

LABOUR & BIRTH – BORN DATA TEMPLATE - CHECKBOX VERSION

| Birthing Parent Addressograph (apply label if available) | | Infant Addressograph (apply label if available) | | Hospital and Birth Centre Births – Admission | |
|--|--|---|--|--|--|
| First name(s): | | First name(s): | | Admission Date: | |
| Middle name(s): | | Middle name(s): | | Admission Time: | |
| Last name(s): | | Last name(s): | | Healthcare provider responsible for admission: | |
| OHIP #: | | OHIP #: | | <input type="checkbox"/> Obstetrician <input type="checkbox"/> Family Physician <input type="checkbox"/> Midwife <input type="checkbox"/> Nurse (APN/CNS) <input type="checkbox"/> Other | |
| Midwifery client code: | | Midwifery client code: | | | |
| | | | | | |

| Pregnancy | | | | Intrapartum | | | |
|--------------------------------------|-----------------------------|---|---|-----------------|---------------------------------------|--|---------------------------|
| Maternal weight at end of pregnancy: | Lbs/kg: | Smoking Exposure | | Type of labour: | Induced | No Labour | If Induced Labour: |
| | Declined weight check | First prenatal visit Smoking: None Yes, Number of cigarettes per day: Unknown | At time of labour/admission None Yes, Number of cigarettes per day: Unknown | | Spontaneous | Intrapartum | |
| Unknown | Resides with smoker: Yes No | | | Yes No | All forms of fetal surveillance used: | Admission EFM strip | No Monitoring |
| Unknown if screened | | GBS Screening Date: GBS Screening Results: | Unknown Not done; Reason: | | Method of augmentation: | Auscultation Intrapartum EFM (external) | Oxytocin Prostaglandin |
| Done; Result: | | | | Bishop Score: | | | |
| | | | | | | | |

| Birth - Parent | | | | | | | | | |
|------------------------|------------|-------------|---------------|-------------------------------|---|--|-----------------------|--|--|
| Onset of Second Stage | | | | Pain Management | | | Health Care Providers | | |
| Date | | Time | | Pharmacologic: | None | Spinal | Primary midwife: | | |
| Fully Dilated: | | | | | Nitrous oxide | Spinal-epidural combination | Secondary midwife: | | |
| Started Pushing: | | | | Opioids | Pudendal | Healthcare Provider who caught baby: | | | |
| Time of Birth: | | | | Epidural | | Other Care Providers Present at Time of Labour and/or Birth: | | | |
| Perineal Laceration | 1st degree | 3rd degree | Cervical tear | Supportive Care: | None | Shower | Family Physician | | |
| None | 2nd degree | 4th degree | Other | | 1:1 Supportive care by clinical staff/care provider | Sterile water/ saline injections | OB | | |
| If Caesarean Section: | | | | Breathing exercises | TENS | Surgeon | | | |
| Indication(s) for C/S: | Primary: | Other: | | Hypnobirthing/ Guided Imagery | Tub | RM | | | |
| Anesthesia for C/S: | Epidural | General | Spinal | Massage | Other | Midwifery Student | | | |
| C/S dilation (cm): | | | | | Unknown | Aboriginal Midwife | | | |
| | | | | | | RN | | | |
| | | | | | | Nursing Student | | | |
| | | | | | | Other | | | |

Midwifery

| | | | |
|---|---|--|--|
| Was there unplanned maternal transport to hospital at any part of the labour? Yes No If yes, Reason: | Maternal Position at Time of Birth: Supine Kneeling Birth stool Semifowler's All-fours Other Lateral Lithotomy Standing Lithotomy Squatting McRoberts | Water Birth | |
| | | Was the baby born in water? Yes No | If "yes", was this a planned water birth? Yes No |
| Did Midwife attend client at home at any point during labour? Yes No | Components of third stage management employed (unrelated to corrective measures for bleeding): Prophylactic oxytocic Chest/Breastfeeding Early cord clamping Controlled cord traction None | | |

Birth – Child

| | | | | | |
|--|--|---|----------------------|---|---|
| Breastfeeding – Within first 2 hours post-birth | | APGAR APGAR1: _____ APGAR5: _____ APGAR10: _____ | Cord Blood | | |
| Baby positioned to breastfeed: Yes No | Breastfeeding behaviours observed (select all): Rooting or nuzzling or licking Swallowing Latching None Sucking | | Arterial Venous | | |
| Skin-to-skin contact: Yes, with birth mother uninterrupted for at least 1 hour Yes, with birth mother for less than 1 hour Yes, with a person other than the birth mother No, rationale: | | Delayed Cord Clamping Delayed Cord Clamping: Yes No Delayed Cord Clamping duration (mins/secs): | | Drawn: No Yes, results received Yes, results pending | No Yes, results received Yes, results pending |
| | | | | pH: Base excess/deficit: | |

Notes: