

**LABOUR & BIRTH – BORN DATA TEMPLATE – OPEN FIELD 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 #:			
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	<b>First prenatal visit</b> Smoking: None Yes, Number of cigarettes per day: Unknown	<b>At time of labour/admission</b> None Yes, Number of cigarettes per day: Unknown		Spontaneous				
Unknown	Resides with smoker: Yes No			Yes No	All forms of fetal surveillance used: Method of augmentation: None Amniotomy Oxytocin Prostaglandin			Method of Induction: Cervical Ripening: No Yes, type:	
GBS Screening Results: Done; Result: Date: Not done; Reason:						Bishop Score:			

Birth							
Onset of Second Stage		Pain Management			Health Care Providers		
<b>Date</b>	<b>Time</b>	<b>Pharmacologic:</b> None Nitrous oxide Opioids Epidural	Spinal Spinal-epidural combination Pudendal	Primary midwife:			
Fully Dilated:				Secondary midwife:			
Started Pushing:		<b>Supportive Care:</b> 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	Healthcare Provider who caught baby:			
Time of Birth:				Other Care Providers Present at Time of Labour and/or Birth:			
Perineal Laceration	None Yes, type:						
If Caesarean Section:							
Indication(s) for C/S:	Primary:	Other:					
Anesthesia for C/S:							
C/S dilation (cm):							

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:		Water Birth	
	Components of third stage management employed (unrelated to corrective measures for bleeding):		Was the baby born in water?      Yes    No	
Did Midwife attend client at home at any point during labour?      Yes    No	None Yes, measures used:		If "yes", was this a planned water birth?      Yes    No	

Birth – Child

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

Notes:

\*These forms should be used solely for data entry purposes and should be destroyed once BORN data entry is complete.\*