

Patient Label Here



Labour - Birth Encounter

ADMISSION TAB

Demographics: Per patient label OR

Mother Family Name: _____ Given Name: _____

Maternal Date of Birth: dd/ mmm /yyyy Chart Number : _____ OHIP: _____

Address: _____ Postal Code: _____ Phone: _____

No Fixed address

Estimated Date of Birth (EDB): dd/ mmm /yyyy

Primary Language: One English French Other (specify): _____ Unknown

Maternal Admission to Hospital

Admission date: dd/ mmm /yyyy Admission Time: _____

Admission Healthcare Provider: One Obstetrician

Family Physician Midwife Nurse Practitioner (APN/CNS)

Other

Maternal Transfer from: One No transfer Hospital

Home birth/MW care Nursing station Birthing Center

Other unit same hospital Other

If transfer:

Maternal Transfer from Hospital (name): _____

Maternal transfer from Birth Centre (name): _____

Reason for Maternal Transfer From: One Fetal health concern Lack of nursing coverage Lack of physician coverage Maternal medical/obstetrical problem

No beds available Organization evacuation Birth outside of hospital prior to admission Care closer to home Condition improved Other Unknown

HISTORY TAB

Maternal Health Conditions (list all health conditions): _____ Unknown

Mental Health Concerns: None Anxiety Depression History of Postpartum Depression Addiction Bipolar Schizophrenia Other Unknown

Women Abuse : One No Disclosure Disclosure Unable to ask

Obstetrical History: Gravida (G): _____ # of Previous Term Births (T): _____ # of Previous Preterm Births (P): _____ # of Previous Abortions (A): _____ # of Living Children (L): _____ # of Previous Stillbirths (S): _____ # of Previous Vaginal Births: _____ # of Previous C/S Births: _____ # of Previous VBACs: _____ Parity: *Calculates*

PREGNANCY TAB

Maternal Height: _____ (in, ft & in, cm) Unknown **Pre-pregnancy weight:** _____ (lb/kg) Unknown **Pre-pregnancy BMI:** *Calculates*

Maternal Weight at end of Pregnancy: _____ (lb/kg) Unknown **Maternal Weight Gain at end of Pregnancy:** *Calculates*

Number of fetuses: _____

Conception type: Spontaneous Intrauterine Insemination alone
 Intrauterine Insemination (IUI) with ovulation induction but no IVF
 Ovulation induction without IVF (i.e. Clomid, FSH)
 IVF IVF ICSI Surrogate Vaginal insemination Unknown

Estimated Date of Birth (EDB): dd/mmm/yyyy

EDB determined by: One Last Menstrual Period First trimester dating ultrasound Second trimester ultrasound Assisted reproductive technology
 Obstetrical clinical estimate (includes S-F height) Unknown

First Trimester Visit: One Yes No Unknown

Prenatal Classes: One Yes No Unknown

Antenatal Health Care Provider: None Obstetrician Family Physician Midwife Nurse Nurse Practitioner (APN/CNS) Other Unknown

Folic Acid Use: One None Pre-conception only During pregnancy only
 Pre-conception and during pregnancy Unknown

Intention to Breastfeed: One Yes, intends to exclusively breastfeed
 Yes, intends to combination feed (use breast milk and breast milk substitute)
 No, does not intend to breastfeed Mother unsure Unknown, intent not collected

Smoking at First Trimester Visit: One None < 10 cigarettes/day 10-20/day >20/day Amount unknown Unknown

Resides with smoker at first trimester visit: One Yes No Unknown

Smoking at time of labour/admission: One None < 10 cigarettes/day 10-20/day >20/day Amount unknown Unknown

Resides with smoker at time of labour/admission: One Yes No Unknown

Alcohol Exposure in Pregnancy: One None < 1 drink/month 1 drink/month 2-3 drinks/month 1 drink/week More than 1 drink/week
 Episodic excessive drinking (binging) Exposure prior to pregnancy confirmed, amount unknown Unknown

Drug and Substance Exposure in Pregnancy: None Cocaine Gas/Glue Hallucinogens Marijuana Opioids Other Unknown

Medication Exposure in Pregnancy: None Amphetamines Antibiotics
 Anticonvulsants Anti-emetics Antihistamines Anti-inflammatory Antiretroviral
 Anti-rheumatic Antiviral Cardiovascular Chemotherapeutic Agents
 Contraceptives GI agent General Anesthetic Herbal or homeopathic remedies
 Insulin Methadone/Subutex Opioids Other over the counter medications
 Other prescription Psychotropic Selective Serotonin Reuptake Inhibitors
 Thyroid Medication Vitamin A & Congeners Vitamins Other Unknown

Infection & Pregnancy: None C-Difficile Chlamydia
 Gonorrhoea Group B Streptococcus Hepatitis A
 Hepatitis B Hepatitis C Herpes Simplex Virus HIV
 HPV Methicillin resistant staphylococcus aureus(MRSA)
 Other infections Seasonal Influenza Suspected Chorioamnionitis Syphilis Trichomonas
 Urinary Tract Infection (UTI) Viruses – Other Unknown

GBS Screening Results (35-37 wks): One Not Done Done, negative result Done, positive result Done, result unknown Unknown if screened

GBS Screening Date (if done): dd/mmm/yyyy

Reason GBS Screening Not Done: One Previous baby with GBS disease Previous GBS screening done in this pregnancy Urine positive for GBS
 Declined Screening Other Unknown

Diabetes and Pregnancy: One None Gestational - Insulin Gestational - No Insulin Gestational - Insulin status unknown
 Type 1 Type 2 Insulin Type 2 No Insulin Type unknown Unknown

Hypertensive Disorder in Pregnancy: One None Eclampsia Gestational Hypertension HELLP Preeclampsia
 Preeclampsia requiring magnesium sulfate Pre-existing Hypertension with superimposed preeclampsia Unknown

Complications of Pregnancy: None Unknown

Fetal Anomaly(ies) Isoimmunization/alloimmunization Intrauterine Growth Restriction (IUGR) Large for Gestational Age (LGA)
 Oligohydramnios Polyhydramnios Other

Maternal: Anemia unresponsive to therapy Antepartum bleeding (persistent and unexplained) Gestational diabetes
 Hyperemesis Gravidarum (Requiring Hospital Admission) Hypertensive Disorder of Pregnancy Pre-labor rupture of membranes(PROM)
 Preterm labour prior to this admission Preterm pre-labour rupture of membranes (PPROM) Other

Placental: Placental accreta Placenta increta Placenta percreta Placental previa Placental abruption Other

INTRAPARTUM TAB

Type of Labour: One Spontaneous Induced No Labour

Group B Strep Antibiotics One

Yes No Declined antibiotics Unknown

Antenatal Steroids: One

None 1 dose < 24 hours (before the time of birth)
 2 doses: Last dose < 24 hours (before the birth)
 2 doses: Last Dose > 24 hours (from the time of the last dose to the time of birth)
 Unknown

Fetal Surveillance: Admission EFM Strip Auscultation

Intrapartum EFM(external) Intrapartum EFM(internal)
 No Monitoring Unknown

IF SPONTANEOUS LABOUR: Augmentation: None Prostaglandin Amniotomy Oxytocin Unknown

IF INDUCED LABOUR:

All Indications for Induction of Labour: Fetal Indications: Atypical or abnormal fetal surveillance Fetal anomaly/ies Fetal Demise
 Isoimmunization/alloimmunization IUGR Macrosomia Multiple gestation Other fetal complication Post dates Termination of pregnancy

Maternal Indications: Diabetes Hx of precipitous delivery Oligohydramnios Other obstetrical complications/concerns Polyhydramnios
 Preeclampsia/Hypertension Pre-existing maternal medical conditions Pre-labour rupture of membranes (PROM) Preterm Pre-labor rupture of membranes (PPROM)

Other Indications: Accommodates care provider/organization Distance from birth hospital/safety precaution Maternal request Unknown

Primary Indication for Induction of Labour: _____

Bishop Score: Circle 1 2 3 4 5 6 7 8 9 10 11 12 13 Unknown

Cervical Ripening Prior to Induction: None Balloon/Mechanical Method (i.e. Foley Catheter) Laminaria/artificial tent Prostaglandin Unknown

Methods of Induction: None Amniotomy Oxytocin Prostaglandin Sweeping Membranes Unknown

ALL LABOUR TYPES - SPONTANEOUS, INDUCED AND NO LABOUR

Maternal Outcome (prior to birth): One No Transfer Transfer to other hospital Transfer to ICU/CCU
 Transfer to other non-obstetrical unit, same hospital Maternal Death—Not Related to Pregnancy or Birth Maternal Death—Related to Pregnancy or Birth

*** If Transfer to Other Hospital: Maternal Transfer to** [hospital name]: _____

*** If Transfer to Other Hospital, ICU/CCU, or Other Non-Obstetrical Unit, same hospital:**

Reason for Transfer: One Fetal Health Concern Lack of Nursing Coverage Lack of Physician Coverage Maternal medical/obstetrical problem
 No beds available Organization evacuation Birth outside of hospital prior to admission Care Closer to Home Condition Improved Other Unknown

Maternal Transfer Date : dd/ mmm /yyyy **Maternal Transfer Time:** _____

IF TRANSFERRED:

Intrapartum Pain Management: None Nitrous oxide Opioids Epidural Spinal Spinal-epidural combination

Non-pharmacologic: Sterile water/saline injection TENS Tub/Shower Other

Local Pudendal Unknown

Labour and Birth Complications: None Atypical or abnormal fetal surveillance Meconium Cord prolapse Shoulder dystocia Fever >38.5 C
 Non-progressive first stage of labour Non-progressive second stage of labour Placental abruption
 Uterine rupture Uterine dehiscence Retained placenta-manual removal Retained placenta-surgical removal Postpartum hemorrhage Uterine atony
 Perineal hematoma Pulmonary embolism Hysterectomy Other Unknown

BIRTH TAB

Type of Birth: One Spontaneous vaginal Assisted vaginal Induced or spontaneous labour Caesarean Section No labour Caesarean Section

Presentation Type: Cephalic: One Vertex Brow Face Compound Cephalic type unknown

Breech: One Frank Complete Footling Compound Breech type unknown

Transverse/Malpresentation Unknown

Forceps/Vacuum: One None Vacuum Forceps Vacuum and Forceps Unknown

IF TYPE OF BIRTH = SPONTANEOUS VAGINAL, ASSISTED VAGINAL, INDUCED OR SPONTANEOUS LABOUR CAESAREAN SECTION:

Episiotomy: One None Medio-lateral Midline Unknown

Perineal Laceration: One None 1st degree 2nd degree 3rd degree 4th degree Cervical tear Other Unknown

Date Fully Dilated: dd/mmm/yyyy **Time Fully Dilated:** _____ **Date Started Pushing :** dd/ mmm/yyyy **Time Started Pushing:** _____

FOR WOMEN WHO HAVE HAD A PREVIOUS CAESAREAN SECTION:**Vaginal Birth After Caesarean (VBAC):**

Was VBAC ever planned during this pregnancy? One Yes No Unknown

Eligible for VBAC at onset of labour: One Yes No Declined Unknown

Attempted VBAC: One Yes No Unknown

IF TYPE OF BIRTH = A SPONTANEOUS OR INDUCED CAESAREAN SECTION:

If C/S, dilatation (cm): _____ Not Examined Unknown

If C/S, Type: One Planned (as scheduled) Planned (not as scheduled) Unplanned

If C/S, stage: One First stage Second Stage Perimortem No labour Unknown

IF TYPE OF BIRTH = SPONTANEOUS OR INDUCED CAESAREAN SECTION OR NO LABOUR – CESAREAN SECTION:**All C/S indications:**

Fetal: Anomaly(ies) Atypical or Abnormal Fetal Surveillance Cord prolapse Intrauterine Growth Restriction (IUGR) Macrosomia
 Malposition/Malpresentation Other Fetal Indication

Maternal: Failed forceps/vacuum Failed induction Gestational hypertension HIV – Human immunodeficiency Virus HSV – Herpes Simplex Virus
 Hypertensive Disorders of Pregnancy - Eclampsia HELLP Preeclampsia Maternal Health condition(s) Multiple gestation Non-progressive first stage of labour Non-progressive second stage of labour Obesity Other Obstetrical complication Placenta Increta/Acreta/Percreta Placenta previa
 Placental abruption Prelabor rupture of membranes(PROM) in women with a planned c/section Preterm pre-labor rupture of membranes (PPROM) in women with planned c/section Previous C/S Previous T incision/classical incision/uterine surgery Previous uterine rupture Suspected chorioamnionitis Uterine rupture Declined VBAC VBAC - Failed Attempt VBAC - Not Eligible

Other: Accommodates care provider/organization Maternal request Unknown

Primary indication for C/S: _____

Anesthesia for C/S: One Epidural Spinal General Unknown

IF TYPE OF BIRTH = NO LABOUR – CESAREAN SECTION:

If C/S Type: One Planned (as scheduled) Planned (not as scheduled) Unplanned

ALL TYPES OF BIRTH – SPONTANEOUS VAGINAL, ASSISTED VAGINAL, INDUCED OR SPONTANEOUS LABOUR C/S, NO LABOUR C/S:

Labour and Birth Complications: None Atypical or abnormal fetal surveillance Meconium Cord prolapse Shoulder dystocia Fever>38.5 C
 Non-progressive first stage of labour Non-progressive second stage of labour Placental abruption
 Uterine rupture Uterine dehiscence Retained placenta-manual removal Retained placenta-surgical removal Postpartum hemorrhage Uterine atony
 Perineal hematoma Pulmonary embolism Hysterectomy Other Unknown

Intrapartum Pain Management: None Nitrous oxide Opioids Epidural Spinal Spinal-epidural combination

Non-pharmacologic: Sterile water/saline injection TENS Tub/Shower Other

Local Pudendal Unknown

Newborn DOB: dd/mmm/yyyy **Time of Birth:** _____

Time Waiting, Time Pushing, Total Second Stage and Maternal Age at time of birth: Calculates

Birth Location: One Hospital Home Birth Center Nursing Station Other Ontario location Outside of Ontario

Birth Location Hospital: _____

Birth Centre Name: _____

Healthcare Provider Who Caught/Delivered Baby: One Family Physician Registered Midwife Obstetrician Resident Surgeon CNS/NP
 Registered Nurse Aboriginal Midwife Midwifery Student Other Health Care Provider Unattended (None) Unknown

ID of Healthcare Provider Attending Birth (if used): _____

Other Care Providers Present at time of Labour and/or Birth: Family Physician Registered Midwife Obstetrician Surgeon CNS/NP
 Registered Nurse Aboriginal Midwife Midwifery Student Nursing Student Medical Student Doula
 Other Care Provider [e.g. RT, pediatrician, neonatologist] None Unknown

OUTCOME TAB

Pregnancy Outcome (Complete for each fetus if multiple pregnancy): One

Live birth Stillbirth \geq 20 wks or \geq 500 gms – Spontaneous - occurred during **antepartum** period Stillbirth \geq 20 wks or \geq 500 gms – Spontaneous - occurred during **intrapartum** period Stillbirth \geq 20 wks or \geq 500 gms /Termination Pregnancy loss $<$ 20 wks and $<$ 500 gms/Spontaneous miscarriage
 Pregnancy loss $<$ 20 wks and $<$ 500 gms/Termination

Gestational age at birth: Calculates

Maternal Birth Outcome: One No Transfer Discharged Home Transfer to other hospital Transfer to ICU/CCU
 Transfer to other non-obstetrical unit, same hospital Maternal Death—Not Related to Pregnancy or Birth Maternal Death—Related to Pregnancy or Birth

* **If Transfer to Other Hospital:** Maternal Transfer to [hospital name]: _____

* **If Transfer to Other Hospital, ICU/CCU, or Other Non-Obstetrical Unit, same hospital:**

Reason for Transfer: One Fetal Health Concern Lack of Nursing Coverage Lack of Physician Coverage Maternal medical/obstetrical problem
 No beds available Organization evacuation Birth outside of hospital prior to admission Care Closer to Home Condition Improved Other Unknown

Maternal Transfer Date : dd/mmm/yyyy **Maternal Transfer Time:** _____ **OR** **Maternal Discharge Date:** dd/ mmm/yyyy **Discharge Time:** _____

Admission to birth duration (Hours): *Calculates*

