

## **Perinatal Forms Guideline 1**

# **PROVINCIAL PERINATAL FORMS**

### ***INTRODUCTION***

Historically the British Columbia Reproductive Care Program, in collaboration with the Ministry of Health, provides standard perinatal documentation tools. In 1998 the BCRCP completed a major revision of the provincial package of perinatal forms with the valuable assistance of a Working Committee from nursing, medicine, midwifery, community health, and health records. The primary goals during this revision process were to eliminate duplicate charting and facilitate an efficient charting process. Periodic revisions occur as required based on provincial feedback and changes in practice recommendations. An update of the Antenatal Record and Labour and Birth Summary is planned for 2005. In addition, the Postpartum Forms are scheduled for revision with the intent to amalgamate the acute care with the community health forms.

The Forms Package includes:

HLTH 1582	Antenatal Record	Revision 1998, 2002
HLTH 1583	Labour Admission and Partogram	Revision 1998, 2002
HLTH 1583A	Newborn Record	Revision 1998, 2002, 2004
HLTH 1583B	Expanded Newborn Resuscitation Record	New 2003
HLTH 1588	Labour and Birth Summary Record	Revision 1998, 2002
HLTH 1590	Maternal Assessment	New 1998
HLTH 1591	Community Liaison Record	New 1998
HLTH 1592	Maternal Postpartum Care Path (Vaginal Delivery)	New 1998
HLTH 1595	Maternal Caesarian Section Care Path	New 2000
HLTH 1593	Newborn Care Path	New 1998
HLTH 1596	Community Maternal Assessment Checklist	New 2000
HLTH 1597	Community Newborn Assessment Checklist	New 2000
HLTH 1594	Variance Record	New 1998

**For information on ordering the forms, please see page 4.**

### ***KEY CHANGES IN 2004***

#### **I. NEWBORN RECORD**

- The Growth Charts on the reverse of the form have been changed to reflect the new B.C. charts as developed by Vital Statistics.

### ***KEY CHANGES IN 2003***

- Introduction of the Expanded Newborn Resuscitation Record (HLTH 1583B)

**KEY CHANGES IN 2002**

**I. ANTENATAL RECORD**

- Revised wording in Informed Consent to include the Perinatal Database Registry.
- Inclusion of Intimate Partner Violence (IPV) as documentation element under Social History.
- Inclusion of opportunity to document intent to breastfeed under Topics for Discussion.
- Inclusion of indication that discussion regarding transfusion of blood and blood products has occurred.
- Inclusion of documentation that Maternal Serum Screening has been offered.

**II. LABOUR ADMISSION AND PARTOGRAM**

- Baseline Fetal Heart Rate documentation includes tick boxes for reassuring and non-reassuring assessment. Reassuring indicators are provided for guidance.
- Maternal vital signs have been separated into their own graph.
- The graph for vaginal exam documentation has been vertically expanded to more accurately track the progress of labour.
- Analgesia has been allocated a specific area for documentation.
- Combined Spinal Epidural (CSE) and Patient Controlled Epidural Analgesia (PCEA) have been added to the choices of types of epidural.
- Second, Third and Fourth stage sections have been reduced to allow more space for narrative charting.

**III. NEWBORN RECORD**

- The Resuscitation Summary has been changed to be consistent with the new Neonatal Resuscitation Program. This section is not meant to provide sufficient space for documentation of extensive resuscitation. Resuscitation requiring IPPV should be documented on the separate Newborn Resuscitation Form.
- Newborn vital signs have been included in the physical examination at birth.
- A line to indicate the time that the specimen for PKU, TSH, and Galactosemia was taken has been added.
- Additional space for Progress Notes has been allocated in Part 2.

**IV. LABOUR AND BIRTH SUMMARY RECORD**

- Foley catheter has been added as an option for induction of labour.
- Documentation of meconium has been changed to be consistent with the new Neonatal Resuscitation Program Guidelines.
- VBAC documentation includes “not a candidate” as an option.
- Combined Spinal Epidural (CSE) has been added to analgesia/anesthesia options.
- The section on Perineum/Vagina/Cervix has been reformatted for greater clarity.

**KEY CHANGES IN 1998**

- The previous Nursing Admission Record has been combined with the Partogram to become the Labour Admission and Partogram for women admitted in labour.

## ***Provincial Perinatal Forms***

- The Maternal Assessment form has been created for patients who require assessment in hospital but are not in labour.
- The Maternal Postpartum Care Path (Vaginal Delivery) and the Newborn Care Path are new and have been designed to outline an expected course of care for a specific, identified patient population (e.g. postpartum care for vaginal delivery). The care paths are designed to ensure consistent and coordinated care for a specific population, and are linked to expected outcomes. Care paths designate care activities and/or expected outcomes over a given timeframe. The clinical care path format is designed so that caregivers can document directly on them. Documentation is simplified as caregiver's initials indicate that the care is given and that findings are within normal limits (charting by exception).

Narrative notes are not required if expected outcomes are met. Variances indicate that findings are not within normal limits and that further assessment and/or treatment is required. Documentation is indicated as a variance on the pathway and the assessment and follow-up care is documented on the Variance Record. It is hoped that, properly used, care paths will provide better and more accurate documentation and will either reduce exposure to litigation or assist in the defense of litigation to a greater extent than previous charting methods.

- The Community Liaison Record has been developed to reflect current practice regarding transfer of information with planned maternity discharge. Effective collaboration between hospitals and community agencies is extremely important for the postpartum forms to be utilized effectively and efficiently.
- The Hearing Registry information has been deleted from the perinatal forms.
- The College of Midwives of British Columbia has mandated the use of the Antenatal Record, the Labour and Birth Summary Record, and the Newborn Record, and has recommended the use of the others for all Registered Midwives practicing in British Columbia. Revisions to the forms reflect the integration of midwives into the health care setting.
- Guideline 11 provides a list of abbreviations that is used in all of the Provincial Perinatal Forms and is included for use as a reference.

### ***OTHER ISSUES***

Where information overlaps between different professional groups, it should be decided within each facility which care provider is responsible for completing designated sections of the forms.

While the perinatal forms package provides an avenue for documentation of care provided, the forms themselves are not designed to replace formal care protocols and standards. The exception to this may be the Maternal and Newborn Care Path, which are designed to ensure consistent and coordinated care for a specific population and are linked to expected outcomes.

The following guidelines address generic charting issues and provide guidance for use of each of the new or revised perinatal forms. Nurse-consultants from the BCRCP are available to assist with education, as requested.

***ORDERING FORMS***

All the BCRCP Perinatal Forms are ordered by Hospitals and Community Health Units through Benwell-Atkins (an RR Donnelley Company). Benwell Atkins develops, stores, prints and distributes the forms provincially. The order form is attached to this guideline and can be photocopied to meet the needs of the institution.

***HOW TO ORDER***

- Each individual facility will identify which forms and quantity of forms they use.  
**Facilities are responsible for ordering Antenatal Records for their physicians and midwives with privileges at their facility.**
- Complete the attached Order Form and fax to Benwell Atkins at the number provided or call Gail Truesdell directly at the 1-800 number provided. Benwell Atkins will have information to track and communicate previous use to assist with ordering numbers.
- It is recommended that small facilities make an annual order and large facilities a biannual order in order to cover the number of births for one fiscal year April – March. Small shipments are costly.
- Benwell Atkins will distribute forms as ordered directly to the ordering facility.
- Contact Patty Keith at BCRCP (604-875-3763) for any questions or concerns regarding the process or content of the forms.