs	35mins	no	ftnd		lb	3.4kg	8	9	no		no		1	4
542	10028767	25	g3p2l2	37wk	induced	fgr	5cm	4hrs	16mins	no	ftvd		lb	2.2kg	8	9	no		no		1	4
543	10029000	28	g2p1l1	39+3	sp	no	8cm	30m	10mins	no	ftnd		lb	2.9kg	8	9	no		no		1	5
544	10028883	23	g3p1l1a1	40+2	sp	postdatism	5cm	4hrs	39mins	no	ftvd		lb	2.8kg	8	8	no	4th degree perineal te			1	4
545	10028783	26	primi	38+3	sp	prom	6cm	3hrs	39mins	no	ventouse delivery	poor maternal bearing down	lb	2.49kg	7	8	no		no		1	4
546	10029207	29	g3p2l2	39+5	sp	no	7cm	1hr	15mi	no	ftnd		lb	2.9kg	8	8	no		no		1	4
547	10029316	23	primi	40+2	sp	unrepaied asd , postdatism	5cm	2hr	11mins	no	ventouse delivery	to cut short 2nd stage	lb	2.5kg	8	8	no		no		1	3
548	10029542	19	primi	39w	sp	rhd with mr	8cm	30mins	21mins	no	ftnd		lb	2.7kg	8	8	no		no		1	3
549	10029618	22	g2p1l1	36+4	sp	preterm	8cm	30mins	14mins	no	PTVD		lb	2.7kg	8	8	no		no		1	3
550	10029707	31	g3p2l2	38w	sp	anemia	21	4hrs	37m	no	ftnd		lb	3.3kg	8	8	no		no		1	3
551	10029589	34	g3p2l1d1	38wk	induced	less liq	6cm	3hrs	17mins	no	ftnd		lb	2.6kg	8	8	no		no		1	3
552	10029830	26	g2p1l1	38+3	sp	no	6cm	2hrs 45mins	21mins	no	ftnd		lb	2.9kg	8	8	no		no		1	3
553	10029805	31	g3p2l2	40wks	induced	hypohy	7cm	1hr30mins	11mins	no	ftnd		lb	3.5kg	8	8	no		no		1	3
554	10029877	32	g2p1l1	38w	sp	no	6cm	3hrs 30m	24mins	no	ftnd		lb	3kg	8	9	no		no		1	3
555	10029826	24	g2p1l1	37+6	sp	no	5cm	4hrs	14mins	no	ftnd		lb	2.7kg	8	9	no		no		1	3
556	10029973	31	g5p1a3l1	38+2	induced	doppler chamges	6cm	1hr 30m	6mins	no	ftnd		lb	2.7kg	8	9	no		no		1	4
557	10030081	23	g2p1l1	39w	sp	prom	6cm	2hrs	38mins	no	ftnd		lb	3.1kg	8	9	no		no		1	3
558	10030083	21	primi	39+2	sp	no	5cm	4hrs	30mins	arm at 6cm	ftvd		lb	2.7kg	8	9	no		no		1	3
559	10029932	25	g3p2l1d1	40wk	induced	fgr, rh neg	5cm	5hr 30m	46m	oxy at 8cm	ventouse delivery	poor maternal bearing down	lb	3.3kg	8	9	no		no		1	3
560	10030087	32	g3p2l2	38+2	sp	no	7cm	1hr	16mins	no	ftnd		lb	3kg	8	9	no	atonic pph			1	3
561	10029835	26	g2a1	38+1	sp	hypothy	5cm	4hrs	13mins	no	ftnd		lb	2.7kg	8	9	no		no		1	3
562	10030474	28	g2p1l1	38+3	sp	rhd with aml prolapse	6cm	2hr	13mins	no	ftnd		lb	2.7kg	8	9	no		no		1	3
563	10030565	34	g2p1l1	37wk	sp	rhd with s/p bmv with fgr	7cm	1hr	19mins	no	ftvd		lb	1.9kg	8	9	no		no		1	3
564	10030564	25	g2a1	39w	sp	no	6vm	2hrs	32mins	no	ventouse delivery	fetal brady	lb	3.3kg	7	9	no		no		1	3
565	10030587	25	g2p1l1	37+2	induced	prom, rh neg	5cm	4hrs	35mins	no	ftvd		lb	2.7kg	8	9	no		no		1	3
566	10030550	24	primi	40w	sp	no	6cm	3hrs30mins	34mins	no	ftnd		lb	2.8kg	5	6	yes	esp distres	no		1	3
567	10030847	25	g2p1l1	40wk	sp	no	6cm	3hrs	10mins	no	ftnd		lb	2.6kg	8	9	no		no		1	3

568	10030681	24	primi	40+1	induced	post datism with doppler changes	5cm	4hrs 30mins	16mins	no	ftvd		lb	2.7kg	8	9	no		no		1	3
569	10031007	21	primi	40wk	sp	no	7cm	1hr 30m	16mins	no	ftnd		lb	2.5kg	8	9	yes	erforate a	no		1	3
570	10030963	19	primi	40+5	sp	postdatism	6cm	3hrs30mins	47mi	no	ftnd		lb	3kg	8	9	no		atonic pph		1	3
571	10030989	23	primi	40+4	sp	hypothy, postdatism	5cm	5h	1hr 3mi	no	ventouse delivery	poor maternal bearing down	lb	2.7kg	8	9	no		no		1	3
572	10031115	20	primi	33wk	sp	msl pprom	7cm	n/a	n/a	n/a	pt emg lscs	thick msl	lb	1.6kg	6	6	yes	tress, pre	no	10	1	3
573	10031364	27	g3p2l2	38wk	sp	no	8cm	30mins	14mins	no	ftnd		lb	2.7kg	8	9	no		no		1	3
574	10029956	19	primi	34+3	induced	ghtn , preterm	5cm	3hrs30m	30mins	no	ptvd		lb	2.2kg	7	9	no		no		1	3
575	10031395	24	g2p1l1	37	sp	macrosomia	6cm	2hrs 30mins	29mins	no	ftnd		lb	2.9kg	7	9	no		no		1	3
576	10031432	30	g6p4l4a1	39w	sp	rh neg	6cm	2hrs 20m	10mins	no	ftnd		lb	3kg	7	9	no		no		1	3
577	10031645	23	primi	39+2	sp	no	7cm	1hr 30m	30m	no	ftvd		lb	2.1kg	7	9	no		no		1	3
578	10031653	22	primi	38+6	sp	rh neg , erom	6cm	3hrs	56m	no	ftvd		lb	2.3kg	6	7	yes	resp dist	no		1	3
579	10031662	23	primi	36+1	sp	preterm , s/p dj stenting	6cm	2hrs	32mins	no	ptvd		lb	2.5kg	7	9	no		no		1	3
580	10031869	25	g2p1l1	37+4	sp	no	5cm	3hrs	19mins	no	ftnd		lb	2.6kg	7	9	no		no		1	3
581	10032013	24	g2p1l1	39+5	sp	no	6cm	2hr 30mins	16mins	no	ftnd		lb	2.6kg	7	9	no		no		1	3
582	10031958	26	g2p1l1	39w	sp	less liq	7cm	1hr	17mins	no	ftnd		lb	2.5kg	7	8	no		no		1	3
583	10032018	29	g5p3l2d1	37+6	sp	rh neg	6cm	2hrs	21mins	no	ftnd		lb	3.1kg	7	8	no		no		1	3
584	10032055	24	primi	35+1	induced	pprom	5cm	3hrs 30m	38mins	no	ptvd		lb	2.4kg	7	8	no		no		1	3
585	10032102	34	g2p1d1	39	sp	no	6cm	2hrs 30mins	30m	no	ftnd		lb	2.9kg	7	8	no		no		1	3
586	10031590	21	g2p1l1	39+2	sp	no	5cm	4hrs	31m	no	ftnd		lb	3.1kg	7	8	no		no		1	4
587	10032143	21	g2p1l1	38+2	sp	no	8cm	30m	15m	no	ftnd		lb	2.9kg	7	8	no		no		1	3
588	10032147	25	primi	40w	sp	no	7cm	2hrs	50mins	oxy in 2nd stage	ventouse delivery	poor maternal bearing down	lb	2.8kg	7	8	no		no		1	3
589	10032757	25	primi	39+5	sp	no	6cm	3hrs	22m	no	ftnd		lb	3.1kg	7	8	no		no		1	3
590	10032850	26	g2p1l1	39+1	sp	no	5cm	4hrs 30mins	20mins	no	ftnd		lb	3kg	7	8	no		no		1	3
591	10032912	22	g2p1l1	38+2	sp	no	6cm	3hrs	29mins	no	ftnd		lb	3kg	7	8	no		no		1	4
592	10033028	25	primi	38+6	sp	hypothy	5cm	5hrs	47mi	no	ftnd		lb	2.4kg	7	8	no		no		1	3
593	10033964	28	g3p2l2	40wk	sp	no	5cm	3hrs	21mins	no	ftnd		lb	3.4kg	7	8	no		no		1	3
594	10033268	27	g3p2l2	39+1	sp	no	7cm	1hr	16mins	no	ftnd		lb	3.6kg	7	8	no		no		1	3
595	10033049	21	primi	38+4	sp	no	6cm	3hrs	22m	no	ftnd		lb	2.9kg	7	8	no		no		1	3
596	10033002	23	g2p1l1	39+4	sp	2nd stage	n/a	n/a	16mins	no	ftnd		lb	2.7kg	7	8	no		no		1	4
597	10033305	28	g3p2l2	37wk	sp	no	6cm	3hrs30m	28mins	no	ftnd		lb	2.8kg	7	8	no		no		1	4
598	10033423	22	g2a1	39+3	sp	prom	5cm	5hrs	38mins	no	ftnd		lb	3.1kg	7	8	no		atonic pph		1	3
599	10033480	22	primi	37wk	sp	prom	6cm	3hrs	25mins	no	ftnd		lb	2.9kg	7	8	no		no		1	3
600	10032579	27	g3p1l1a1	37wk	induced	less liq	5cm	4hrs 30m	42m	no	ftnd		lb	2.9kg	7	8	no		no		1	3
601	10033418	24	primi	40+2	sp	postdatism	6cm	3hrs	23mins	no	ftvd		lb	2.8kg	7	8	no		no		1	3
602	10033223	22	primi	39+6	sp	no	5cm	n/a	n/a	arm at 5cm	ft emg lscs	thick msl	lb	2.8kg	7	8	no		no	1	1	6
603	10033667	23	g3p2l2	37wk	sp	2nd stage with prev lscs	n/a	n/a	15mind	no	VBACventouse delivery	to cut short 2nd stage	lb	2.6kg	6	6	yes	esp distre	no		1	7
604	10033693	23	g3p2l2	40wk	sp	2nd stage	n/a	n/a	16mins	no	ftnd		lb	3.1kg	7	8	no		no		1	3
605	10033929	25	g2p1l1	38+3	sp	short stature	6cm	2hrs	18mins	no	ftnd		lb	2.8kg	7	8	no		no		1	3
606	10033774	25	g2p1l1	39w	sp	prom , rh neg	7cm	1hr	20mins	no	ftnd		lb	2.7kg	7	8	no		no		1	3
607	10033731	21	g2a1	40+2	induced	postdatism	5cm	4hrs	31mins	no	ftvd		lb	2.7kg	7	8	no		no		1	3
608	10033842	38	g2p1l1	40+4	induced	postdatism	6cm	3hrs	31m	no	ftvd		lb	2.6kg	7	8	no		no		1	4
609	10033828	32	g2p1l1	40+5	induced	postdatism, rh neg	5cm	3hrs	1hr 12mins	oxy at 2nd stage	ventouse delivery	poor maternal bearing down	lb	2.8kg	6	8	yes	esp distrs	no		1	8
610	10034088	27	primi	40w	sp	no	6cm	n/a	n/a	arm at 6cm	ft emg lscs	thick msl	lb	2.9kg	7	8	no		no	1	1	7
611	10033748	28	g2p1l1	38+4	induced	fetus multiple anomaly	6cm	2hrs	30mns	no	ftnd		lb	2.6kg	7	8	yes	orectal m	no		1	3
612	10034374	25	primi	39+2	sp	no	7cm	1hr 30mins	29mins	no	ftvd		lb	2.4kg	7	8	no		no		1	3
613	10034597	26	primi	38+4	sp	no	5cm	4hrs 30mins	12mins	no	ftnd		lb	3kg	7	8	no		no		1	3
614	10034391	26	g2p1l1	40wk	sp	no	6cm	3hrs 30mins	20mins	no	ftnd		lb	2.8kg	7	8	no		no		1	6
615	10034560	23	primi	40+2	induced	postdatism	6cm	n/a	n/a	arm at 6cm	ft emg lscs	cpd	lb	2.7kg	7	8	no		no	2	1	3

616	10034621	27	g5p4l3	37+4	sp	ghtn , overt dm on insulin	5cm	3hrs	16mins	no	ftvd		lb	3.2kg	7	8	no		no		1	3
617	10034701	23	primi	39+2	sp	high leak	6cm	2hrs 30mins	14mins	no	ftnd		lb	2.9kg	7	8	no		no		1	3
618	10034750	20	primi	39+5	sp	no	6cm	3hrs	44mins	oxy in 2nd stage	ftnd		lb	3.4kg	7	8	no		no		1	3
619	10034844	24	g2p1l1	39+3	sp	no	7cm	1hr 45mins	13mins	no	ftnd		lb	2.6kg	7	8	no		no		1	3
620	10035007	32	g3p2l2	40+4	sp	postdatism	8cm	40mins	19mins	no	ftnd		lb	2.8kg	7	8	no		no		1	3
621	10035143	31	primi	39+2	sp	no	6cm	3hrs	1hr	oxy in 2nd stage	ventouse delivery	poor maternal bearing down	lb	2.8kg	7	8	no		no		1	5
622	10035158	24	g2a1	38+2	induced	less liq	5cm	4hrs 30mins	39mins	no	ftvd		lb	2.7kg	7	8	no		no		1	3
623	10034809	23	primi	37wk	induced	fgr with doppler changes	5cm	4hrs	12mins	no	ftvd		lb	1.8kg	7	8	no		no		1	3
624	10035741	22	primi	40wk+1	induced	postdatism	5cm	n/a	n/a	oxy in 2nd stage	ft emg lscs	dta	lb	3kg	7	8	no		no	2	1	5
625	10035733	20	g2p1d1	36+4	sp	preterm in 2nd stage	n/a	n/a	n/a	no	ptvd		lb	2.1kg	7	8	no		no		1	3
626	10035371	22	primi	37+1	induced	less liq	6cm	3hrs	39mins	no	ftvd		lb	2.2kg	7	8	no		no		1	3
627	10036041	23	g2p1l1	40+2	sp	rh neg	8cm	30mins	3mins	no	ftnd		lb	3kg	7	8	no		no		1	3
628	10035757	28	g3p2l2	38wk	sp	prom	6cm	2hrs 30mis	24mins	ftvd	ftnd		lb	2.8kg	7	8	no		no		1	3
629	10036150	23	primi	39+5	sp	fgr	7cm	2hrs	17mins	no	ftvd		lb	2.3kg	7	8	no		no		1	3
630	10036167	23	g2a1	37+3	sp	fgr	6cm	3hrs	17mins	no	ftnd		lb	2.6kg	7	8	no		no		1	4
631	10036137	25	g2p1l1	39week	induced	less liq	5cm	4hrs 30mins	47mins	no	ftvd		lb	3.1kg	7	8	no		no		1	3
632	10036229	28	primi	40+2	induced	postdatism	6cm	3hrs	30mi	no	ftvd		lb	2.5kg	7	8	no		no		1	3
633	10036272	26	primi	39+5	sp	prom	7cm	2hr	39mins	no	ftnd		lb	2.9kg	7	8	no		no		1	3
634	10036036	30	primi	39+1	sp	no	8cm	n/a	n/a	oxy in 2nd stage	ft emg lscs	dta	lb	3kg	7	8	no		no	1	1	4
635	10036428	23	primi	40+5	sp	postdatism	8cm	30mins	15mn	no	ftnd		lb	2.9kg	7	8	no		no		1	3
636	10036422	27	primi	39+2	sp	less liq	5cm	5hrs	48mins	oxy at 8cm	ftnd		lb	2.6kg	7	8	no		no		1	3
637	10036764	27	primi	39+2	sp	no	7cm	40mins	15mins	no	ftnd		lb	2.8kg	7	8	no		no		1	3
638	10036696	34	g2p1l1	39+2	sp	rh neg	6cm	3hrs	23mins	no	ftnd		lb	3.2kg	7	8	no		no		1	3
639	10037010	25	g3p3l3	41+1	sp	postdatism	9cm	10mins	13mins	no	ftnd		lb	3kg	7	8	no		no		1	4
640	10037110	25	g3p2l2	39+3	sp	oligo, pom , vs patch	6cm	2hrs	14mins	no	ventouse delivery	to cut short 2nd stage	lb	2.9kg	7	8	no		no		1	3
641	10036779	21	primi	37+6	induced	fgr	6cm	3hrs	49mins	oxy in 2nd stage	ventouse delivery	poor maternal bearing down	lb	2.6kg	7	8	no		no		1	3
642	10037404	20	primi	34+2	sp	pprom , fgr , aedf , fetus mckd	7cm	1hr30mins	18mins	no	ptvd		lb	1.7kg	6	7	yes	or mckd e	no		1	3
643	10037530	22	primi	38+6	sp	no	6cm	2hrs	19mins	no	ftnd		lb	2.7kg	7	8	no		no		1	3
644	10036145	20	primi	40+1	sp	postdatism	5cm	5hrs30mins	27mins	no	ftnd		lb	2.9kg	7	8	no		no		1	3
645	10037438	21	g2a1	41+3	sp	postdatism	5cm	n/a	n/a	no	ft emg lscs	thick msl with CPD	lb	3.7kg	7	8	no		no	1	1	6
646	10037629	23	primi	33+3	sp	pprom, l/o fgr	6cm	2hr	15mins	no	ptvd		lb	1.7kg	7	8	yes	preterm lb	no		1	3
647	10037757	26	g3p2l2	40+1	induced	postdatism	5cm	4hrs	30mins	no	ftnd		lb	2.7kg	7	8	no		no		1	3
648	10037814	24	g2p1l1	40+4	sp	postdatism	7cm	1hr	22mins	no	ftvd		lb	1.9kg	7	7	yes	lbw	no		1	3
649	10037818	23	g2p1l1	37wk	sp	no	8cm	30mins	19mins	no	ftnd		lb	2.7kg	7	8	no		no		1	3
650	10037802	20	primi	38+4	sp	anemia	6cm	2hrs	23mins	no	ftvd		lb	2.7kg	7	8	no		no		1	3
651	10037995	25	g2p1l1	40wk	sp	face presentation	7cm	n/a	n/a	n/a	ft emg lscs	face presentation	lb	2kg	7	8	no		no	3	1	5
652	10038022	19	primi	39+5	sp	prom	6cm	2hrs30mins	16mins	no	ftnd		lb	2.7kg	7	8	no		no		1	3
653	10037752	28	g2a1	38w	sp	rh neg , fetus vsd	5cm	4hrs	37mins	no	ftvd		lb	2.7kg	7	8	no		no		1	3
654	10038184	24	primi	38+6	sp	no	7cm	1hr 30mins	32mins	no	ftnd		lb	2.7kg	7	8	no		no		1	3
655	10038292	25	g2p1l1	40+2	sp	2nd stage	n/a	n/a	14mins	no	ftvd		lb	2.3kg	7	8	no		no		1	4
656	10038160	21	primi	39+1	sp	thrombocytopenia	6cm	2hrs 30mins	39mins	no	ftnd		lb	3.2kg	7	8	no		no		1	4
657	10038233	25	primi	33+1	sp	preterm labour	6cm	3hrs	17mins	no	ptvd		lb	1.6kg	7	8	yes	lbw	no		1	4
658	10038420	21	primi	39+2	sp	2nd stage	n/a	n/a	11mins	no	ftvd		lb	2.4kg	7	8	no		no		1	4
659	10038336	31	primi	40+5	sp	postdatism	5cm	4hrs	33mins	no	ventouse delivery	poor maternal bearing down	lb	2.9kg	7	8	no		no		1	5
660	10038331	26	g3p1l1a1	40+5	sp	postdatism	6cm	n/a	n/a	n/a	ft emg lscs	dta	lb	2.9kg	7	8	no		no	3	1	7

661	10038205	23	primi	38+6	sp	fgr	7cm	2hrs	27mins	no	ftvd		lb	2.5kg	7	8	no		no		1	3
662	10037542	23	g2p1l1	38+6	sp	fgr	5cm	4hrs 30m	26m	no	ftvd		lb	2.6kg	7	8	no		no		1	3
663	10039047	25	primi	39+4	sp	no	6cm	n/a	n/a	no	ft emg lscs	2nd stage arrest	lb	3.2kg	7	8	no		no	1	1	6
664	10038898	28	g2p1l1	37+6	induced	pe	5cm	5hrs	15mins	no	ftvd		lb	2.9kg	7	8	no		no		1	3
665	10039168	34	g3p1l1a1	35+4	sp	partial hellp , fetus binder facies	6cm	1hr 30mins	26mins	no	ptvd		lb	2kg	7	8	yes	bservatio	no		1	3
666	10039284	28	primi	37+5	sp	prom	6cm	2hrs	15mins	no	ftvd		lb	3kg	7	8	no		no		1	3
667	10039172	24	primi	40w	sp	hypothy	8cm	45mins	16mins	no	ftnd		lb	3kg	7	8	no		no		1	3
668	10038883	25	g2p1l1	40+2	sp	post pda ligation	5cm	3hrs	15mins	no	ventouse delivery	to cut short 2nd stage	lb	2.9kg	7	8	no		no		1	3
669	10039392	28	g2p1l1	39+6	sp	no	7cm	2hrs	32mins	no	ftnd		lb	2.6kg	7	8	no		no		1	3
670	10039403	29	g3p2l1d1	39+4	sp	ghtn	6cm	3hrs	31mins	no	ftnd		lb	2.8kg	7	8	no		no		1	4
671	10039337	32	g2p1l1	39+1	sp	mvr pml ring annuloplasty	5cm	3hrs	14mins	no	ftnd		lb	3.7kg	7	8	no		no		1	4
672	10039642	21	g2p1l1	40+1	sp	excess liq	6cm	2hrs30mins	23mins	no	ftvd		lb	3.4kg	7	8	no		no		1	3
673	10039784	27	g3p1l1a1	40wk	sp	2nd stage	n/a	n/a	5min	no	ftnd		lb	3.2kg	7	8	no		no		1	3
674	10039802	20	primi	40w	sp	bilobed placenta	6cm	3hrs	48mins	no	ftnd		lb	2.7kg	7	8	no		no		1	3
675	10039842	27	g2a1	38wk	sp	no	7cm	2hrs	21mins	no	ftvd		lb	2.2kg	7	8	no		no		1	2
676	10029546	25	primi	38+6	sp	no	6cm	3hrs	33mins	no	ftnd		lb	2.9kg	7	8	no		no		1	3
677	10039837	21	primi	40+1	sp	postdatism	6cm	3hrs 30mins	24mins	no	ftnd		lb	2.8kg	7	8	no		no		1	3
678	10039938	21	primi	40+5	sp	no	5cm	6hrs	56mins	no	ventouse delivery	poor maternal bearing down	lb	2.8kg	6	7	yes	sp distre	no		1	5
679	10040271	32	g4p3d3l1	39+2	sp	boh	7cm	1hr	31mins	no	ftnd		lb	3.2kg	7	8	no		no		1	3
680	10040263	28	primi	40w	sp	no	6cm	2hrs3mins	35mins	no	ftnd		lb	3.8kg	7	8	no		no		1	2
681	10040176	24	primi	40wk	induced	less liq	5cm	4hrs	33mins	no	ftnd		lb	2.8kg	7	8	no		no		1	3
682	10040405	22	g3a2	40+1	sp	no	7cm	2hrs	57mins	oxy in 2nd stage	ventouse delivery	poor maternal bearing down	lb	2.7kg	7	8	no		no		1	5
683	10040767	24	g2p1l1	39+4	sp	no	6cm	2hrs30mins	16mins	no	ftnd		lb	3kg	7	8	no		no		1	3
684	10040937	30	g2p1l1	38+1	sp	2nd stage	n/a	n/a	15mins	no	ftnd		lb	3.2kg	7	8	no		no		1	3
685	10040776	21	primi	39+2	sp	rh neg, ghtn	6cm	n/a	n/a	n/a	ft emg lscs	thick msl	lb	3.2kg	7	8	no		no	1	1	6
686	10040907	19	primi	38+4	induced	oligo	6cm	2hrs	31mins	no	ftvd		lb	2.8kg	7	8	no		no		1	3
687	10040756	24	g2p1l1	39w	sp	no	7cm	1hr	38mins	no	ftnd		lb	3.4kg	7	8	no		no		1	2
688	10041217	20	primi	40+2	sp	fetus hving tof	6cm	1hr	43mins	no	ftnd		lb	2.2kg	7	8	yes	TOF	no		1	3
689	10039086	26	primi	36+5	induced	fgr , ghtn	5cm	4hrs	44mins	no	PT ventouse delivery	poor maternal bearing down	lb	2.5kg	7	8	no		no		1	4
690	10040919	30	g2p1d1	37+2	sp	short stature	7cm	n/a	n/a	n/a	ft emg lscs	2nd stage arrest i/v/o cpd	lb	3kg	7	8	no		no	3	1	6
691	10041235	27	primi	39w	sp	no	8cm	30mins	27mins	no	ftnd		lb	2.6kg	7	8	no		no		1	3
692	10041330	19	primi	38+4	sp	prom	5cm	3hrs	36mins	no	ftnd		lb	2.3kg	7	8	no		no		1	3
693	10041424	26	primi	36w	sp	pprom, pe	7cm	2hrs	20mins	no	pt ventousedelivery	to cut short 2nd stage	lb	2.4kg	7	8	no		no		1	5
694	10041436	30	g4p2l2a1	37+2	sp	prev lscs in 2nd stage	n/a	n/a	12mins	no	vbac ventouse	to cut short 2nd stage	lb	2.5kg	7	8	no		no		1	6
695	10041039	26	primi	40+3	induced	post datism . l/o fgr	6cm	n/a	n/a	no	ft emg lscs	cpd	lb	3.2kg	7	8	no		no	2	1	6
696	10041516	23	primi	38+3	sp	no	7cm	2hrs	24mins	no	ftvd		lb	2.2kg	7	9	no		no		1	3
697	10041486	31	g4p2l2d1	38+1	sp	prom	6cm	3hrs	28mins	no	ftvd		lb	3.1kg	7	9	no		no		1	3
698	10041880	21	primi	36+4	sp	preterm	5cm	3hrs 30mins	31mins	no	ptvd		lb	1.9kg	7	9	no		no		1	3
699	10042086	21	primi	39+1	sp	hypothy	6cm	2hrs 30mns	9mins	no	ftnd		lb	3.2kg	7	9	no		cervical tear		1	3
700	10041683	27	primi	40wk	sp	no	5cm	3hrs 30mins	28mins	no	ftvd		lb	3.1kg	7	9	no		4th degree perineal te		1	3
701	10042068	27	primi	40+4	sp	gdm	6cm	n/a	n/a	n/a	ft emg lscs	cpd	lb	2.9kg	7	9	no		no	1	1	5
702	10042042	28	primi	39w	sp	no	7cm	2hrs	23mins	no	ftnd		lb	2.5kg	7	9	no		no		1	3
703	10041780	24	g2p1l1	37+1	induced	l/o fgr , doppler changes	6cm	2hr	49mins	no	ftvd		lb	2.2kg	6	6	yes	sp distre	no		1	3
704	10042577	41	g8p7l7	38+5	sp	grand multi	7cm	30mins	14mins	no	ftnd		lb	3.3kg	7	9	no		no		1	3
705	10042423	26	primi	40w	sp	no	5cm	3hrs 30mins	15mins	no	ftvd		lb	2.4kg	7	9	no		no		1	3

706	10042501	26	primi	38+4	sp	prom	6cm	1hr 30mins	13mins	no	ftvd		lb	2.5kg	7	9	no		no		1	3
707	10042700	32	g3p2l2	38+3	sp	footling in 2ndstage	n/a	n/a	13mins	no	ftvd		lb	2.1kg	7	9	no		no		1	3
708	10042742	23	g2p1l1	39+6	sp	n0	6cm	2hr 30mins	30m	no	ftnd		lb	3.2kg	7	9	no		no		1	3
709	10042828	23	g3p2l2	40wk	sp	prom	5cm	4hrs	59m	no	ftnd		lb	2.8kg	7	9	no		no		1	4
710	10042736	26	primi	40+4	induced	post datism	6cm	3hrs	15min	no	ftvd		lb	2.8kg	7	9	no		no		1	3
711	10042819	24	primi	40+1	induced	post datism	5cm	4hrs	33mins	no	ftvd		lb	3.1kg	7	9	no		no		1	3
712	10042946	23	primi	40+5	sp	postdatism	6cm	3hrs 30mins	19min	no	ftnd		lb	3kg	7	9	no		no		1	3
713	10043027	30	primi	40w	sp	no	7cm	1hr30mins	23mins	no	ftnd		lb	2.7kg	7	9	no		no		1	3
714	10042991	32	g2p1l1	37wk	sp	hbsag+	6cm	3hrs	16mins	no	ftvd		lb	2.9kg	7	9	no		no		1	4
715	10042982	31	g4p3l3	35wk	induced	chronic ht superimposed pe	6cm	2hrs	18mins	no	ptvd		lb	2kg	7	9	no		no		1	3
716	10043057	25	g2p1l1	40+4	sp	postdatism	5cm	4hrs	18mins	no	ftnd		lb	2.8kg	7	9	no		no		1	3
717	10043025	22	primi	40+4	sp	postdatism	6cm	2hrs	27mins	no	ftnd		lb	2.9kg	7	9	no		no		1	4
718	10043108	30	g4p3l3	38w	sp	n	7cm	1hr	16mins	no	ftnd		lb	2.9kg	7	9	no		no		1	3
719	10043199	21	primi	38+4	sp	no	8cm	40mins	7m	no	ftnd		lb	2.7kg	7	9	no		no		1	3
720	10043204	19	primi	38+6	sp	no	6cm	3hrs	34mins	no	ftnd		lb	2.8kg	7	9	no		no		1	3
721	10043091	23	g2p1l1	36+6	sp	preterm labour	7cm	1hr 30mins	12mins	no	ptvd		lb	2.8kg	7	9	no		no		1	3
722	10043111	31	primi	38+3	induced	prom , ovulation ind	6cm	3hrs	43mins	no	ftvd		lb	2.3kg	7	9	no		no		1	3
723	10043079	27	g2p1l1	40+1	sp	no	6cm	2hrs	21mins	no	ftnd		lb	3.3kg	7	7	yes	ttn	no		1	3
724	10043411	21	primi	38+1	sp	prom	7cm	1hr 30mns	24mins	no	ftnd		lb	2.9kg	7	9	no		no		1	3
725	10043747	27	primi	38+6	sp	less liq	6cm	2hrs 40mins	20mins	no	ftvd		lb	2.26kg	7	9	no		no		1	5
726	10043430	23	primi	39w	sp	no	5cm	5hrs 30mins	13mins	oxy in 2nd stage	ventouse delivery	fetal brady	lb	2.5kg	7	9	no		no		1	3
727	10043586	28	g3p1l1a1	37+5	sp	fetal macrosomia	6cm	3hrs 30mins	17mins	no	ftnd		lb	3.2kg	7	9	no		no		1	3
728	10043642	21	g4a3	39+1	sp	hsvigg+	5cm	3hrs	44MINS	no	ftnd		lb	3.2KG	7	9	no		no		1	3
729	10043889	18	primi	37+4	sp	no	7cm	1hr	54mins	oxy at8cm	ventouse delivery	poor maternal bearing down	lb	2.6kg	7	9	no		no		1	5
730	10043895	24	g3p2l2	36+3	sp	rh neg	6cm	2hrs 30mins	20mins	no	ptvd		lb	2.8kg	7	9	no		no		1	3
731	10044128	23	primi	37wk	sp	prom	6cm	4hrs	11mins	no	ftnd		lb	2.9kg	7	9	no		no		1	3
732	10044378	22	g2p1l1	38+2	sp	noi	8cm	30mins	13mins	no	ftnd		lb	3.1kg	7	9	no		no		1	3
733	10044065	23	primi	39+5	sp	no	6cm	n/a	n/a	no	ft emg lscs	failed instrumental in 2nd stage	lb	3.1kg	7	9	no		no	1	1	4
734	10044259	24	primi	39+1	sp	no	7cm	1h 30m	17mins	no	ftnd		lb	2.2kg	5	7	yes	sp distres	no		1	3
735	10044396	22	primi	37wk	sp	prom	5cm	4hrs	36mins	no	ftnd		lb	2.8kg	7	9	no		no		1	3
736	10044391	25	primi	38+5	sp	pv leak	6cm	2hrs	24mins	no	ftvd		lb	2.8kg	7	9	no		no		1	3
737	10044561	25	g2p1l1	38+6	sp	2nd stage with carduac disease	n/a	n/a	13mins	no	ftnd		lb	3.4kg	7	9	no		no		1	3
738	10044554	22	primi	38+6	sp	no	6cm	2hrs	43mins	no	ftnd		lb	2.5kg	7	9	no		no		1	4
739	10044688	29	g3p1l1a1	39+3	sp	no	8cm	30mins	7mins	no	ftnd		lb	2.9kg	7	9	no		no		1	3
740	10044620	25	g2p1l1	38+3	sp	no	6cm	2hrs	30m	no	ftnd		lb	3kg	7	9	no		no		1	3
741	10044646	32	g5p3l3a1	40+1	sp	grand multi	5cm	3hrs	17mins	no	ftnd		lb	3.1kg	7	9	no		no		1	3
742	10044518	21	primi	38+1	sp	fgr	6cm	3hrs	47mins	arm at 6cm	ventouse delivery	poor maternal bearing down	lb	3kg	7	9	no		no		1	4
743	10044216	24	primi	39+1	sp	no	7cm	1hr	39mins	no	ftnd		lb	2.9kg	7	9	no	vag wall tear			1	6
744	10044649	23	g2p1l1	39+2	sp	no	6cm	3hrs	8min	no	ftnd		lb	2.8kg	7	9	no		no		1	3
745	10044753	25	primi	38+6	sp	short stature	5cm	n/a	n/a	n/a	ft emg lscs	cpd	lb	2.9kg	7	9	no		no	1	1	3
746	10044930	22	primi	40+2	sp	no	7cm	2hrs 30mins	10mins	no	ftnd		lb	2.9kg	7	9	no	atonic pph			1	7
747	10045164	34	g2p1l1	38+1	nosp	no	6cm	3hrs	15mins	no	ftnd		lb	3.4kg	7	9	no		no		1	3
748	10045623	21	primi	38+1	sp	no	5cm	4hrs 30mins	30mins	no	ftnd		lb	3.2kg	7	9	no		no		1	3
749	10045469	24	g3p2l2	39+1	sp	no	6cm	2hrs	49mins	oxy in 2nd stage	ventouse delivery	poor maternal bearing down	lb	3.4kg	7	9	no		no		1	4
750	10045447	22	primi	40+1	induced	postdatism	5cm	3hrs 30mins	36mins	no	ftvd		lb	2.4kg	7	9	no		no		1	3
751	10045662	30	g3p1l1a1	37+1	sp	prev lscs in 2nd stage	n/a	n/a	11mins	no	VBACventouse delivery	to cut short 2nd stage	lb	2.6kg	7	9	no		no		1	3

752	10045685	23	g2p1l1	38+2	sp	no	6cm	2hrs 30mins	10mins	no	ftnd		lb	3kg	7	9	no		no		1	4
753	10045784	21	primi	39+4	sp	no	7cm	1hr	20mins	no	ftnd		lb	3.3kg	7	9	no		no		1	3
754	10045757	26	g2p1l1	40+4	sp	postdatism	5cm	4hrs	28mins	no	ftnd		lb	3.6kg	7	9	no		no		1	3
755	10045970	20	g2p1l1	40+5	sp	postdatism wth ghtn	6cm	3hrs	51mins	oxy at 8cm	ventouse delivery	poor maternal bearing down	lb	2.7kg	7	9	no		no		1	3
756	10045992	20	g2p1l1	37+5	sp	rh neg oligo	7cm	2hrs	24mins	no	ftvd		lb	2.16kg	7	9	no		no		1	4
757	10046065	24	g2p1l1	38+6	sp	no	6cm	3hrs	19mins	no	ftvd		lb	2.2kg	7	9	no		no		1	3
758	10046079	22	primi	40+2	induced	postdatism	5cm	4hrs 30mins	11mins	no	ftvd		lb	2.9kg	7	9	no		no		1	3
759	10046219	26	g2p1l1	41+1	sp	postdatism	6cm	3hrs30mins	15mins	no	ftvd		lb	2.9kg	7	9	no		no		1	3
760	10046371	29	g3p2l2	39+2	sp	polyhydram	6cm	3hrs	30m	controlled arm at6cm	ftnd		lb	2.8kg	7	9	no		no		1	4
761	10046240	28	g3p2l2	39+2	sp	no	7cm	1hr30mins	18mn	no	ftnd		lb	2.8kg	7	9	no		no		1	3
762	10045795	21	g2p1l1	36+6	induced	no	6cm	2hrs	13mins	no	PTVD		lb	2.3kg	7	9	no		no		1	3
763	10046312	23	primi	38+4	sp	no	5cm	5hrs	13mins	no	ftnd		lb	2.5kg	7	9	no		no		1	3
764	10046676	24	primi	36+2	sp	pprom	6cm	2hrs	17mins	no	ptvd		lb	2kg	4	5	yes	esp distre	no		1	4
765	10046932	31	g4p3l3	39wk	sp	ghtn with 2nd stage	n/a	n/a	14mins	no	ftnd		lb	2.7kg	7	9	no		no		1	3
766	10046926	26	g3p2l2	39+4	sp	no	6cm	4hrs	31mins	no	ftnd		lb	3.1kg	7	9	no		no		1	3
767	10046546	23	primi	38+4	sp	gdm	5cm	5hrs	1hr 14mins	oxy in 2nd stage	ventouse delivery	fetal distrss with poor beaing	lb	3.1kg	7	9	no		no		1	5
768	10047877	20	primi	40+3	induced	postdatism, hypothy	6cm	3hrs	41mins	no	ftvd		lb	2.7kg	7	9	no		no		1	3
769	10046963	26	g2p1l1	39+5	sp	no	7cm	1hr30,	5m	no	ftnd		lb	3kg	7	9	no		no		1	3
770	10047053	21	primi	39+3	sp	no	6cm	4hrs	33mins	arm at 7cm	ftvd		lb	2kg	7	9	no		no		1	3