

Data collection instrument

Name _____ Form Nr. _____
Date and time of hospitalization _____ Medical record nr _____

General data

Age _____ Schooling _____ Occupation _____
Skin color: yellow caucasian black brown

Skin and perineum health history

Previous episiotomy no yes Nr: _____
Other scars no yes Cause: _____
Vulvar varices no yes
Hemorrhoids no yes
Local infections no yes

Obstetric History

Gestation nr: _____ Parity _____ Abortions _____ Number of children _____

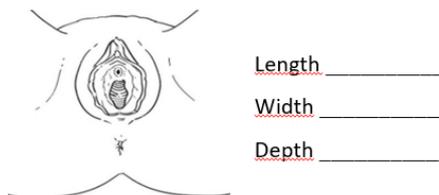
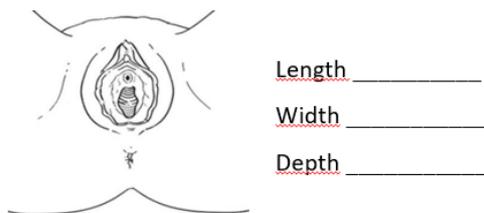
Professional who performed the delivery:

NM ObGyn Resident Midwife

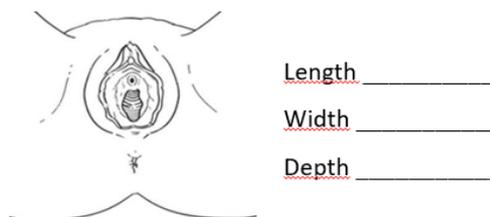
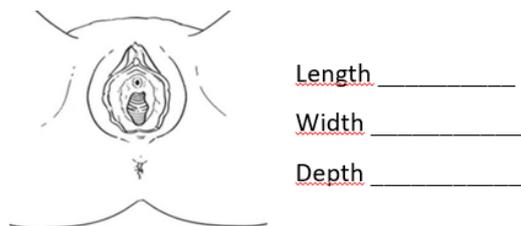
[NM: nurse midwife; ObGyn: obstetrician gynecologist; Resident: Medical Resident]

Tear assessment

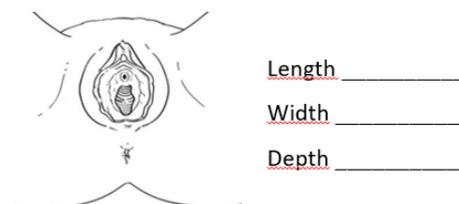
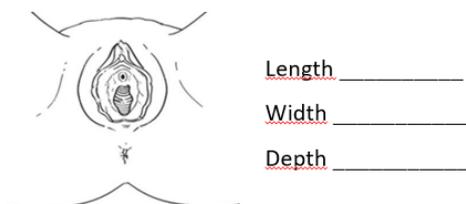
Total number of tears _____
Location of tear 1 _____ Location of tear 2 _____



Location of tear 3 _____ Location of tear 4 _____



Location of tear 5 _____ Location of tear 6 _____



General aspect

Bleeding: absent light moderate excessive

Edema (adapted REEDA scale):

(-) absent (+) small [less than 1 cm from the incision] (++) moderate [perineal or vulvar 1-2 cm from the incision] (+++) large [perineal or vulvar beyond 2 cm of the incision]

Hematoma no yes

Tear classification (professional assessment)

1st grade 2nd grade

Post trauma immediate procedures

Bleeding control by compression no yes

Suture no yes

Thread used _____ Surgical glue _____

Type of suture: total continuous continuous in the mucosa; muscle and skin separate stitches modified continuous (only separate stitches on muscle)

Guidelines on postpartum tear care offered by the professional (describe)

Researcher name _____