LABOUR SUMMARY AND DELIVERY RECORD

Support person in L & D: _____ Breast Feeding ☐ Yes ☐ No

MATERNAL HISTORY

T P A L G	EDD	Gestation wks

ABO/Rh	Rubella Titre	VDRL ☐ Positive ☐ Negative	GBS Status ☐ NK
		HIV ☐ Positive ☐ Negative	☐ Positive
		Hep B ☐ Positive ☐ Negative	☐ Negative
Antibodies	☐ NK	Hep C ☐ Positive ☐ Negative	

☐ No Prenatal Care ☐ Diabetes ☐ Gestational Hypertension
☐ Bleeding tendencies ☐ UTI's in Pregnancy ☐ ↑ Temp in labour _____
☐ STI's in pregnancy_____
☐ Other:
Comments:

Rupture of Membranes: ☐ SRM ☐ ARM ☐ Meconium
Labour Onset: ☐ Spontaneous: ☐ Augmented ☐ Induced
Indication for Induction: _____
Method of Induction: *(specify type, date(s) of procedure)*
☐ Cervical ripening _____
☐ Prostaglandin _____
☐ Oxytocin _____
☐ Other:

MEDICATIONS

DATE	TIME	MEDS IN LABOUR AND DELIVERY	DOSE	ROUTE	ID

IV RECORD

DATE	TIME	SOLUTION	RATE	SITE	ID

INFANT ASSESSMENT

APGAR	0	1		1 min	5 min	10 min
Heart Rate	Absent	less than 100 per min	100 or g[illegible] per min			
Respiration	Absent	Weak Cry, Hypoventilation	Good crying			
Tone	Limp	Some Flexion	Active Motion			
Reflex	No Response	Grimace	Cry or Active Withdrawal			
Colour	Blue or Pale	Acrocyanotic	Completely Pink			
			Total			

	YES	NO
Mec[illegible]assed	☐	
Meco[illegible]Stained	☐	
Voi[illegible]	☐	
[illegible]d Blo[illegible]	☐	☐
Co[illegible]Cases	☐	☐

Ves[illegible] in cord ☐ 2 ☐ 3

☐ **Male** ☐ **Female** **Wt:** **gms**
Registration name:
HIN # **Ident[illegible]and #**

Transferred with Mom ☐
To Nursery at _____ hrs
To NICU at _____ hrs

Vital Signs	Time	(T- P- R)

☐ **See Clinical Record**
☐ **See MAR**

Eye prophylaxis: ☐No ☐[illegible] _____ **Vitamin K** _____mg ☐ IM ID _____
Date/Time _____ Date/Time _____

☐ See Resuscitation Record
Remarks:

Family Physician:_____
Dr. assigned to Infant: _____ **Delivered by**: _____

DELIVERY

Anaesthesia ☐ None
☐ Perineal c̄_____@ time_____
☐ Epidural c̄ _____@ time_____
☐ Spinal c̄ _____@ time_____
☐ Inhalation c̄ _____@ time_____
☐ General c̄ _____@ time _____
☐ Other: _____

Fetal Surveillance (2nd Stage)
☐ Intermittent Auscultation
EFM ☐ Indirect ☐ Dir[illegible]

Delivery ☐ Spontaneous
Forceps: ☐ L[illegible] Mid
Type: ☐ [illegible]acuum-as[illegible]ted [illegible]Cesarean Section
In[illegible]a:
Infant position at delivery:
Remarks:

☐ [illegible]n to [illegible]. start time: _____ end time: _____
☐ Delayed cord clamping x ____ min _____ seconds
Placenta delivered ☐ spontaneously ☐ manually
Description:

Perineum ☐ Intact ☐ Hematoma
Episiotomy ☐ RML ☐ LML ☐ ML
Laceration ☐ Labial ☐ Cervical ☐ Periurethral
☐ Vaginal *(specify)* ☐ 1st degree
☐ 2nd degree ☐ 3rd degree ☐ 4th degree

Repair Supply Count	Opened	Final
Needles		
Sponges		
Other:_____		
Initials	/	/

Estimated blood loss *(mLs)*
☐ Average *(less than 500 vaginal or 1000 CS)*
☐ Excessive *(greater than or equal to 500 vaginal or 1000 CS)*
☐ See Notes

LABOUR AND DELIVERY SUMMARY

	Date	Time
Membranes ruptured		
Labour began		
2nd stage began		
Active pushing began		
Infant delivered		
Placenta delivered		

Signatures:
RN: _____
MD: _____

1. Mother's Record 2. Infant Record 3. and 4 Dr.'s Copy