British Columbia Labour and Birth Summary Record

1. Newborn Hospital ID ☐ Singleton ☐ Twin A ☐ Twin B ☐ Triplet A ☐ Triplet B ☐ Triplet C

Gest. Age: wks.

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

G____T____P____ A____ L____EDD_____

Surname Given Name

Address

Phone Number

Personal Health Number Physician/Midwife Name

2. Labour

☐ No Labour
☐ Spontaneous
☐ Augmented ☐ ARM ☐ Oxytocin ☐ Other:_____ Indication: _____
☐ Induced ☐ Foley ☐ ARM ☐ Oxytocin ☐ Prostaglandin, # Inserted ____ ☐ Other: Primary Indication:

3. Intrapartum

Liquor ☐ Clear ☐ Meconium ☐ Bloody
Fetal Surveillance ☐ Intermittent Auscultation ☐ External EFM ☐ Internal EFM ☐ IUPC Indication for EFM:_____
☐ Fetal Blood Sampling: Lowest: pH_____ Base Excess_____

Fetal Presentation ☐ Cephalic ☐ Breech ☐ Frank ☐ Complete ☐ Incomplete ☐ Footling

Other Presentation *(specify)*:

Analgesia/Anaesthesia
☐ None ☐ Opioids ☐ Entonox
☐ Local ☐ Pudendal ☐ Other:
Labour ☐ Epidural ☐ Spinal ☐ Combined
CS ☐ Epidural ☐ Spinal ☐ Combined ☐ General

Prophylactic Antibiotics
☐ None
☐ Intrapartum, # doses _____
☐ Intraoperative
☐ Other:

4. Delivery

Fetal Position at Onset of Labour *(specify)*: _____
Fetal Position at Delivery: ☐ OA ☐ OP ☐ Other:_____
☐ SVD
VBAC Candidate ☐ No ☐ Yes: Trial of Labour ☐ Elective CS ☐
☐ Assisted ☐ Vacuum Forceps ☐ Outlet ☐ Low ☐ Mid ☐ Rotation Application ☐ Easy ☐ Mod. Difficult ☐ Difficult
☐ Cesarean ☐ Primary ☐ Repeat: CS #_____
Primary Indication:_____
☐ Elective ☐ Urgent ☐ Emergent
Decision at _____ (dd/mm/yyyy) _____ hrs. (Time) _____ cm. (Cervix Dilated)
Maternal Position at Delivery *(specify)*:

Oxytocin ☐ None ☐ IM ☐ IV ☐ Infusion

Placenta
Complete ☐ Yes ☐ No
☐ Maternal Effort
☐ Controlled Traction
☐ Manual
☐ Operative
Sent to Pathology ☐ Yes ☐ No

Cord
Vessels ☐ 2 ☐ 3
Cord Gases ☐ Yes ☐ No
Cord Clamped ☐ Early (<2min) ☐ Late (≥2min)
Abnormalities/Complications:

Perineum/Vagina/Cervix
☐ Intact
☐ Laceration ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th degree
☐ Episiotomy ☐ Midline ☐ Mediolateral
☐ Cervical Tear
☐ Other Trauma:_____
Sponge Count Correct ☐ Yes ☐ No Initials _____
Needle Count Correct ☐ Yes ☐ No _____
Repaired by:
MD/RM

Estimated Blood Loss
☐ <500 ml ☐ 500-1000ml ☐ >1000ml
Intervention Required ☐ Yes ☐ No
If yes, ☐ Medication ☐ Blood Products ☐ Other

5. Time Summary

	Hours	Mins.	Day	Month	Year
Membranes Ruptured					
1st Stage					
2nd Stage					
Time of Birth					
Placenta Delivered					

Duration

	Hours	Mins.
1st Stage		
2nd Stage		
3rd Stage		

Duration of Ruptured Membranes	Hours

Delivered By: _____
☐ MD ☐ RM ☐ RN ☐ OTHER *(specify)*:
MD/RM Present: _____
Nurses Present: _____
Others Present: _____

☐ Male ☐ Female ☐ Undifferentiated
Apgar at 1 min. at 5 min. at 10 min.
Weight _____ g.

Stillbirth: ☐ Antepartum ☐ Intrapartum

Comments on Labour and Birth:
Place of Birth: ☐ Hospital ☐ Home ☐ Other:
☐ Normal If not, *specify*:

Consult To:
☐ Obstetrician ☐ Paediatrician
☐ Family Physician ☐ Other:

SIGNATURE RM/RN

SIGNATURE MD/RM

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White - Mother's chart Yellow - Infant's chart Pink - Physician / Midwife

BAR CODE AREA: DO NOT USE