



BIRTH RECORD

Gravida (G) _____ Term (T) _____	Membrane Rupture
Preterm(P) _____ Abortus (A) _____	
Living Children (L) _____	<input type="checkbox"/> SRM Date _____
Stillbirth (S) _____	<input type="checkbox"/> Suspected Time _____
EDD _____ Gest _____ wks	<input type="checkbox"/> ARM Duration _____
GBS Status <input type="checkbox"/> Neg <input type="checkbox"/> Pos. <input type="checkbox"/> Unknown	Meconium <input type="checkbox"/> No <input type="checkbox"/> Yes
Preg/Med complications _____	Time first noted _____
	<input type="checkbox"/> Maternal fever > 38° in labour

Initiation/Progress of Labour	Induction Method
<input type="checkbox"/> Spontaneous onset	<input type="checkbox"/> Cervical Ripening Type _____
<input type="checkbox"/> Oxytocin augmentation	<input type="checkbox"/> ARM
<input type="checkbox"/> Induction Reason _____	<input type="checkbox"/> Oxytocin
	<input type="checkbox"/> Mechanical (catheter)

1st Stage Established Date _____ Time _____

2nd Stage Onset Date _____ Time _____

Birth Date _____ Time _____ Position at birth _____

Spontaneous C/S Reason _____

Vacuum (and/or) Forceps Reason _____

Mid Mid Rotation

Low Low Manual or Forceps

Outlet Outlet

Attempted Only Attempted Only

Other Intervention (e.g. Breech Extraction) _____

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 <500 mL 500-1000 mL > 1000 mL

Episiotomy	Lacerations	
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> 3 rd (anal sphincter)
<input type="checkbox"/> Midline	<input type="checkbox"/> 1 st (vaginal)	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c
<input type="checkbox"/> Mediolateral	<input type="checkbox"/> 2 nd (perineal)	<input type="checkbox"/> 4 th (rectal mucosa)
Suture required <input type="checkbox"/> No <input type="checkbox"/> Yes	Count verified <input type="checkbox"/> Sutures <input type="checkbox"/> Sponges	

Analgesia/Anaesthesia

None Narcotic Spinal Epidural Nitrous Oxide General

Other _____

Medications (to mother within 24 hours before birth)

Time	Drug	Dose	Route

Baby Female Male Weight _____ (g)

APGAR	0	1	2	1 Min	5 Min	10 Min
Heart Rate	Absent	Below 100	Above 100			
Resp. Effort	Absent	Slow irregular	Good crying			
Muscle Tone	Limp	Some flexion	Active motion			
Reflex Irritab.	None	Grimace	Cough sneeze			
Colour	Blue Pale	Body Pink Blue extrem	All pink			
APGAR Score	Totals					

APGAR Score _____ **Totals** _____

Erythromycin Eye Ointment _____
(If indicated) Signature _____

Resuscitation Max. %

(Duration)	< 1 min.	1-3 min.	> 3 min.	or duration
O2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
PPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
ET tube (ventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
LMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
CPAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chest compressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Tracheal suctioning No Yes

Meconium below cords No Yes Epinephrine No Yes

Other med No Yes _____

Delayed Cord Clamping	Cord Milking
<input type="checkbox"/> < 30 sec.	(if delayed cord clamping is not feasible)
<input type="checkbox"/> 30 to 60 sec.	<input type="checkbox"/> No
<input type="checkbox"/> > 1 min. to 3 min.	<input type="checkbox"/> Yes
<input type="checkbox"/> > 3 min.	

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

Comments

Signature(s) of MD/MW attending birth _____ / _____

Signature(s) of RN attending birth _____ / _____

