

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 Spontaneous	No Labour	If Induced Labour:
	Declined weight check Unknown	First prenatal visit	At time of labour/admission				
GBS Screening Date:		Smoking: None Yes, Number of cigarettes per day: Unknown	None Yes, Number of cigarettes per day: Unknown	Method of augmentation:	None Amniotomy	Oxytocin Prostaglandin	Method of Induction: None Amniotomy Oxytocin Prostaglandin Sweeping membranes
GBS Screening Results:	Unknown if screened Done; Result: Not done; Reason:	Resides with smoker: Yes No	Yes No	Bishop Score:			
				Cervical Ripening: None Balloon/Mechanical Method (i.e. Foley Catheter) Laminaria/artificial tent Prostaglandin			

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

Midwifery

Was there unplanned maternal transport to hospital at any part of the labour? If yes, Reason:	Yes	No	Maternal Position at Time of Birth:	Supine	Kneeling	Birth stool	Water Birth	
				Semifowler's	All-fours	Other	Was the baby born in water? Yes No	
		Lateral		Lithotomy			If "yes", was this a planned water birth? Yes No	
		Standing		Lithotomy				
		Squatting		McRoberts				
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		Cord Blood		
Baby positioned to breastfeed:	Yes	No	APGAR1:				
Breastfeeding behaviours observed (select all):	Rooting or nuzzling or licking	Swallowing	APGAR5:				
	Latching	None	APGAR10:				
	Sucking		Delayed Cord Clamping				
Skin-to-skin contact:	Yes, with birth mother uninterrupted for at least 1 hour		Delayed Cord Clamping:	Yes	No		
	Yes, with birth mother for less than 1 hour						
	Yes, with a person other than the birth mother						
	No, rationale:						
			Delayed Cord Clamping duration (mins/secs):				
					Arterial		
					Venous		
					Drawn:		
					No		
					Yes, results received		
					Yes, results pending		
					pH:		
					Base excess/deficit:		

Notes: