

# BCPHP

## A GUIDE FOR COMPLETION OF THE LABOUR AND BIRTH SUMMARY

### Inside

Revision Committee	2
Introduction	2
Section 1 Demographics and Background Information	3
Section 2 Labour	3
Section 3 Intrapartum	4
Section 4 Delivery	4
Section 5 Time Summary	5
Section 6 Comments on Labour and Birth	6
Obtaining Copies of the BC Labour and Birth Summary	7



**British Columbia  
Perinatal Health  
Program**  
F5 – 4500 Oak Street  
Vancouver, BC  
Canada V6H 3N1  
Tel: 604.875.3737  
Web: [www.bcphp.ca](http://www.bcphp.ca)

While every attempt has been made to ensure that the information contained herein is clinically accurate and current, the BCPHP acknowledges that many issues remain controversial, and therefore may be subject to practice interpretation.

## MEMBERS OF THE LABOUR AND BIRTH SUMMARY REVISION COMMITTEE

The BC Perinatal Health Program (BCPHP) would like to acknowledge the committee who revised the Labour and Birth Summary. Committee members included: Viva Swanson, Project Consultant to BCPHP; Colleen Eidsness, RN & Carolyn Thibeault RM (Cranbrook); Heidi Slater RN (Victoria); Ros Derry RN (Terrace); Kate McCulloch RN & Kathy Allinott RN (Chilliwack); Colleen Upton RN & Yolanda Short RN (Vernon); Kelly Theis RN & Jane Binter RN (Fernie); Lyn Jones RN (Richmond); Anita Ballermann RN (Kamloops); Maureen Spinks RN & Sylvie Tange RN (Penticton); Heather Mash RN & MerryAnne Keane RN (White Rock); Catherine Ruskin RM (Nelson); Andrew Sear MD (Quesnel); Kirsten Duckitt MD (Prince George); Wendy Newson RN, Ann Shields RN, Heidi Dunbar RN, Melanie Basso RN & Faith Kuboniwa RN (Vancouver); Barb Campbell RN & Vanessa Pearson RN (Nanaimo); Wilma Arruda MD (Nanaimo); Sandra LaCarte RN (Surrey); Diane Sawchuck RN (Vancouver); Sheryll Dale, Kenny Der, Lily Lee & Barbara Selwood, BCPHP.

## INTRODUCTION

The British Columbia Perinatal Health Program Labour & Birth Summary (LBS), BCPHP (HLTH) 1588 Rev. 2008/03 is a tool developed for the summary of the labour and birth episode of care. It is a tool to facilitate communication and continuity of care between facilities and providers of care. Specific fields in the LBS are collected as part of a comprehensive database for the British Columbia Perinatal Database Registry (BCPDR), which includes data collection from the entire suite of Provincial Perinatal Forms. The mandate of the BC Perinatal Health Program includes the collection and analysis of perinatal data to evaluate provincial perinatal outcomes, and to improve health care initiatives.

**Items collected in the database are identified with an asterisk (\*).**

The following tables provide information on the items on the Labour and Birth Summary along with a description of the items to assist documentation.

## Labour and Birth Summary

### SECTION 1: DEMOGRAPHICS AND BACKGROUND INFORMATION

Item	Description
Addressograph/Label Area	Demographic information includes: patient surname, given name, address, phone number, personal health number, physician/midwife name, date.
Newborn Hospital ID	Newborn hospital identification number.
Singleton, Twin, Triplet*	Birth order for singleton or multiple births.
Gestational Age*	Number of weeks of gestation from last menstrual period obtained from Antenatal Record.
Gravida*	The total number of prior plus present pregnancies regardless of gestational age, type, time or method of termination/outcome. Twins or multiples are counted as one pregnancy. A blighted ovum and hydatiform mole are classified as a gravida.
Term*	The total number of previous pregnancies with birth occurring at greater than or equal to 37 completed weeks gestation (includes 37 <sup>0</sup> – 37 <sup>6</sup> ).
Preterm*	The total number of previous pregnancies with birth occurring between 20-36 completed weeks gestation (includes 36 <sup>0</sup> -36 <sup>6</sup> ).
Abortion*	The total number of previous terminations of pregnancies ending prior to 20 completed weeks gestation and weighing less than 500 grams.
Living*	The total number of children the woman has given birth to, and are presently living. Does not include current pregnancy.
EDD (Expected Date of Delivery)	Expected date of delivery; indicating calculation of EDD by the last menstrual period date or ultrasound from the Antenatal Record.

### SECTION 2: LABOUR

Item	Description
No Labour*	Patient did not go into labour, as in the case of an elective cesarean section.
Spontaneous*	Onset of labour was spontaneous i.e. no intervention was required to initiate labour.
Augmented*	Labour intervention was required, such as artificial rupture of membranes, oxytocin infusion or another intervention. Document the indication for augmentation of labour eg. dystocia of labour in first stage.
Induced*	The onset of labour was initiated with an intervention, such as intracervical foley catheter insertion, artificial rupture of membranes, oxytocin infusion, prostaglandin insertion (intracervical gel, intra-vaginal gel or vaginal insert) indicating the number of doses inserted; and other, if applicable. Document the primary indication for induction.
Primary Indication for Induction*	Document the diagnosis which best describes the primary reason that an intervention was used to initiate labour.



## Labour and Birth Summary

### SECTION 3: INTRAPARTUM

Item	Description
Liquor	Quality of amniotic fluid: clear, meconium, bloody.
Fetal Surveillance*	Methods for fetal surveillance throughout the episode of care, such as intermittent auscultation, external electronic fetal monitoring; internal electronic fetal monitoring; intrauterine pressure catheter.
Indication for Electronic Fetal Monitoring (EFM)	Indication for the methods of fetal surveillance utilized throughout the episode of care.
Fetal Blood Sampling	Fetal blood sampling including the lowest pH & base excess noted.
Fetal Presentation*	Fetal presentation in labour; such as cephalic (head first); breech (bottom first) including the types of breech presentation: frank, complete, incomplete, and footling, and other presentation eg. cephalic-face presentation.
Analgesia/Anaesthesia*	The analgesia and methods of anaesthesia utilized in this episode of care; such as none, opioids, Entonox, local anesthesia, pudendal, or other. Identify the use of regional anaesthesia used, such as the provision of an epidural, spinal or combined spinal epidural in labour and/or during a cesarean section.
Prophylactic Antibiotics*	Use of prophylactic antibiotics by checking none, intrapartum, intra-operative and other. Document the number of doses of intrapartum antibiotics, and other antibiotics used if applicable.

### SECTION 4: DELIVERY

Item	Description
Fetal Position at Onset of Labour*	Specify fetal position at the onset of labour, such as Left or Right Occipital Anterior (OA); Occipital Posterior (OP) or other.
Fetal Position at Delivery*	Fetal position at delivery; such as Left or Right Occipital Anterior (OA); Occipital Posterior (OP) or other.
SVD	Indicate if delivery was a spontaneous vaginal delivery.
VBAC Candidate*	If patient has had a previous cesarean section, indicate whether she is a candidate for VBAC. Check patient's plan for a trial of labour or elective cesarean section.
Assisted	Indicate whether delivery was assisted with the use of vacuum, or forceps. Specific information relating to the forcep delivery includes whether the forceps were outlet, low, mid or rotation. Also note whether application of vacuum or forceps was easy, moderately difficult or difficult.
Cesarean*	<p>Delivery was via cesarean section.</p> <ul style="list-style-type: none"> <li>Indicate if C/S is a primary or repeat cesarean section. Note the number relating to the repeat cesarean section eg. 2 if it is the second C/S.</li> <li>Document the primary indication for the cesarean section.</li> <li>Indicate the need for cesarean section whether it is elective, urgent and emergent. <ul style="list-style-type: none"> <li>Urgent: when a cesarean was performed where acute fetal and/or maternal compromise was not evident but the patient's</li> </ul> </li> </ul> <p style="text-align: right;"><i>(continued)</i></p>



## Labour and Birth Summary

### SECTION 4: DELIVERY (CONTINUED)

Item	Description
	<p>clinical situation or labour progress warranted a cesarean section</p> <ul style="list-style-type: none"> <li>- Emergent: when a cesarean was performed as a result of suspected acute fetal or maternal compromise and vaginal delivery was not imminent.</li> </ul> <p>Reference: Adapted from SOGC Policy Statement <i>Attendance at Labour and Delivery Guideline for Obstetrical Care</i> No. 89, May 2000</p> <p>Indicate the date (dd/mm/yyyy) and time (hrs) that the decision is made to go to cesarean section and the dilatation of the cervix (cm) at the time of the decision.</p>
Maternal Position at Delivery	The maternal position at the time of delivery eg. Recumbent, squatting, side-lying, in water, etc.
Oxytocin	Use of oxytocin by choosing none, intramuscular (IM), intravenous (IV) or via infusion. Indicate number of units given if applicable.
Placenta	Whether the placenta is complete; the method of delivery, i.e. by maternal effort (pushing), controlled traction, manual removal or operative removal. Check if the placenta has been sent to pathology for examination.
Cord	The number of vessels visualized in the cord (2 or 3); whether cord gases have been collected and the duration of time from delivery to clamping of the cord (<2 minutes or ≥ 2 minutes). Document abnormalities or any complications.
Perineum/Vagina/Cervix*	Condition of the perineum/vagina/cervix at delivery; such as whether the perineum is intact, lacerated (1, 2, 3, or 4th degree); episiotomy (midline or mediolateral); cervical tear or other trauma eg. periurethral tear. Record that correct sponge and needle count were completed; and the initials of the care provider completing the count. The care provider (physician or registered midwife) who completed the repairs signs here.
Estimated Blood Loss	Estimated volume of Blood Loss in the intrapartum episode of care; such as <500 ml, 500-1000 ml or >1000 ml. Indicate whether an intervention was required in regards to management of the blood loss; such as the provision of medication (eg. Hemabate), blood products or other.

### SECTION 5: TIME SUMMARY

Item	Description
Membranes Ruptures*	Document the time of onset in hours and minutes; as well as date in day, month and year. Indicate the calculated duration of each stage (1st, 2nd and 3rd in hours and minutes); as well as duration (hours) of ruptured membranes.
1st Stage*	
2nd Stage*	
Time of Birth*	
Placenta Delivered*	
Sex of the infant*	The sex of the infant; such as male, female and undifferentiated where sex is not discernable.
Apgar Score*	The numerical Apgar score in the space provided for 1, 5, and 10 minutes (if applicable) of age.



## Labour and Birth Summary

### SECTION 5: TIME SUMMARY (CONTINUED)

Item	Description
Weight*	Birth weight of the infant in grams.
Stillbirth*	If baby is stillborn, identify whether death occurred antepartum or intrapartum. Stillbirth is defined as "the complete expulsion or extraction from its mother after at least 20 weeks pregnancy, or after attaining a weight of at least 500 grams, of a product of conception in which, after the expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord, or unmistakable movement of voluntary muscle."
Delivered*	Indicate the name and professional designation of the individual that delivered the infant; e.g. MD, RM, RN or other (such as ambulance attendant, etc.). Indicate the physicians, registered midwives, nurses and others (eg. husband, student, etc.) in attendance of the birth.

### SECTION 6: COMMENTS ON LABOUR AND BIRTH

Item	Description
Normal	Indicate whether the labour and birth were classified as normal or not; if not, comment on problems encountered.
Place of Birth*	Indicate where the birth occurred: in a hospital, at home or other.
Consult	Indicate whether a consult had been made to an obstetrician, pediatrician, family physician or other during this episode of care.
Signature	Signature and professional designation of the health care provider.

Space is provided at the bottom of the Labour & Birth Summary for a barcode for facility use.

## Labour and Birth Summary

### OBTAINING COPIES OF THE LABOUR AND BIRTH SUMMARY

- Facilities may order forms through RR Donnelley. For ordering information refer to BCPHP web site link <http://www.bcphp.ca/Forms.htm>.
- Contact the BC Perinatal Health Program (BCPHP) at 604.875.3737 regarding any feedback or questions about any of the perinatal forms.



