BIRTH RECORD

Grav _____ Para _____
Ab _____ SB _____ NND _____
EDD _____ Gest _____ wks
GBS Status: ☐ Neg. ☐ Pos. ☐ Unknown
Preg/Med complications:

MEMBRANE RUPTURE
☐ SRM Date _____
☐ Suspected Time _____
☐ ARM Duration _____
Meconium ☐ No ☐ Yes
Time first noted _____
☐ Maternal fever > 38 in labour

INITIATION/PROGRESS OF LABOUR
☐ Spontaneous onset
☐ Oxytocin augmentation
☐ Induction: reason _____

INDUCTION METHOD
☐ Cervical Ripening: Type_____
☐ ARM
☐ Oxytocin
☐ Mechanical (catheter)

Medications (to mother within 24 hours before birth)

Time	Drug / Dose / Route

BABY ☐ Female ☐ Male Weight _____ (g)

1st STAGE ESTABLISHED Date _____ Time _____

2nd STAGE ONSET Date _____ Time _____

BIRTH Date _____ Time _____ Position at birth _____

☐ Spontaneous ☐ C/S: reason _____

☐ Vacuum (&/or) ☐ Forceps: reason _____

☐ Mid ☐ Low ☐ Outlet ☐ Attempted Only

☐ Mid ☐ Low ☐ Outlet ☐ Attempted Only

☐ Rotation ☐ Manual **or** ☐ Forceps

☐ Other Intervention (e.g. Breech Extraction) _____

APGAR	1 Min	5 Min	10 Min
Heart Rate			
Resp. Effort			
Muscle Tone			
Reflex Irritab.			
Color			
TOTAL			

Delayed Cord Clamping
☐ < 30 sec.
☐ 30 to 60 sec.
☐ >1 min to 3 min
☐ > 3 min

Cord Milking: (if delayed cord clamping not feasable)
☐ No ☐ Yes

Erythromycin Eye Ointment: _____
(If indicated) Signature

PLACENTAL DELIVERY Date _____ Time _____

☐ Spontaneous ☐ Assisted ☐ Manual
Umbilical Vessels ☐ 3 ☐ 2 Cord pH done ☐ No ☐ Yes
Abnormalities: describe _____
Oxytocin ☐ No ☐ Yes Type: _____ Dose: _____ Route: _____
Infusion postpartum _____
PPH ☐ No ☐ Yes Estimated blood loss: ☐ <500mL ☐ 500 - 1000 mL ☐ >1000mL

RESUSCITATION (duration)	<1 min.	1-3 min	>3 min.	Max. % or duration
O2	☐	☐	☐	_____
PPV	☐	☐	☐	_____
ET tube (ventilation)	☐	☐	☐	_____
LMA	☐	☐	☐	_____
CPAP	☐	☐	☐	_____
Chest compressions	☐	☐	☐	_____

Tracheal suctioning ☐ No ☐ Yes Meconium below cords ☐ No ☐ Yes
Epinephrine ☐ No ☐ Yes Other med ☐ No ☐ Yes _____

EPISIOTOMY
☐ None
☐ Midline
☐ Mediolateral

LACERATIONS
☐ None
☐ 1st °(vaginal)
Suture required: ☐ No ☐ Yes
☐ 2nd° (perineal)
☐ 3rd° (anal sphincter)
☐ 4th° (rectal mucosa)

Count verified: ☐ Sutures ☐ Sponges

	<10 sec.	10-60 sec.	>1 min
Age at first breath	☐	☐	☐
Age at first cry	☐	☐	☐
Age at Sustained resp.	☐	☐	☐

_____
Signature of RN/MD/MW/RRT responsible for Resuscitation

ANALGESIA / ANAESTHESIA ☐ None ☐ Narcotic ☐ Spinal
☐ Epidural ☐ Nitrous Oxide ☐ General ☐ Other _____

☐ Stillbirth
Date/Time last FHR _____
Date/Time last FM _____

COMMENTS

Signature(s) of MD/MW Attending Birth _____ / _____

Signature(s) of RN Attending Birth _____ / _____

NSRCBIR