



NAME OF HOSPITAL: _____

SUMMARY OF BIRTH

KEY: SHADED AREAS COMPLETED BY RN/RM. WHITE AREA COMPLETED BY MD/RM
 USE BALL POINT PEN. PRESS FIRMLY.

PLEASE USE "GUIDELINES FOR COMPLETION OF SUMMARY OF BIRTH".
 OBSTETRICAL RISK FACTORS REFERENCE GUIDE
 ON REVERSE SIDE OF COMPLETE FORM.

GTPAL: _____
 EDB (YYYY/MM/DD): _____
 Gestational age: _____ wks _____ days
 Blood type: _____ Rh: _____
 Rh Immunoglobulin
 No. of previous C/S: _____

Risk Factors:
 (see reverse side of complete form)

Membrane Rupture:
 Spontaneous Artificial
 At Caesarean Section
 Clear Bloody
 Meconium

GBS: Positive Negative
 Unknown
GBS Prophylaxis:
 Yes No Incomplete

Antibiotics for other indications:
 Yes No
 Indication: _____

Induction
 Indication: _____
 Cervical ripening required
 Cervical Foley Catheter
 Prostaglandin

Augmentation
 Indication: _____

	Induction	Augmentation
ARM	<input type="checkbox"/>	<input type="checkbox"/>
Oxytocin	<input type="checkbox"/>	<input type="checkbox"/>

Fetal Health Surveillance
 Intermittent auscultation
 Cont. Fetal Monitoring:
 External
 Indication: _____
 Internal
 Indication: _____
 FSE IUPC Scalp Sample
 Other: _____

Pain Relief: None
 Non-pharmacologic
 (include massage, hydrotherapy, relaxation techniques, etc)
 Sterile H₂O Local
 Narcotic Pudendal
 Nitronox PCA
 Epidural CSE
 Spinal Other: _____
 General _____

PRESENTATION:
Vertex: Occ. Anterior R/L
 Occ. Posterior R/L
 Occ. Transverse
 Face Brow
 Compound
 Other: _____

Breech: Frank
 Footling
 Complete
 Incomplete
 Other: _____

Transverse/oblique:

BIRTH: Vertex
 Spontaneous
 Occiput Anterior
 Occ. Posterior
 Other: _____
 Shoulder Dystocia
 Vacuum Extraction
 Forceps
 Indication: _____

Low Mid Outlet
 Rotation _____ to _____
 Failed

Breech
 Spontaneous
 Assisted Extraction
 Forceps to ACH
 External Version
 Internal Version

VBAC
 Successful Failed

Caesarean Section
 Indication: _____
 With or Without Labour
 Low Segment (transverse)
 T-incision Vertical

Cord No complications
 Vessels: 2 3
 Around neck x _____
 Around body x _____
 True knot x _____
 Prolapse
 Other: _____

Delayed Cord Clamping Attempted:
 Yes No Unknown
 If yes: <30 secs
 30-44 secs
 >45 secs
 Timing unknown

Placenta
 Weight: _____ gm or N/A
 Spontaneous
 Retained D & C
 Manual removal
 Uterus Explored:
 Yes No
 Sent to pathology
 Abnormalities: _____

Blood Loss at Birth
 <= 500 mL
 > 500 mL _____ mL
 Uterine atony
 Laceration
 Uterine rupture
 Other: _____

Laceration None
 Perineal: 1° 2°
 3° 4°
 Vaginal Cervical
 Other: _____
 Repaired: Yes No

Episiotomy Yes No
 Indication: _____
 Median
 Mediolateral R/L
 Extension 3° 4°

Sponge Count
 In: _____ Out: _____
Needle Count
 In: _____ Out: _____
Instrument Count
 In: _____ Out: _____

Chronology

	Date	Time
Membrane Rupture	_____	_____
Induction	_____	_____
Oxytocin Started	_____	_____
Active Labour Onset	_____	_____
Augmentation	_____	_____
Full Dilatation	_____	_____
Birth of Infant	_____	_____
Placenta	_____	_____

Oxytocin at Birth:

Date	Time	Amt	Route	Initial
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Apgar

	1 MIN	5 MIN	10 MIN
Skin Colour	_____	_____	_____
Heart Rate	_____	_____	_____
Reflex Irritability	_____	_____	_____
Muscle Tone	_____	_____	_____
Respiration	_____	_____	_____
TOTAL	_____	_____	_____

Cord Blood Gases sent: Yes No
ABO/Rh/Direct Antiglobin sent: Yes No

Newborn Care: NRP Initial Steps Only
 Advanced Resuscitation
 (See Resuscitation Record)

Infant Wt: _____ gm _____ lb _____ oz
 Female Male Ambiguous
 Congenital abnormality known
 ID bracelet applied No: _____
 Security bracelet applied (if applicable)
 Breastfeeding Breastfeeding Initiated
 Urine Meconium

Infant MD/RM: _____
Transferred:
 Remains in LBRP Mother/Baby Unit
 Home SCN NICU PCCU
 Comment: _____

Professional Staff Present:
 Paediatrician Neonatal Transport Team
 NICU Consultant NICU Support Staff
 Anesthesiology

MD/RM: _____
 Signature: _____
PRINT

Assistant: _____
 Signature: _____
PRINT

RN(s): _____
 Signature(s): _____
PRINT

Other (PRINT/SIGNATURE): _____
 Date (YYYY/MM/DD): _____

OBSTETRICAL RISK FACTORS REFERENCE GUIDE

PREVIOUS PREGNANCY

- Abnormally Adherent Placenta (Accreta, Increta, Percreta)
- Antepartum Hemorrhage (placental previa, abruption)
- Cesarean Section (low segment, classical, T or J incision)
- Child with handicap
- Diabetes
- Fetal Anomaly (specify)
- GBS Sepsis
- Hypertension (chronic, gestational)
- Isoimmunization
- IUGR
- LGA (> 4500 gms)
- Postpartum Hemorrhage
- Precipitous Birth
- Preterm Birth
- Shoulder Dystocia
- Stillbirth, Neonatal Death

CURRENT PREGNANCY

MATERNAL DATA

- Alcohol use
- Amniocentesis (specify indication)
- Anemia not responding to iron (Hgb < 100 g/L)
- Chronic / Acute Medical Disease (specify)
- Genetic Disease (specify)
- Grand Multiparity
- HIV, STD
- Inadequate prenatal care (< 4 visits@36 wks)
- Inadequate weight gain (< 10 lbs by 30 wks)
- Maternal Obesity (20% > ideal weight)
- No prenatal care
- Psychiatric illness
- Psychosocial Problems (eg. abuse, poverty)
- Smoking
- Substance abuse

Carbohydrate Disorders:

- Carbohydrate intolerance of pregnancy (1 abnormal value on 75 gram oral GTT)
- Gestational diabetes, diet controlled
- Gestational diabetes, insulin controlled
- Overt diabetes

Hypertensive Disorders:

- Pre-existing hypertension (essential or secondary)
- Gestational hypertension:
 - Superimposed on chronic
 - Without proteinuria
 - With proteinuria
 - Elevated liver enzymes, low platelets, DIC, epigastric pain, visual disturbance, hyperreflexia, frontal headache, other (specify)
- HELLP
- Eclampsia

Isoimmunization:

- Anti-D
- Other (including C, E, Kell, JKA, Duffy, etc.)

Multiple Gestation:

- Twins, triplets, other
- Multiple gestation with fetal loss & retention of one live fetus
- Chorionicity: monozygotic, dizygotic, unknown
- Twin-twin transfusion
- Growth Discordance

Preterm labour (< 37 weeks):

- Antenatal steroids**
- Incomplete course
 - Complete course
 - Course repeated

Antepartum / Intrapartum Bleeding:

- Abruption: mild, moderate, severe, chronic
- Previa: marginal, partial, complete, low lying placenta
- Coagulopathy (D.I.C.)
- Other antepartum hemorrhage

Spontaneous Prelabour Rupture of Membranes

- Indicate duration of rupture prior to onset of labour:
- < 6 hours
 - 6-24 hours
 - > 24 hours

Chorioamnionitis: (clinical diagnosis)

- Group B Strep:** +ve, -ve, not cultured/unknown
- Antibiotic prophylaxis

Uterine Conditions:

- Fibroids
- Uterine anomaly
- Surgery (exclude prev c/s)
- Other

Other Maternal Conditions:

- Intrapartum fever (> = 38°C on 3 readings over 6 hours)
- Maternal cardiac condition
- CPD: relative, absolute

Infection:

- Chicken Pox
- CMV
- HPV
- Parvo B19
- TB
- Herpes
- Hepatitis
- HIV
- Other STD
- Vaginosis
- Other

FETAL DATA

Growth Disorders

- LGA - First noted prenatally
- First noted postnatally
- IUGR - First noted prenatally
- First noted postnatally
- Polyhydramnios
- Oligohydramnios

Other Conditions

- Hydrops: Immune, Non-immune
- Fetal anomaly known prenatally
- Shoulder dystocia

Fetal Well-Being

Antenatal conditions leading to delivery:

- Non-reactive non-stress test
- Abnormal biophysical profile score
- Spontaneous decels

Intra-partum non-reassuring FHR patterns:

- Fetal tachycardia
- Fetal bradycardia
- FHR decelerations: late, variable
- Decreased FHR variability

Meconium evident: thin, thick