

# Intrapartum Manual Data Entry Form

Hospital & Intrapartum Area  
Name:

Date	Entry time	Cat I	Cat II	Cat III	Cat IV	Cat V	Cat A2	PN Readmission	Cat PD1	Cat PD2	Cat PN	Cat A1	Cat X	IOL	No. of MW	Total No. Women
dd/mm/yy	hh:mm															

**Freetext : Include any Staffing Factors / Clinical actions / Management actions / Red flags for the above data entry**

**Add comments here:**

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