



GUIDELINES FOR COMPLETION OF SUMMARY OF BIRTH RECORD

Revised 2012

The regional **Summary of Birth** record was developed in an effort to promote integrated perinatal care throughout the region of southwestern Ontario. Recognizing the need to improve communication between health care providers and to promote a consistent standard of perinatal care, input for the development of this documentation form was originally received from all of the hospitals in southwestern Ontario that provide maternal /newborn care. It is hoped that the record will also facilitate data entry into the BORN Ontario Database.

The **Summary of Birth** record is designed to be completed by the physician, nurse and/or midwife in attendance. The physician completes the white areas and the nurse completes the sections that are shaded. When a midwife has been the primary care provider at the birth, she is responsible for completing the entire record unless a nurse has also assisted with the birth. In this case, the midwife and nurse will complete the sections for which they each had primary responsibility.

Sections of the form that are not applicable may be crossed off and designated as (N/A).

This is a four-part carbonized chart form with a copy available for the maternal chart, the infant's chart, the perinatal database and the birthing unit.

PLEASE USE A BALL POINT PEN WITH BLUE OR BLACK INK AND PRESS FIRMLY.

ENSURE THAT THE NAME OF THE HOSPITAL IS COMPLETED IN THE SPACE PROVIDED IN THE UPPER LEFT HAND CORNER.

AFTER COMPLETING THE FORM, ENSURE THAT ALL CARBON PAPER IS SHREDDED.

PATIENT HISTORY

- Ensure that information is consistent with similar information documented elsewhere on the chart.

RISK FACTORS

- Use the **Obstetrical Risk Factors Reference Guide** on the reverse of the form to complete this section. Include the appropriate details concerning each risk factor. Use of the Reference Guide will promote the use of consistent terminology. **Write only on the Summary of Birth, NOT on the Reference Guide.**

MEMBRANE RUPTURE

- Note the colour of the fluid **at the time of rupture**. If blood or meconium becomes evident during labour, check off the appropriate box and indicate beside it "during labour".

GROUP B STREP

- Incomplete GBS prophylaxis refers to a duration of intrapartum antibiotic prophylaxis before birth of less than 4 hours. ¹

INDUCTION

- Induction of labour will refer to the stimulation of contractions prior to the onset of the active phase of labour. According to the Society of Obstetricians and Gynecologists of Canada the active phase of labour is defined as **"The presence of a pattern of contractions leading to cervical effacement and dilatation after 3 – 4 cm. dilatation in a nulliparous woman or 4 – 5 cm dilatation in a parous woman."** ²
- Augmentation will refer to the stimulation of contractions after the onset of the active phase of labour.
- Complete the appropriate tick box if artificial rupture of membranes (ARM) or oxytocin was used.

FETAL HEALTH SURVEILLANCE

- Intermittent auscultation may include intermittent use of a Doppler device or electronic fetal monitor (EFM) **without running** an EFM strip. Once a strip is running it becomes a legal document that **must** accompany the chart.
- The tick box for both continuous external and internal monitoring should be completed.
- Both “external” and “internal” should be checked if **both** methods of continuous monitoring were used on separate occasions during labour or simultaneously as with twins.
- FSE refers to “Fetal Scalp Electrode”
- IUPC refers to “Intrauterine Pressure Catheter”.

PAIN RELIEF

- A tick-box is provided for non-pharmacologic methods of pain relief, with some examples shown. **Multiple choices may be selected.** However, if “None” is selected, then no other methods should be checked off. “None” refers to cases where there were no pharmacologic or non-pharmacologic methods of pain control used.

PRESENTATION

- Note the presentation documented at first assessment during the second stage of labour.
- Breech: “Other” - e.g. Kneeling, compound presentation

BIRTH

Vertex

- Shoulder Dystocia will require further explanation in the narrative note with regard to time elapsed, management, etc.

Breech

- For vaginal breech birth complete the appropriate tick box for Spontaneous, Assisted, Extraction
- Forceps to ACH refers to “ After-Coming Head”

VBAC – Refers to “Vaginal Birth after Caesarean Section”

Caesarean Section

- Ensure that the indication for C/S is noted.

CORD

Delayed Cord Clamping Attempted

- For term newborns, the possible increased risk of neonatal jaundice requiring phototherapy must be weighed against the physiological benefit of greater hemoglobin and iron levels up to 6 months of age conferred by delayed cord clamping. Whenever possible, delaying cord clamping by at least 60 seconds is preferred to clamping earlier in premature newborns (< 37 weeks’ gestation) since there is less intraventricular hemorrhage and less need for transfusion in those with late clamping.”³

PLACENTA

- Routine weighing of the placenta is strongly encouraged as it is now recognized to be a marker of the future health of the infant.

BLOOD LOSS AT BIRTH

- Self-explanatory.

LACERATION

- Use the “Other” category to indicate any other type of tear e.g. Periurethral, labial etc.

EPISIOTOMY

- Self-explanatory.

SPONGE/NEEDLE COUNT

- Self-explanatory.

CHRONOLOGY

- Date and time of membrane rupture will be important for the perinatal database to determine total length of time of membrane rupture. **PLEASE PRESS FIRMLY.**
- Active labour onset should be denoted using the definition of active labour. According to the Society of Obstetricians and Gynecologists of Canada the active phase of labour is defined as **“The presence of a pattern of contractions leading to cervical effacement and dilatation after 3 – 4 cm. dilatation in a nulliparous woman or 4 – 5 cm dilatation in a parous woman.”**²
- **OXYTOCIN AT BIRTH**
- Self-explanatory.

APGAR

- Usually only a 1 and 5 minute APGAR assessment will be necessary. When the 5-minute score is less than 7, additional scores should be assigned every 5 minutes for up to 20 minutes. Room has been provided to assign a 10-minute score, as needed, however additional scores must be documented on the infant's chart if required.

NEWBORN CARE

- Check the box “NRP Initial Steps Only” if only provision of warmth, positioning, drying, tactile stimulation, and suctioning or free flow oxygen were required. More advanced measures of resuscitation should be documented on the infant's chart. In this case check off “Advanced Resuscitation (See Resuscitation Record)”
- Congenital Abnormality: further description to be included on the infant's chart.
- ID bracelet: check off to indicate that the newborn identification bracelet has been checked with the parent(s) according to hospital policy and put on the baby. Indicate the identification number if this is hospital policy and is available at the time of completing the Summary of Birth.
- Breastfeeding: Indicate both whether the mother is **intending to** breastfeed and if she has **initiated breastfeeding** before the end of the fourth stage of labour. This emphasizes the importance of early initial breastfeeding and skin-to-skin contact for the infant.
- Urine/ Meconium: It is important to document these first observations when they occur in the Labour/Birth/Recovery area.
- Transferred: LBRP refers to Labour/Birth/Recovery/Postpartum Room and should be used for hospitals offering Single Room Maternity Care. NICU refers to “Neonatal Intensive Care Unit”. PCCU refers to the “Pediatric Critical Care Unit” and SCN refers to the “Special Care Nursery”. Transfer to one of these units may require transfer to a different hospital the name of which should also be indicated.

STAFF SIGNATURES

- The most responsible physician, nurse(s) and/or registered midwife(s) should both sign **and** print their names.
- “Other” may be used to indicate other people in attendance of the birth in accordance with hospital policy.
- Remember to include the date.

REFERENCES

1. SOGC Clinical Practice Guidelines – “The Prevention of Early – Onset Neonatal Group B Streptococcal Disease” . No. 149, Sept. 2004.
2. SOGC Alarm Course Syllabus Part 1. Management of Labour. 16th ed. 2009 -10
3. SOGC Clinical Practice Guideline “Active Management of the Third Stage of Labour : Prevention and Treatment of Postpartum Hemorrhage”. No. 235, Oct. 2009.