



# Labour Record

G \_\_\_\_\_ P \_\_\_\_\_ EDC \_\_\_\_\_ Current Gestation \_\_\_\_\_  
 Obs/Med Hx \_\_\_\_\_  
 Allergies (describe) \_\_\_\_\_  
 GBS \_\_\_\_\_ Hep B \_\_\_\_\_ Hgb \_\_\_\_\_  
 Rh \_\_\_\_\_ Infant Care Provider \_\_\_\_\_  
 Support Person \_\_\_\_\_

Date	Hour	:00				:00				:00				:00				:00				
		00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	
<b>MATERNAL ASSESSMENT</b>	<b>Maternal Status</b>	Temperature																				
		Pulse																				
		Respiration / O <sub>2</sub> Sats	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
		Blood Pressure	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
		Comfort Level (C, S, D) <small>(C - Coping, S - Coping with support, D - Distressed)</small>																				
		Pain Scale (0 - 10)																				
		Sedation Score (narcotic) (1-4, SL)																				
	<b>Labour Progress</b>	Time and Exam by - Initial																				
		Presentation																				
		Dilation / Position (cm)																				
		Pushing at																				
		Effacement (%)																				
		Station																				
		Membranes (I, B, Cl, Mec) <small>(I - Intact, B - Bloody, Cl - Clear, Mec - Meconium)</small> SRM at _____ ARM at _____																				
	<b>Uterine Activity</b>	Mode <small>(T-Toco, IUPC - Intrauterine Pressure Catheter, P-Palpation)</small>																				
		Frequency (number in 10 min)																				
		Duration (sec.)																				
		Intensity (W, M, S) <small>(W - Weak, M - Moderate, S - Strong) or MVU (Montevideo Units)</small>																				
		Resting Tone (S, F) <small>(S - Soft, F - Firm) or MVU</small>																				
		Oxytocin mu/min. (↑ ↓)																				
Initials for oxytocin rate change																						
<b>FETAL ASSESSMENT</b>	<b>Auscultation</b>	FHR (bpm)																				
		FHR 2 <sup>nd</sup> Stage (bpm)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
		Rhythm (R, I) <small>(R - Regular, I - Irregular)</small>																				
		Accelerations (✓, Ø) <small>(audible acceleration heard) (✓ - Heard, Ø - Not Heard)</small>																				
		Decelerations (✓, Ø) <small>(✓ - Heard, Ø - Not Heard)</small>																				
	<b>E.F.M.</b>	Mode (U/S, SE) <small>(U/S - Ultrasound, SE - Spiral Electrode)</small>																				
		Baseline FHR (range bpm)																				
		FHR 2 <sup>nd</sup> Stage (bpm)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
		Variability (Ø, ↓, +, ↑) <small>(Ø - Absent, ↓ ≤ 5 bpm, + 6-25 bpm, ↑ ≥ 25 bpm)</small>																				
		Accelerations (✓, Ø) <small>(15 bpm above baseline &amp; at least 15 seconds) (✓ - Present, Ø - Absent)</small>																				
Decelerations (E, L, V, P, Ø, CV) <small>(E - Early, L - Late, V - Variable, P - Prolonged, Ø - Absent, CV - Complicated)</small>																						
<b>FHR Classification: IA (N, AB) or EFM (N, At, AB)</b> <small>N (normal), At (atypical), AB Abnormal)</small>																						
<b>CORRECTIVE CARE</b>	Position Change (LL, RL, KC, SS) <small>LL - Left Lateral, RL - Right Lateral, KC - Knee-chest, SS - Side to side</small>																					
	Oxygen (10 L/min.)																					
	Intravenous Rate (↑, ↓, bolus)																					
	Fetal Stimulation																					
	Care Provider Notified																					
<b>SUPPORTIVE CARE</b>	Comfort/Support/Positioning/Teaching <small>Position Key: (HK - Hands and Knees, SL - Side Lying, S - Squatting, L - Lithotomy, TP - Towel Pulling)</small>	<input type="checkbox"/> Shower <input type="checkbox"/> Tub/Pool <input type="checkbox"/> Walking <input type="checkbox"/> Massage <input type="checkbox"/> Birthing Ball <input type="checkbox"/> Position Changes _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Shower <input type="checkbox"/> Tub/Pool <input type="checkbox"/> Walking <input type="checkbox"/> Massage <input type="checkbox"/> Birthing Ball <input type="checkbox"/> Position Changes _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Shower <input type="checkbox"/> Tub/Pool <input type="checkbox"/> Walking <input type="checkbox"/> Massage <input type="checkbox"/> Birthing Ball <input type="checkbox"/> Position Changes _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Shower <input type="checkbox"/> Tub/Pool <input type="checkbox"/> Walking <input type="checkbox"/> Massage <input type="checkbox"/> Birthing Ball <input type="checkbox"/> Position Changes _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Shower <input type="checkbox"/> Tub/Pool <input type="checkbox"/> Walking <input type="checkbox"/> Massage <input type="checkbox"/> Birthing Ball <input type="checkbox"/> Position Changes _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Shower <input type="checkbox"/> Tub/Pool <input type="checkbox"/> Walking <input type="checkbox"/> Massage <input type="checkbox"/> Birthing Ball <input type="checkbox"/> Position Changes _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Shower <input type="checkbox"/> Tub/Pool <input type="checkbox"/> Walking <input type="checkbox"/> Massage <input type="checkbox"/> Birthing Ball <input type="checkbox"/> Position Changes _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Shower <input type="checkbox"/> Tub/Pool <input type="checkbox"/> Walking <input type="checkbox"/> Massage <input type="checkbox"/> Birthing Ball <input type="checkbox"/> Position Changes _____ <input type="checkbox"/> Other _____													
	<b>HYDRATION</b>	Oral Intake																				
	Intravenous Type, Amount, Rate, Bag number																					
	Emesis / Urine Output																					
	Initial																					

\*IPN - Integrated Progress Notes\*

