Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13345

3 - OUTPATIENT

[redacted] Pregnancy Assessment Form (Instructions on Reverse)

Patient's Name [redacted]	DOB	Patient's County of Residence	
Patient's Address		Patient's MHCP ID # or Insurance #	Patient's Phone #
Patient's Health Plan Name	MHCP Provider ID #	Provider's Name/Clinic Name	Provider's Phone #

Please return to health plan (see training manual for address) or, if patient not enrolled in a health plan, to. [redacted]

Does this patient consider herself (check all that apply - optional):

- ☐ Caucasian / White
- ☐ African American / Black
- ☐ Hispanic / Latino
- ☐ Asian/Pacific Islander
- ☐ Native American
- ☐ Other. (please list) _____

EDC 8/10/99 (M M / D D / Y Y)

	1ST VISIT	2ND SCREEN
Gestational Age	9 weeks	_____ weeks
Date Screened	1/4/99 (M M / D D / Y Y)	/ / (M M / D D / Y Y)

	1ST VISIT	2ND SCREEN (24-28 WKS)
1. Less than a 12th grade education	☐Y ☒N	☐Y ☐N
2. Currently unmarried	☐Y ☒N	☐Y ☐N
3. Age is < 18 or > 35 yrs.	☐Y ☒N	☐Y ☐N
4. 1st trimester pregnancy loss, any cause (3 or more)	☐Y ☒N	☐Y ☐N
5 2nd trimester pregnancy loss, any cause (2 or more)	☐Y ☒N	☐Y ☐N
6. Previous preterm labor with term delivery	☐Y ☒N	☐Y ☐N
7 Previous preterm delivery or low birthweight baby	☐Y ☒N	☐Y ☐N
8 Previous stillbirth.	☐Y ☒N	☐Y ☐N
9. History of cone biopsy (laser or cold knife cone)	☐Y ☒N	☐Y ☐N
10. DES exposure	☐Y ☒N	☐Y ☐N
11. Any history of cervical cerclage or myomectomy	☐Y ☒N	☐Y ☐N
12 Last birth within 1 year	☐Y ☒N	☐Y ☐N
13. Significantly underweight or over weight during prepregnant period	☐Y ☒N	☐Y ☐N
14. During the last year prior to pregnancy has had gynecological infection (bacterial vaginosis, trichomonas, chlamydia, herpes, gonorrhea, syphilis)	☐Y ☒N	☐Y ☐N
15. Cervix dilated > 1 cm < 34 weeks this pregnancy	☐Y ☒N	☐Y ☐N
16. Cervical shortening < 1 cm < 34 weeks this pregnancy	☐Y ☒N	☐Y ☐N
17. Drank any beer, wine, wine coolers, or liquor since last menstrual period[1]	☐Y ☒N	☐Y ☐N
18. Multiple gestation this pregnancy	☐Y ☒N	☐Y ☐N
19. Diabetes mellitus	☐Y ☒N	☐Y ☐N
20. Uterine anomaly	☐Y ☒N	☐Y ☐N
21. Uterine irritability requiring medication, bed rest, hydration	☐Y ☒N	☐Y ☐N
22. Abdominal surgery during this pregnancy	☐Y ☒N	☐Y ☐N
23. Cocaine, marijuana, benzodiazepines, or street drug use this pregnancy[1]	☐Y ☒N	☐Y ☐N
24. Poly/oligohydramnios this pregnancy	☐Y ☒N	☐Y ☐N
25. Has been physically, sexually, or emotionally hurt by someone[1]	☐Y ☒N	☐Y ☐N
26. Ever been or is currently being treated for an emotional disturbance	☐Y ☒N	☐Y ☐N
27. Felt sad or down for more than 2 weeks in the past year[1]	☐Y ☒N	☐Y ☐N
28. Initial prenatal visit ≥ 20 weeks	☐Y ☒N	☐Y ☐N
29. Febrile illness during this pregnancy	☐Y ☒N	☐Y ☐N
30. Bleeding > 12 wks this pregnancy	☐Y ☒N	☐Y ☐N
31. History of pyelonephritis	☐Y ☒N	☐Y ☐N
32. Smoking more than 10 cigarettes per day this pregnancy	☐Y ☒N	☐Y ☐N
33. Hypertension/preeclampsia	☐Y ☒N	☐Y ☐N
34. Work: standing more than 4 hours/shift or heavy physical exertion	☐Y ☒N	☐Y ☐N
35. Anemia (≤ 10 mg/dl) this pregnancy	☐Y ☒N	☐Y ☐N
36. Inappropriate weight gain or loss this pregnancy	☐Y ☒N	☐Y ☐N
37. Inadequate prenatal care (< 2 visits 2nd or 3rd trimester)	☐Y ☒N	☐Y ☐N
38. During this pregnancy has had gynecological infection (bacterial vaginosis, trichomonas, chlamydia, herpes, gonorrhea, or syphilis)	☐Y ☒N	☐Y ☐N
39. Has tested HIV positive	☐Y ☒N	☐Y ☐N

[1] Additional questions are recommended if yes

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Follow-Up Adverse Report
Thomas S. Donaldson 03-19-99
Exhibit 6 page 16 of 22 TSD [redacted]

ENHANCED SERVICES: Check all that apply, and indicate person(s)/agencies that will be providing services.

- ☐ ***At Risk*** Antepartum Mgm't. (Prima[redacted]D, CNM, DO) _____
- ☐ Care Coordination [redacted] _____
- ☐ Prenatal Health Education I _____
- ☐ Prenatal Health Education II _____
- ☐ Prenatal Nutrition Education _____
- ☐ Postpartum Follow-up Home Visit _____

Other risks:

***At Risk* Pregnancy** ☐Y ☐N

Signature of Primary Provider 1st Visit [redacted]	Date 1/4/99
Signature of Primary Provider 2nd Screen	Date

REMINDER — Refer to [redacted]

000002 Copy 1 — Patient Chart Copy 2 — Payer (2nd Screen) Copy 3 — Payer (1st Vis[redacted]

[redacted]

Medical Assistance Prenatal Risk Assessment

Please return to: DO NOT FOLD

[redacted]

Client Name [redacted]

Date of Birth [redacted]

MA ID #

Primary Provider Name

MA Provider #

Provider Phone #

Gestational age at Initial Assessment: _____ Weeks _____ Date

Gestational age at rescreen: _____ Weeks _____ Date

Instructions: Write the score which applies to each risk factor (*for risk factors definitions — see back).

RISK FACTOR	VALUE	SCORE INITIAL
Maternal Age	20-40 = 0 16-19 or > 40 = 2 ≤ 15 = 4	2
Education	≥ 9 = 0 ≤ 8 = 2	0
Marital Status	Married = 0 Single, div, sep = 2	2
Height	> 5 feet = 0 ≤ 5 feet = 3	0
Prepreg Weight	> 100 = 0 ≤ 100 = 3	0
AB 1st Trimester	< 3 = 0 ≥ 3 = 1	0
AB 2nd Trimester	none = 0 1 = 5 ≥ 2 = 10	0
Cone Biopsy	no = 0 yes = 5	0
Uterine anomaly	no = 0 yes = 5	0
DES exposure	no = 0 yes = 10	0
Hx preterm labor or preterm delivery	no = 0 yes = # × 10	0
Hx pyelonephritis	no = 0 yes = 3	0
Cigarette smoker	0-1½ pack = 1 ≥ 1½ packs = 4	0
Street drug use (this pregnancy)	no = 0 yes = 5	0
Alcohol use (this pregnancy)	no = 0 yes = 2	0
Initial prenatal visit	< 20 wks = 0 ≥ 20 wks = 2	0
Poor social situation	no = 0 yes = 2	0
Children ≤ 5 yrs at home	0 or 1 = 0 ≥ 2 = 2	0
Employment	none = 0 Outside work = 1 Heavy work = 3	1
Last birth within 1 year	no = 0 yes = 1	0
	Subtotal A1	5

RISK FACTOR CURRENT PREGNANCY	VALUE	INITIAL OB	RE-SCREEN
Bacteriuria, Chlamydia, GC this pregnancy	no = 0 yes = 3	0	
Pyelonephritis	no = 0 yes = 5	0	
Fibroids	no = 0 yes = 5	0	
Presenting part engaged	no = 0 yes = 3	0	
Bleeding ≥ 12 wks	no = 0 yes = 4	0	
Cervical length < 1 cm	no = 0 yes = 4	0	
Dilation ≥ 1 cm	no = 0 yes = 4	0	
Uterine irritability ≤ 34 wks	no = 0 yes = 4	0	
Placenta previa at ≥ 26 wks	no = 0 yes = 4	0	
Oligohydramnios	no = 0 yes = 5	0	
Polyhydramnios	no = 0 yes = 5	0	
Multiple pregnancy	no = 0 yes = 10 +	0	
Surgery (abdominal ≥ 18 wks or cerclage)	no = 0 yes = 10	0	
Febrile illness	no = 0 yes = 3	0	
Weight gain at 22 wks	> 7 lb = 0 ≤ 7 lb = 2	0	
Weight loss	< 5 lb = 0 ≥ 5 lb = 3	0	
Urine protein	0/trace = 0 ≥ 1 + = 2	0	
Hypertension or HTN medications	no = 0 yes = 2	0	
	Subtotal B1 and B2*		

Subtotal A1	5	Subtotal A1	
Subtotal B1	+ 0	Subtotal B1	+
Total 1st OB	5	Total 28 Wks Screen	

Total score of 10 points or more = High Risk for Preterm Delivery. Complete Enhanced Services Section below.

Check OTHER: ☐ *When you determine woman is in need of enhanced services, but **does not total 10 points;** please explain. See back of form for examples.

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Enhanced Services: Check all that apply and indicate person(s)/agencies that will be providing services.

- ☒ **High Risk Antepartum Mgm't. Primary Provider** _____
- ☐ Care Coordination _____
- ☐ Prenatal Education I _____
- ☐ Prenatal Education II _____
- ☐ High Risk Follow-up Home Visit _____
- ☐ Prenatal Nutrition Education _____

Signature of Primary Provider [redacted]

DATE 11/28/94

Client Signature: Release of Information

DATE:

000003

REMINDER — REFER FOR WIC SERVICES

Adopted from Lupo, VR and Leafblad, BA, 1986
Modification of Creasy Risk Scoring System

[redacted]

Copy I — DHS Copy II — DHS Copy III — PROVIDER

[redacted] **Medical Assistance Prenatal Risk Assessment**

Please return to: DO NOT FOLD

[redacted]

Client Name [redacted]

Date of Birth [redacted]

MA ID #

Primary Provider Name

MA Provider #

Provider Phone #

Gestational age at Initial Assessment: 4 1/2 Weeks 11-1-95 Date

Gestational age at rescreen: _____ Weeks _____ Date

Instructions: Write the score which applies to each risk factor (*for risk factors definitions — see back).

RISK FACTOR	VALUE	SCORE INITIAL
Maternal Age Age > 14 (19 2/12)	20-40 = 0 16-19 or > 40 = 2 ≤ 15 = 4	2
Education	≥ 9 = 0 ≤ 8 = 2	0
Marital Status	Married = 0 Single, div, sep = 2	0
Height	> 5 feet = 0 ≤ 5 feet = 3	0
Prepreg Weight	> 100 = 0 ≤ 100 = 3	0
AB 1st Trimester	< 3 = 0 ≥ 3 = 1	0
AB 2nd Trimester	none = 0 1 = 5 ≥ 2 = 10	0
Cone Biopsy	no = 0 yes = 5	0
Uterine anomaly	no = 0 yes = 5	0
DES exposure	no = 0 yes = 10	0
Hx preterm labor or preterm delivery	no = 0 yes = # × 10	0
Hx pyelonephritis	no = 0 yes = 3	0
Cigarette smoker	0-1½ pack = 1 ≥ 1½ packs = 4	0
Street drug use (this pregnancy)	no = 0 yes = 5	0
Alcohol use (this pregnancy)	no = 0 yes = 2	0
Initial prenatal visit	< 20 wks = 0 ≥ 20 wks = 2	0
Poor social situation	no = 0 yes = 2	0
Children ≤ 5 yrs at home	0 or 1 = 0 ≥ 2 = 2	0
Employment	none = 0 Outside work = 1 Heavy work = 3	0
Last birth within 1 year	no = 0 yes = 1	1
	Subtotal A1	2

RISK FACTOR CURRENT PREGNANCY	VALUE	INITIAL OB	RE-SCREEN
Bacteriuria, Chlamydia, GC this pregnancy	no = 0 yes = 3	0	
Pyelonephritis	no = 0 yes = 5	0	
Fibroids	no = 0 yes = 5	0	
Presenting part engaged	no = 0 yes = 3	0	
Bleeding ≥ 12 wks	no = 0 yes = 4	0	
Cervical length < 1 cm	no = 0 yes = 4	0	
Dilation ≥ 1 cm	no = 0 yes = 4	0	
Uterine irritability ≤ 34 wks	no = 0 yes = 4	0	
Placenta previa at ≥ 26 wks	no = 0 yes = 4	0	
Oligohydramnios	no = 0 yes = 5	0	
Polyhydramnios	no = 0 yes = 5	0	
Multiple pregnancy	no = 0 yes = 10 +	0	
Surgery (abdominal ≥ 18 wks or cerclage)	no = 0 yes = 10	0	
Febrile illness	no = 0 yes = 3	0	
Weight gain at 22 wks	≥ 7 lb = 0 ≤ 7 lb = 2	0	
Weight loss	< 5 lb = 0 ≥ 5 lb = 3	0	
Urine protein	0/trace = 0 ≥ 1 + = 2	0	
Hypertension or HTN medications	no = 0 yes = 2	0	
	Subtotal B1 and B2*		

Subtotal A1	2	Subtotal A1	
Subtotal B1	+ 0	Subtotal B1	+
Total 1st OB	2	Total 28 Wks Screen	

Total score of 10 points or more = High Risk for Preterm Delivery. Complete Enhanced Services Section below.

Check OTHER: ☐ *When you determine woman is in need of enhanced services, but **does not total 10 points:** please explain. See back of form for examples.

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Enhanced Services: Check all that apply and indicate person(s)/ agencies that will be providing services.

- ☒ **High Risk Antepartum Mgm't. Primary Provider** _____
- ☐ Care Coordination _____
- ☐ Prenatal Education I _____
- ☐ Prenatal Education II _____
- ☐ High Risk Follow-up Home Visit _____
- ☐ Prenatal Nutrition Education _____

Signature of Primary Provider [redacted] MD DATE 11/1/95

Client Signature · Release of Information

DATE

REMINDER — REFER FOR WIC SERVICES

Adopted from Lupo, VR and Leafblad, BA, 1986
Modification of Creasy Risk Scoring System [redacted]

Copy I — DHS Copy II — DHS Copy III — PROVIDER

[illegible] 8-24-76 [illegible] 11 [illegible] 0 EMP 10-15-94 [illegible] 22' - US, [illegible]

RISK FACTORS

1. Single - [redacted] (HUSBAND)
2.
3.
4.
5.

REFERRAL [redacted]

1. Heatlth Educator 1'
2. L&D Classes

DISCUSSION

1. Breast Feeding ?
2. PPTL

PHYSICAL EXAM: Usual Wt: 5' 6 Ht. 130 EENT w Breasts w Lungs w
Heart w Abdomen w Extremities w Reflexes w Hemorrhoids w

PELVIC: Ext. Gen. Gyn Cervix — Perineum — Fundus — 6 wk
Vagina — Adnexa —

PELVIMETRY: Type of Pelvis Gyn Pelvic Arch BiTub
D.C. S.S.L. Ischial sp Pos. Sag.
Sacrum Coccyx

LABORATORY:

	Initial	16 wk.	28 wk.	36 wk.	
Blood Grp.	AB	AFP - Doesn't	Hgb 11.2	Hgb 11.2	
RH	pos	want	D.S. 99		
Rubella	pos		Rhogam NA		Ultrasound
Hgb	13.5		Risk Assessment		Date 4/17/95
Serology	neg		3 hr. Glucose		Wks. 26 wks
Pap Smear					Date
Risk Assessment	5				Wks.

FOLLOW UP EXAMS: QUICKENING:

Date	Weeks	Ed.	Wgt	BP	Hct	Urine G P	Fund	DTR	Pos.	FHT	Remarks
11/28/94	6		129	116/74							See Note [redacted]
1/19/95	13½		131#	110/70		n/n	12cm			156	T96 7 2-3 fruits; 6-8 oz Veg; 2 glass of milk Appt 4 wks; AFP in 2½ wk (PVS)
3-10-95	21		141	130/70		tr/tr	22cm				+98³ c/o H.A. Switch 2% milk, fruit + vegetables 4 wks [redacted]
4-5-95	24½		148	110/60		+ n	24cm	+2	—	160	97' [redacted]
5-19-95	31		156	122/70		n +1	33	+1	Vtx	130	+97' 122 [redacted]
6-9-95	34		159	112/70		n n	38	+3	Vtx	130	T986
6-24-95	36		161	114/70	11.2	N N	36	+3	Vtx	160	+969 Cx soft, closed, -2 station Vtx [redacted]
7-5-95	37		161½	120/64		n tr	35	2+/4+	Vtx	136	+969 Cx 1cm, 50%, posterior -2 station [redacted] Appt. 1
7-12-95	38		160	118/62		N N	37	2+	Vtx	125	+98³ Cx soft Closed -2 state [redacted]
7-19-95	39½		161½	108/74		N N	37	—	Vtx	136	+96³ Cx soft, -1 station, RTC 1 wk
7-26-95			159	120/70		n tr	37	2+	Vtx	122	97⁴ Cx 3cm + 1 station Early labor [illegible]

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RISK FACTORS [redacted] 6-'95 REFERRAL: Last pt. + occurred a week after ~ week bleeding. Drug. Bleeding since delivery 2 mts. before.

1. None Declined [redacted] Health Educator

2. 12/1/95 [redacted] L&D Classes

3. DISCUSSION

4. 1. Breast Feeding

5. 2. PPTL

PHYSICAL EXAM: Usual Wt: 149 lbs Ht. 66" EENT Cold sore on lips PERRL, EOM intact, Breasts WNL Lungs WNL

Heart RRR(-) Abdomen WNL Extremities WNL Reflexes 2+/4+ Hemorrhoids none

PELVIC: Ext. Gen. WNL Cervix bluish Perineum WNL Fundus 4-6 wk

Vagina WNL Adnexa WNL

PELVIMETRY: Type of Pelvis Average Pelvic Arch WNL BiTub WNL

D.C. 12.5 cm S.S.L. Ischial sp Ave. Pos. Sag.

Sacrum WNL Coccyx WNL Proven by 1st Infant 8 lbs 10 oz

LABORATORY:

Initial	16 wk.	28 wk.	36 wk.
Blood Grp. [redacted]	AFP - Declines	Hgb 12.2	Hgb
RH		D.S. 98	Pregnancy Test 10/12
Rubella	Declines HIV test 1/17/96	Rhogam NA	Ultrasound
Hgb 13.1	Quickening 4/18/96	Risk Assessment	Date [redacted]
Serology [redacted]		3 hr. Glucose	Wks. [redacted]
Pap Smear			Date
Risk Assessment			Wks.

FOLLOW UP EXAMS: QUICKENING:

Weight Gain Total 175 lbs ± 2 lbs

Date	Weeks	Fd.	Wgt (Pregnancy 146)	BP	Hct	Urine G	Urine P	Fund	DTR	Pos.	FHT	Remarks
11/1/95	4 1/2		149	120/70				4-6 wk	2+		Doppler neg.	Appt. 1 wk 2 fresh fruits; 6-8 oz vegetables [redacted]
12/5/95	9 wks		149	110/60				—	—	—	172	See N.L. [redacted]
1-17-96	15 wks		150	124/50		n/+		17 cm		—		+985. URI. Lg for dates. US next wk. [redacted]
2-9-96	23 wks by US		158	120/60		NN		22 cm	2-3+	—	140	98³. NEW PTC - see US. RTC 4 wks [redacted]
3-12-96	26		164	120/60		n+/+		28	3+	—	144	+988 Doing well RTC 2 wk [redacted]
4-3-96	30		169	110/60		n/+		30	3+			98¹ clo vag dsg.
4-16-96	33		169	118/78		n+/+		33	2+			97⁵ Cx closed Thick RTC 2 wk [redacted]
5-10-96	36		170	112/70		n+/+		35	2+	V+x	148	+989 Cx Soft. Closed. -1 Station RTC [redacted]
5-18-96	37		172	120/70		+/N		36	2+	V+x	154	T974 Cx Soft, closed 1 Station RTC [redacted]
5-28-96	39		171	106/70		N+/+		37	—	V+x	132	984, -2 Station, Cx closed, soft. RTC [redacted]
6-3-96	40		171	122/60		n+/+		37	2+	V+x	138	976, -1 Station, Cx closed, soft RTC 1 wk [redacted]
6-10-96	41		171	114/80		N/N		36	2+	V+x	147	986 -1 Station Cx 2 cm soft RTC [redacted]

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NAME [redacted] PHONE [redacted] ALLERGIES Ø

DOB [redacted] GR III PARA II AB ___ LMP Nov 3 (Spotty/late) EDC Aug 10th

RISK FACTORS: Initial ___ 28 wk ___

1. ___
2. Herbal products 1st 4 wks of pregnancy
3. ___
4. ___
5. ___

REFERRALS:
1. HEALTH EDUCATOR ___
2. PRENATAL CLASS ___

DISCUSSION:
1. BREAST FEEDING ___
2. PPTL ___
3. HIV TESTING ___

ULTRASOUND:
DATE ___
EST. WKS. ___
DATE ___
EST. WKS. ___

PHYSICAL EXAM:

Usual Wt.	145	Breasts	wl	GYN: Ext Genitalia	Gynl
Height	66'	Abdomen	wl	Vagina	wl
HEENT	wl	Extremeties	wl	Cervix	w
Chest	wl	Neuro	wl	Fundus	w
Heart	wl	REFLEXES	wl	Adnexa	n

PELVIMETRY:
Type of Pelvis Gynl
Arch ___ Isch. Sp. ___
D.C. ___ S.S.L. ___
Bitub ___ Pos. Sag ___
Sacrum ___ Coccyx ___

ABNORMALITIES ___

LAB: INITIAL 2-2-99		16 WKS	28 WKS	36 WKS
Blood group	Rh	AFP	Hgb	Hgb
Rubella	Hgb	Declines: ~~2-2-99~~	Diabetic Screen	
Serology	HIV declined		Rhogam	
PAP Results		QUICKENING	3 Hr GTT	

VISIT FLOWSHEET

DATE	WKS	WGT	BP	U/A-GP	FUND	DTR	EDEMA	POS	FHT	REMARKS
1/4/99	9	150	122/86		?9wk	1+	—	—	—	See Note [redacted]
2/2/99	13	150#	110/70	n/n	?10wks	—	—	—	—	T 97 ? Fetal demise @ 9 wks [redacted]

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NAME [redacted] HUSBAND [redacted] ALLERGIES [illegible]

ADDRESS _____ PHONE [redacted]

GR III PARA II AB ____ LMP 1st wk Nov 3? (Nov spotting) EDC Aug 10th CYCLE LENGTH ____

RECENT CONTRACEPTION Ø 96 CURRENT MEDS Prenatal Vits

SMOKING Ø ALCOHOL USE Ø ILLICIT DRUG USE Ø

PAST MEDICAL HISTORY: SURGERY Ø HOSPITALIZATIONS Asthma 6th Grade

RHEUMATIC FEVER Ø KIDNEY/BLADDER Ø SEIZURES Ø DM Ø

HTN Ø BLOOD TRANSFUSIONS Ø HEPATITIS Ø HIV EXPOSURE Ø

OTHER Took herbal meds 1st 4 weeks (inc. Ma Huang, licorice, Cr piccadmate, ginseng)

FAMILY HISTORY: DM, HTN, MULTIPLE PREGNANCY, CONGENITAL ANOMALIES, OTHER:

Aunt Diabetes, Aunt CA, 3 gen ago

OBSTETRICAL HISTORY:

YEAR	WKS GEST	VAG	C-SEC	HRS LABOR	SEX	WGT	COMPLICATIONS
95	41	✓		Labor stopped Induced	07	8 10	[redacted]
96	41	✓		Labor stopped Induced	07	8 4	

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HD

DATE	WKS	WGT	BP	U/A-GP	FUND	DTR	EDEMA	POS	FHT	REMARKS

VISIT FLOWSHEET

000008