



# 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)

**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  Mid  Rotation  
 Low  Low  Manual or  Forceps  
 Outlet  Outlet  Manual or  Forceps  
 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:  <500mL  500 - 1000 mL  >1000mL

**EPISIOTOMY**  None  Midline  Mediolateral  
**LACERATIONS**  None  1<sup>st</sup> (vaginal)  2<sup>nd</sup> (perineal)  3<sup>rd</sup> (anal sphincter)  4<sup>th</sup> (rectal mucosa)  
 a  b  c  
 Suture required:  No  Yes Count verified:  Sutures  Sponges

**ANALGESIA / ANAESTHESIA**  None  Epidural  Nitrous Oxide  General  Narcotic  Spinal  Other \_\_\_\_\_

**COMMENTS**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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
<b>Heart Rate</b>	Absent	Below 100	Above 100			
<b>Resp. Effort</b>	Absent	Slow irregular	Good crying			
<b>Muscle Tone</b>	Limp	Some flexion	Active motion			
<b>Reflex Irritab.</b>	None	Grimace	Cough sneeze			
<b>Color</b>	Blue Pole	Body Pink Blue extrem	All Pink			
<b>APGAR Score Totals</b>						

Erythromycin Eye Ointment: \_\_\_\_\_  
 (If indicated) Signature \_\_\_\_\_

RESUSCITATION (duration)	<1 min.	1-3 min	>3 min.	Mox. % 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**  
 < 30 sec.  
 30 to 60 sec.  
 > 1 min to 3 min  
 > 3 min

**Cord Milking**  
 (if delayed cord clamping not feasible)  
 No  
 Yes

Stillbirth Date/Time last FHR \_\_\_\_\_  
 Date/Time last FM \_\_\_\_\_

Signature(s) of MD/MW Attending Birth \_\_\_\_\_ / \_\_\_\_\_  
 Signature(s) of RN Attending Birth \_\_\_\_\_ / \_\_\_\_\_

