

**Vaginal Examination**No.  Consent  Indication Chaperone offered accepted  declined Fetal heart prior to VE (bpm)  Pinard  Doptone  Monitor  Duration of assessment (mins) 

Lie/Presentation

5ths palpable

External genitalia

Show

**Cervix**position length consistency dilatation 

anterior

right

posterior

position

left

Presenting part

station caput moulding **Bladder care**Void prior to procedure  Catheter required Yes  No **Membranes**intact hindwater leak Forewaters: already ruptured ruptured during VE Swab count (inc. number) Swabs correct Yes  No Swab red string correct Yes  No **Liquor**none clear blood-stained light meconium thick meconium Fetal heart rate after VE (bpm) 

Signature\*

Date/Time

D	D	M	M	Y	Y	H	H	M	M
---	---	---	---	---	---	---	---	---	---

Pinard  Doptone  Monitor Duration of assessment (mins)