

# LABOUR SUMMARY AND DELIVERY RECORD

Support person in L & D: \_\_\_\_\_ Breast Feeding  Yes  No

	T	P	A	L	G	EDC	Gestation	wks											
<b>MATERNAL HISTORY</b>	ABO/Rh _____		Rubella Titre _____		VDRL <input type="checkbox"/> Positive <input type="checkbox"/> Negative	GBS Status <input type="checkbox"/> NK													
	Antibodies <input type="checkbox"/> NK		HIV <input type="checkbox"/> Positive <input type="checkbox"/> Negative		Hep B <input type="checkbox"/> Positive <input type="checkbox"/> Negative		Hep C <input type="checkbox"/> Positive <input type="checkbox"/> Negative												
	<input type="checkbox"/> No Prenatal Care		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Gestational Hypertension		<input type="checkbox"/> Meconium												
	<input type="checkbox"/> Bleeding tendencies		<input type="checkbox"/> UTI's in Pregnancy		<input type="checkbox"/> ↑ Temp in labour _____		<input type="checkbox"/> STI's in pregnancy _____												
Other: _____ Comments: _____																			
<b>MEDICATIONS</b>	Rupture of Membranes: <input type="checkbox"/> SRM <input type="checkbox"/> ARM Date/Time _____ <input type="checkbox"/> Meconium Labour Onset: _____ <input type="checkbox"/> Spontaneous: _____ <input type="checkbox"/> Augmented <input type="checkbox"/> Induced Indication for Induction: _____ Method of Induction: (specify type, date(s) of procedure) <input type="checkbox"/> Cervical ripening _____ <input type="checkbox"/> Prostaglandin _____ <input type="checkbox"/> Oxytocin _____ <input type="checkbox"/> Other: _____					<b>DELIVERY</b>													
						Anaesthesia <input type="checkbox"/> None <input type="checkbox"/> Perineal c _____ <input type="checkbox"/> Epidural c _____ <input type="checkbox"/> Spinal c _____ <input type="checkbox"/> Inhalation c _____ <input type="checkbox"/> General c _____ <input type="checkbox"/> Other: _____													
						<b>Fetal Surveillance (2<sup>nd</sup> Stage)</b> <input type="checkbox"/> Intermittent Auscultation EFM <input type="checkbox"/> Indirect <input type="checkbox"/> Direct													
						<b>Delivery</b> <input type="checkbox"/> Spontaneous Forceps: <input type="checkbox"/> Low <input type="checkbox"/> Mid Type: <input type="checkbox"/> Vacuum assisted <input type="checkbox"/> Cesarean Section Indication: _____ Infant position at delivery: _____ Remarks: _____													
						<b>Placenta delivered</b> <input type="checkbox"/> Spontaneously <input type="checkbox"/> Manually Description: _____													
						<b>Perineum</b> <input type="checkbox"/> Intact <input type="checkbox"/> Hematoma Episiotomy <input type="checkbox"/> RML <input type="checkbox"/> LML <input type="checkbox"/> ML Laceration <input type="checkbox"/> Labial <input type="checkbox"/> Cervical <input type="checkbox"/> Periurethral <input type="checkbox"/> Vaginal (specify) <input type="checkbox"/> 1 <sup>st</sup> degree <input type="checkbox"/> 2 <sup>nd</sup> degree <input type="checkbox"/> 3 <sup>rd</sup> degree <input type="checkbox"/> 4 <sup>th</sup> degree													
						<b>Repair Supply Count</b> <table border="1" style="float: right; margin-left: 20px;"> <thead> <tr> <th>Opened</th> <th>Final</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>				Opened	Final								
	Opened	Final																	
					Needles _____ Sponges _____ Other: _____ Initials _____ / _____														
					<b>Estimated blood loss (mls)</b> <input type="checkbox"/> Average (less than 500 vaginal or 1000 CS) <input type="checkbox"/> Excessive (greater than or equal to 500 vaginal or 1000 CS)														
<b>IV RECORD</b>	<b>DATE</b>		<b>TIME</b>			<b>MEDICATIONS IN LABOUR AND DELIVERY</b>			<b>DOSE</b>	<b>ROUTE</b>	<b>ID</b>								
<b>DATE</b>		<b>TIME</b>			<b>SOLUTION</b>			<b>RATE</b>	<b>SITE</b>	<b>ID</b>									
<b>APGAR</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>1 min</b>	<b>5min</b>	<b>10min</b>	<b>Yes</b>	<b>No</b>										
<b>Heart Rate</b>	Absent	less than 100 per min	100 or greater per min				Mec. Passed	<input type="checkbox"/>	<input type="checkbox"/>										
<b>Respiration</b>	Absent	Weak Cry, Hypoventilation	Good crying				Mec. Stained	<input type="checkbox"/>	<input type="checkbox"/>										
<b>Tone</b>	Limp	Some Flexion	Active Motion				Voided	<input type="checkbox"/>	<input type="checkbox"/>										
<b>Reflex</b>	No Response	Grimace	Cry or Active Withdrawal				Cord Blood	<input type="checkbox"/>	<input type="checkbox"/>										
<b>Colour</b>	Blue or Pale	Acrocyanotic	Completely Pink				Cord Gases	<input type="checkbox"/>	<input type="checkbox"/>										
<b>Total</b>							Vessels in cord	<input type="checkbox"/> 2	<input type="checkbox"/> 3										
<input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Wt:</b> _____		<b>gms</b>		Transferred with Mom		<input type="checkbox"/>											
<b>Registration name:</b> _____		<b>HIN #</b> _____		<b>Identiband #</b> _____		To Nursery at _____ hrs		To NICU at _____ hrs											
<b>Vital Signs (T-P-R)</b> 1 hr _____		2 hrs _____		<input type="checkbox"/> See Clinical Record		Vitamin K _____ mg		<input type="checkbox"/> IM <input type="checkbox"/> ID											
Eye prophylaxis: <input type="checkbox"/> No <input type="checkbox"/> Yes- _____		Date/Time _____		ID _____		Date/Time _____													
<b>Resuscitation</b> <input type="checkbox"/> None <input type="checkbox"/> Suctioned <input type="checkbox"/> CPR		<input type="checkbox"/> See Resuscitation Record		O <sub>2</sub> <input type="checkbox"/> free flow <input type="checkbox"/> PPV by bag/mask		<input type="checkbox"/> PPV by T - piece													
<b>Medications:</b> _____																			
<b>Intubation</b>		<input type="checkbox"/> ET tube for Mec		<input type="checkbox"/> ET tube for PPV															
<b>Remarks:</b> _____																			
<b>Family Physician:</b> _____																			
<b>Dr. Assigned to Infant:</b> _____						<b>Delivered by:</b> _____													
<b>LABOUR AND DELIVERY SUMMARY</b>																			
		<b>Date</b>		<b>Time</b>															
<b>Membranes ruptured</b>																			
<b>Labour began</b>																			
<b>2<sup>nd</sup> stage began</b>																			
<b>Active pushing began</b>																			
<b>Infant delivered</b>																			
<b>Placenta delivered</b>																			
<b>Signatures:</b>																			
<b>RN:</b> _____																			
<b>MD:</b> _____																			