

British Columbia Labour and Birth Summary Record

1. IDENTIFICATION

NEWBORN ID NUMBER

☐ Singleton☐ Twin A☐ Triplet A☐ Twin B☐ Triplet B☐ Triplet C

Gest. Age: wks.

(status prior to this delivery as on Antenatal Record, Part 1)

Gravida Term Preterm Abortion Living

DATE MOTHER'S I.D. NUMBER

SURNAME GIVEN NAME

ADDRESS PHONE NUMBER

PERSONAL HEALTH NUMBER PHYSICIAN / MIDWIFE NAME

2. LABOUR

☐ SPONTANEOUS ☐ AUGMENTED: ☐ ARM ☐ OXYTOCIN ☐ OTHER: INDICATION

☐ INDUCED ☐ ARM ☐ FOLEY ☐ PROSTAGLANDIN ☐ OXYTOCIN ☐ OTHER: INDICATION

MEMBRANE RUPTURE: ☐ SPONTANEOUS ☐ OBVIOUS ☐ QUERIED ☐ CONFIRMED

AMNIOTIC FLUID: ☐ CLEAR ☐ BLOODY ☐ MECONIUM TIME MECONIUM NOTED HRS.

FETAL SURVEILLANCE: ☐ INTERMITTENT AUSCULTATION ☐ EXTERNAL EFM ☐ FETAL ECG ☐ IUPC

FETAL BLOOD SAMPLING: NO. OF TIMES LOWEST: pH B.E.

INTRAPARTUM ANTIBIOTICS:
☐ NO ☐ YES (specify):

3. DELIVERY

☐ SVD FETAL POSITION IN LABOUR: FETAL POSITION AT DELIVERY: ☐ ASSISTED DELIVERY: ☐ VACUUM ☐ OUTLET ☐ EASY ☐ FORCEPS ☐ LOW ☐ MOD. DIFFICULT ☐ MID ☐ DIFFICULT ☐ FORCEPS ROTATION

☐ VBAC ATTEMPTED ☐ VBAC DECLINED ☐ NOT A CANDIDATE

☐ CESARIAN SECTION # ☐ PRIMARY ☐ ELECTIVE ☐ REPEAT ☐ EMERGENCY ☐ LOW TRANSVERSE INCISION ☐ OTHER (specify):

☐ BREECH ☐ FRANK ☐ SPONTANEOUS ☐ COMPLETE ☐ ASSISTED ☐ INCOMPLETE ☐ FORCEPS TO HEAD ☐ FOOTLING ☐ EXTRACTED ☐ VERSION

☐ OTHER PRESENTATION (specify):

ANALGESIA/ANESTHESIA
☐ NONE ☐ NARCOTICS ☐ EPIDURAL ☐ N₂O₂ / O₂ ☐ LOCAL ☐ SPINAL ☐ CSE ☐ PUDENDAL ☐ GENERAL ☐ OTHER (specify):

OXYTOCIN POSTPARTUM
☐ IV ☐ IM DOSE(S) ☐ OTHER (specify):
SIGNATURE:

PLACENTA AND CORD
☐ SPONTANEOUS ☐ ASSISTED COMPLETE ☐ NO ☐ YES
☐ MANUAL/OPERATIVE REMOVAL CORD VESSELS ☐ 2 ☐ 3
ABNORMALITIES: CORD GASES SENT ☐ NO ☐ YES
PLACENTA SENT TO PATHOLOGY ☐ NO ☐ YES

PERINEUM/VAGINA/CERVIX
☐ INTACT ☐ LACERATION ☐ 1ST ☐ 2ND ☐ 3RD ☐ 4TH ☐ CERVICAL TEAR ☐ OTHER TRAUMA (specify):
☐ EPISIOTOMY ☐ MIDLINE ☐ MEDIOLATERAL
Sutured by: MD/RM

ESTIMATED BLOOD LOSS
☐ < 500 cc ☐ 500 - 1000 cc ☐ > 1000 cc
BLOOD TRANSFUSION
☐ NO ☐ YES No. of units ☐ OTHER (specify):
SPONGE COUNT CORRECT NO YES INITIALS:
NEEDLE COUNT CORRECT ☐ ☐

INDICATION FOR OPERATIVE DELIVERY:
PRINCIPAL OTHER:

4. BIRTH AND NEWBORN

MEMBRANES RUPTURED
1st STAGE STARTED
2nd STAGE STARTED
NEWBORN DELIVERED
PLACENTA DELIVERED

TIME SUMMARY
HOURS MINS. DAY MONTH YEAR

DURATION
HOURS MINS.
1st STAGE
2nd STAGE
3rd STAGE
DURATION OF RUPTURED MEMBRANES
HOURS

MALE FEMALE AMBIGUOUS
APGAR (see criteria on Newborn Record)
at 1 min. at 5 min. at 10 min.
WEIGHT (g)
STILLBIRTH
D M Y
Last FHR

DELIVERED BY:
☐ MD ☐ RM ☐ RN ☐ OTHER (specify):
MD/RMS PRESENT:
NURSES PRESENT:
OTHERS PRESENT:

COMMENTS ON LABOUR AND BIRTH: ☐ NORMAL IF NOT (SPECIFY):
PLACE OF BIRTH: ☐ HOSPITAL ☐ HOME ☐ TRANSFER IN LABOUR

CONSULT TO:
☐ OBSTETRICIAN ☐ PEDIATRICIAN
☐ FAMILY PHYSICIAN ☐ OTHER:

SIGNATURE SIGNATURE
RM/RN MD/RM