

# British Columbia Labour and Birth Summary Record

**1. Newborn Hospital ID**  Singleton  Twin A  Triplet A  
 Twin B  Triplet B  
 Triplet C  
 Gest. Age: \_\_\_\_\_ wks.

Surname \_\_\_\_\_ Given Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Personal Health Number \_\_\_\_\_ Physician/Midwife Name \_\_\_\_\_

(status prior to this delivery as on Antenatal Record, Part 1)  
 G \_\_\_ T \_\_\_ P \_\_\_ A \_\_\_ L \_\_\_ EDD \_\_\_\_\_

**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  Application  
 Outlet  Easy  
 Low  Mod. Difficult  
 Mid  Difficult  
 Rotation  
 Cesarean  Primary  Repeat: CS # \_\_\_\_\_  
 Primary Indication: \_\_\_\_\_  
 Elective  Urgent  Emergent  
 Decision at \_\_\_\_\_ dd/mm/yyyy \_\_\_\_\_ hrs. \_\_\_\_\_ cm.  
 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					

  

	Hours	Mins.
1st Stage		
2nd Stage		
3rd Stage		
Duration of Ruptured Membranes		

Male  Female  Undifferentiated  
 Apgar at 1 min. \_\_\_\_\_ at 5 min. \_\_\_\_\_ at 10 min. \_\_\_\_\_ Weight \_\_\_\_\_ g.

Delivered By: \_\_\_\_\_  
 MD  RM  RN  OTHER (specify): \_\_\_\_\_  
 MD/RM Present: \_\_\_\_\_  
 Nurses Present: \_\_\_\_\_  
 Others Present: \_\_\_\_\_  
 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 \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 RM/RN \_\_\_\_\_ MD/RM \_\_\_\_\_