**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.

**2. Labour**
- No Labour
- Spontaneous

- Augmented
- ARM
- Oxytocin
- Other: 

- Induced
- Foley
- ARM
- Oxytocin
- Prostaglandin, # inserted: 
- Other: 

**3. Intrapartum**

- Liquor: Clear
- Meconium
- Bloody
- Fetal Surveillance
- Intermittent Auscultation
- External EFM
- Internal EFM
- IUPC

- Fetal Blood Sampling: Lowest: pH

- Fetal Presentation
  - Cephalic
  - Breech
  - Frank
  - Complete
  - Incomplete
  - Footling

- Other presentation (specify):

**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
- Low
- Mod. Difficult
- Mid
- Difficult
- Rotation
- Cesarean
- Primary
- Repeat: CS#

- Primary Indication:
- Elective
- Urgent
- Emergent

- Decision at 
  dd/mm/yyyy

- Time
- Cervix Dilated

- Maternal Position at Delivery (specify):

**5. Time Summary**

<table>
<thead>
<tr>
<th>Membranes Ruptured</th>
<th>Hours</th>
<th>Min.</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Stage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Stage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd Stage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time of Birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placenta Delivered</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Duration of Ruptured membranes

- Hours

**Duration**

<table>
<thead>
<tr>
<th>1st Stage</th>
<th>Hours</th>
<th>Min.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Stage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd Stage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Delivered By:**
- MD
- RM
- RN
- OTHER (specify):
- MD / RM

**Estimated Blood Loss**

- < 500 mL
- 500 – 1000 mL
- > 1000 mL

**Intervention Required**
- Yes
- No

If yes, Medication
- Blood Products
- Other:

**Comments on Labour and Birth:**

- Place of Birth: 
- Hospital
- Home
- Other:

- Male
- Female
- Undifferentiated

- Weight: g

**Consult To:**
- Obstetrician
- Paediatrician
- Family Physician
- Other:

**Signature**

**Signatures**

**Bar Code Area—Do Not Use**

**PSBC 1588 – MARCH 2008 © Perinatal Services BC**