

# 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 ID. 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

INTRAPARTUM ANTIBIOTICS:

☐ NO ☐ YES (specify): \_\_\_\_\_

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

## 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  
☐ N<sub>2</sub>O<sub>2</sub> / O<sub>2</sub> ☐ LOCAL ☐ SPINAL  
☐ CSE ☐ PUDENDAL ☐ GENERAL  
☐ OTHER (specify): \_\_\_\_\_

### OXYTOCIN POSTPARTUM

☐ IV ☐ IM DOSE(S) \_\_\_\_\_

☐ OTHER (specify): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### PLACENTA AND CORD

☐ SPONTANEOUS ☐ ASSISTED  
☐ MANUAL/OPERATIVE REMOVAL

COMPLETE ☐ NO ☐ YES

CORD VESSELS ☐ 2 ☐ 3

CORD GASES SENT ☐ NO ☐ YES

PLACENTA SENT TO PATHOLOGY ☐ NO ☐ YES

### PERINEUM/VAGINA/CERVIX

☐ INTACT  
☐ LACERATION ☐ 1<sup>ST</sup> ☐ 2<sup>ND</sup> ☐ 3<sup>RD</sup> ☐ 4<sup>TH</sup>  
☐ CERVICAL TEAR  
☐ OTHER TRAUMA (specify): \_\_\_\_\_  
☐ EPISIOTOMY ☐ MIDLINE  
☐ MIDLATERAL

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 ☐ NO ☐ YES

### INDICATION FOR OPERATIVE DELIVERY:

PRINCIPAL

OTHER: \_\_\_\_\_

## 4. BIRTH AND NEWBORN

### TIME SUMMARY

	HOURS	MIN.	DAY	MONTH	YEAR
MEMBRANES RUPTURED					
1st STAGE STARTED					
2nd STAGE STARTED					
NEWBORN DELIVERED					
PLACENTA DELIVERED					

### DURATION

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

DELIVERED BY:

☐ MD ☐ RM ☐ RN ☐ OTHER (specify): \_\_\_\_\_

MD/RMS

PRESENT: \_\_\_\_\_

NURSES

PRESENT: \_\_\_\_\_

OTHERS

PRESENT: \_\_\_\_\_

☐ MALE ☐ APGAR (see criteria on Newborn Record) at 1 min. at 5 min. at 10 min.

WEIGHT (g)

STILLBIRTH

D M Y

Last FHR

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