Southern Health Santé Sud

Midwifery Program
Out of Hospital Labour Record

NAME: _____

DOB: _____

PHIN: _____MHSC:_____

PHONE: _____

PCP: _____

G:_____ P:_____ Gestation:_____ EDB: _____ Rh: _____ GBS: _____ HgB: _____

Obs/Med Hx:_____ Allergies: _____

			Date																
			Time																
MATERNAL ASSESSMENT	**Vital Signs**	Temperature (°C)																	
		Pulse (BPM)																	
		Respiration (resp/min)																	
		Blood Pressure																	
		Coping, **S**upport, **D**istress																	
	Labour Progress	Exam - Time & Initial												
		Presentation/Position												
		Dilation (cm)												
		Effacement (%)												
		Station												
		Intact or __ RM @___ **C**lear/**M**ec/ **B**lood												
	Uterine Activity	Frequency																	
		Duration (sec)																	
		Intensity (**W**eak,**M**od,**S**trong)																	
		Resting Tone (**S**oft, **F**irm)																	
FETAL ASSESSMENT		FHR (BPM)																	
		2nd Stage FHR	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
		Rhythm - **R**egular/**Ir**reg																	
		Accel - √ heard, Ø heard																	
		Decel - √ heard, Ø heard																	
		Classification (N or AB)																	
SUPPORTIVE CARE		Care & Comfort												
		Position Change												
		Input												
		Output												
		Tub H$_2$O Temp												
OTHER		☐ Oxygen 10L/min ☐ IV bolus ☐ Meds ☐ Other																	
		MW Initials																	

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Notes	Initials

_____ _____
Printed Name - Signature - Designation   Initials

_____ _____
Printed Name - Signature - Designation   Initials

_____ _____
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_____ _____
Printed Name - Signature - Designation   Initials

Time of birth of head: _____   Time of birth of newborn: _____   Time of placenta: _____

Oxytocin: _____   APGARS: _____ /_____   EBL: _____   Position: _____
(dose/time)   *(birthing position)*