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.

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: ☐ 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 (< 2 min.) ☐ Late (≥ 2 min.)

Abnormalities/Complications:

Perineum/Vagina/Cervix

☐ Intact

☐ Laceration ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th degree

☐ Episiotomy ☐ Midline ☐ Mediolateral

☐ Cervical Tear

☐ Other Trauma: _____

Initials

Sponge Count Correct ☐ Yes ☐ No _____

Needle Count Correct ☐ Yes ☐ No _____

Repaired by: _____ MD/RM

Estimated Blood Loss

☐ < 500 mL ☐ 500–1000 mL ☐ > 1000 mL

Intervention Required ☐ Yes ☐ No

If yes, ☐ Medication ☐ Blood Products ☐ Other

5. Time Summary

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

Duration

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

Duration of Ruptured membrances	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:

☐ Normal If not, *specify:*

Place of Birth: ☐ Hospital ☐ Home ☐ Other:

Consult To:

☐ Obstetrician ☐ Paediatrician

☐ Family Physician ☐ Other:

SIGNATURE _____ RM/RN

SIGNATURE _____ MD/RM

BAR CODE AREA – DO NOT USE