Southern Health Santé Sud

Birth Summary

PART I

Estimated Date of Birth: _____ / _____ / _____ ☐ Ultrasound ☐ LMP Prenatal Record on Chart: ☐ Yes ☐ No
DD MMM YY

Gravida _____ Para _____ Gest Age: _____ Weeks _____ Days

OBSTETRICAL HISTORY: (specify number for each)

Term _____ Preterm _____ Living _____ SB _____ NND _____ T. Abort _____ S. Abort _____ Multiples _____ Ectopics _____

INVESTIGATIONS IN PREGNANCY

Blood Group: ☐ A ☐ B ☐ AB ☐ O

Rh Status: ☐ Rh Positive ☐ Rh Negative

Red Cell Antibodies _____

GBS Status: ☐ Negative ☐ Positive ☐ Unknown

☐ Rubella Immune ☐ Rubella Non-Immune

☐ Hep B Negative ☐ Hep B Positive

☐ Hep C Negative ☐ Hep C Positive

☐ HIV Negative ☐ HIV Positive

COMPLICATIONS OF PREGNANCY

☐ None

OBSTETRICAL COMPLICATIONS

☐ Antepartum Hemorrhage
☐ Prelabour ROM since _____ wks
☐ Previous Uterine Surgery, including Cesarean Section
☐ Incompetent Cervix
☐ Multiple Gestation
☐ No Prenatal Care

Comments: _____

FETAL COMPLICATIONS

☐ < 10th Percentile ☐ > 90th Percentile
☐ Oligohydramnios
☐ Red Cell Isoimmunization
☐ Hydrops Fetalis
☐ Known Fetal Anomaly

Comments: _____

MATERNAL COMPLICATIONS

Diabetes: ☐ GDM ☐ DM2 ☐ DM 1
☐ Diet ☐ Insulin ☐ Oral Medication

Hypertension: ☐ Gestational
☐ with protein ☐ no protein ☐ with adverse events
☐ Pre-existing (chronic)

☐ Anemia (Hgb < 100 g/L)
☐ Substance Abuse ☐ Smoking ☐ Mental Illness
☐ Obesity: BMI _____

Comments: _____

INDICATION FOR INDUCTION

(if more than one, circle Primary indication)

☐ Postdates ☐ Hypertension ☐ Prelabour ROM
☐ Diabetes ☐ Non-reassuring Fetal Status ☐ Fetal Demise
☐ Other: _____

METHOD OF INDUCTION

(check all that apply)

☐ Oxytocin ☐ ARM ☐ Prostin ☐ Prepidil
☐ Cervidil ☐ Misoprostol (☐ Oral ☐ Vaginal)
☐ Other: _____

FETAL SURVEILLANCE

(check all that apply)

☐ Intermittent Auscultation
☐ Electronic Fetal Monitoring: ☐ external ☐ internal
☐ Fetal Scalp Sampling
☐ Other: _____

MATERNAL MONITORING

☐ Arterial Line ☐ CVP ☐ ECG ☐ Pulmonary Artery Catheter
☐ Intrauterine Pressure Catheter ☐ Pulse Oximeter

PAIN MANAGEMENT IN LABOUR AND DELIVERY

(check all that apply)

☐ Shower ☐ Tub ☐ Sterile Water Injections
☐ Nitrous Oxide ☐ Narcotic _____
☐ PCA ☐ Pudendal Block
☐ Epidural PCEA
☐ Spinal ☐ Combined Spinal/Epidural
☐ General Anesthetic
☐ Other (e.g. hypnosis, TENS) _____

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PART II

LABOUR SUMMARY

Onset of Active Labour: Date (D D M M M Y Y Y Y) Time (24 HOUR)

Membranes Ruptured: Date (D D M M M Y Y Y Y) Time (24 HOUR)

☐ Artificial Rupture of Membranes ☐ Spontaneous Rupture of Membranes

Amniotic Fluid:
☐ Clear ☐ Meconium Other: _____

Oxytocin Augmentation: ☐ Yes ☐ No
Date (D D M M M Y Y Y Y) Time (24 HOUR)

Maternal Fever greater than 38° C: ☐ Yes ☐ No

Fully Dilated: Date (D D M M M Y Y Y Y) Time (24 HOUR)

BIRTH: Date (D D M M M Y Y Y Y) Time (24 HOUR)

Placenta Delivered: Date (D D M M M Y Y Y Y) Time (24 HOUR)

PLACE OF DELIVERY

☐ Birthing Room ☐ Case Room ☐ Obstetrical OR ☐ Home

MODE OF DELIVERY

☐ Spontaneous Vaginal Delivery
☐ Assisted Vaginal Breech
☐ Total Breech Extraction
☐ **Operative Vaginal** ☐ **C-section** ☐ **Shoulder Dystocia**
(Requires completion of Part III)

Position at Delivery: ☐ Occiput Anterior ☐ Occiput Posterior ☐ Breech
Other (e.g. face) _____

Perineum: ☐ Intact
☐ Episiotomy: ☐ Mediolateral ☐ Median

Laceration: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th
☐ Cervical ☐ Vaginal ☐ Periurethral

Sutured: ☐ Yes ☐ No

Local Anesthetic: ☐ Yes ☐ No

3rd Stage: ☐ Prophylactic Oxytocin

Placenta: ☐ Spontaneous Assisted ☐ Dilatation and Curettage
☐ Manual Removal

☐ Postpartum Hemorrhage (Estimated amount) _____

Comments: _____

DELIVERY STAFF (Please Print)

Attending Healthcare Provider _____

House Staff _____

_____

Other _____

Primary Nurse _____

Nurse _____

Nurse _____

☐ Singleton Multiple: ☐ A ☐ B ☐ C

Sex: ☐ Male ☐ Female ☐ Ambiguous

WEIGHT: _____ grams

Anomalies: _____

ID Band # _____

APGAR SCORE

Sign	0	1	2	1 min.	5 min.	10 min.
Color	Blue or Pale	Acrocyanotic	Completely Pink			
Heart Rate	Absent	Less than 100/minute	Greater than 100/minute			
Reflex Irritability	No Response	Grimace	Cry or Active Withdrawal			
Muscle Tone	Limp	Some Flexion	Active Motion			
Respiration	Absent	Weak Cry; Hypoventilation	Good, Crying			
			Total			

Umbilical Cord Artery pH _____ Base Excess _____

RESUSCITATION BY OBSTETRIC STAFF

☐ Required ☐ None required
☐ Not attempted Reason: _____
☐ Free flow O_2 Started at ____ min of age; duration ____ min
☐ Positive Pressure Ventilation
☐ Room Air Started at ____ min of age; duration ____ min
☐ O_2 Started at ____ min of age; duration ____ min
☐ Further resuscitation required (Use Neonatal Assessment/Resuscitation Record)
☐ Neonatal staff at delivery

SPONGE AND NEEDLE COUNTS

Sponges						
Needles						

Counts	Correct	Healthcare Provider	Nurse
Initial			
Final			

(Please Sign)

Attending Healthcare Provider _____

Primary Nurse _____

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PART III

ASSISTED DELIVERY SUMMARY (to be completed by MD)

OPERATIVE VAGINAL DELIVERY:

Maternal indications for Intervention:
☐ 2nd Stage Dystocia ☐ Exhaustion
☐ Other Maternal Indication: _____

Fetal indications for Intervention:
☐ Non-reassuring Fetal Status
☐ Other _____

Assessment before procedure: _____
☐ Cervix Fully Dilated ☐ Bladder Empty/Catheterized
Position: ☐ OA ☐ ROA ☐ LOA ☐ OP ☐ ROP ☐ LOP ☐ ROT ☐ LOT
Station: ☐ 0 ☐ +1 ☐ +2 ☐ +3 ☐ +4 ☐ +5
☐ Outlet ☐ Low ☐ Midpelvis ☐ Caput ☐ Moulding
☐ Consent Obtained Double Set Up: ☐ Yes ☐ No

☐ **Vacuum**
Instrument _____
Application Time (hh:mm) _____
Traction Start Time (hh:mm) _____
Stop Time (hh:mm) _____
Pulls _____ #Pop-offs _____
Were Forceps Used First? ☐ Yes ☐ No
Maximum suction pressure used _____
Successful? ☐ Yes ☐ No
If No, Why? ☐ Failure of descent ☐ Equipment failure
☐ Fetal intolerance ☐ Maternal intolerance

Position of Vacuum:
Please draw the actual position of the chignon

☐ **Forceps**
Instrument _____
Was vacuum used first? ☐ Yes ☐ No
Application time (hh:mm) _____
Traction start time (hh:mm) _____
Stop time (hh:mm) _____
Pulls _____
Application: ☐ Easy ☐ Moderate ☐ Difficult
☐ Direct ☐ Wandering
Re-application: ☐ Yes ☐ No
Rotation: ☐ N/A ☐ Easy ☐ Moderate ☐ Difficult
Traction: ☐ N/A ☐ Easy ☐ Moderate ☐ Difficult
Successful? ☐ Yes ☐ No
If No, Why? ☐ Failure of descent ☐ Fetal intolerance
☐ Maternal intolerance

Position of forceps:
Please draw the forceps marks.

SHOULDER DYSTOCIA:

How was diagnosis made? _____
Head recoiled against perineum ☐ Yes ☐ No
Spontaneous restitution failed to occur ☐ Yes ☐ No
Failure to deliver with expulsive effort/usual methods ☐ Yes ☐ No
Procedures Used:
☐ A - ASK for help
☐ L - LIFT/hyperflex LEGS (McRoberts maneuver)
☐ A - ANTERIOR shoulder disimpaction
☐ abdominal approach (Mazzanti Maneuver suprapubic)
☐ vaginal approach (Rubin maneuver)
☐ R - ROTATION (Woods maneuver)
☐ M - MANUAL removal posterior arm
☐ E - EPISIOTOMY
☐ R - ROLL over onto "all fours"

CESAREAN SECTION:

☐ **Elective** ☐ **Emergency**
Indications:
☐ Repeat C/S
☐ Breech
☐ Non-reassuring fetal status
☐ Inadequate progress
☐ Other _____
Uterine Incision time (hh:mm) _____
Type of incision: ☐ Lower segment transverse ☐ Classical
☐ Other _____
Tubal ligation: ☐ Yes ☐ No
Estimated Blood Loss: _____
Complications:
☐ Uterine incision extension/laceration
☐ Bladder injury ☐ Uterine atony
Other: _____

COMMENTS

_____
_____
_____
_____
_____
_____
_____
_____

_____
Name (Please print)

_____
Signature

OR report dictated? ☐ Yes ☐ No