



BIRTH RECORD

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

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

C/S Reason _____

Mid Low Outlet Attempted Only

Rotation Manual or Forceps

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

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"/>	_____

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

Comments

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

