

Labour and Birth Record

To be attached inside the Pregnancy Record following the antenatal section

Confidential

PLEASE USE BLACK INK

HOSPITAL ADDRESSOGRAPH



If you find this record,
please return it to the
nearest Maternity Unit or
General Practitioner surgery
as soon as possible.

Labour and birth record: Induction/Augmentation of labour

Date ____/____/____ Time ____:____ Gestation _____ Location _____

Induction authorised by _____ Explanation given No Yes

Designation/grade _____ History of contractions No Yes

Indication for induction

Pregnancy beyond 41 completed weeks gestation – membranes swept? No Yes on ____/____/____

Obstetric complication: specify _____

Other: specify _____

Initial assessment

Uterine activity No Yes Details _____

Membranes Intact Unsure Ruptured on ____/____/____ at ____:____

Liquor colour _____ Other vaginal loss _____

Pulse _____ BP ____/____ Temp _____ °C Urinalysis _____

Oedema _____ Fetal movements _____

Abdominal examination

Fundal height _____ cm Lie _____

Presentation _____ Position _____

Presenting part - 5th palpable _____

Fetal heart rate _____ Maternal pulse _____

Comments _____

Cervical scoring

Total score _____		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

* Relative to the ischial spines

Comments _____

Signature: _____ Date ____/____/____ : _____

Labour and birth record: Induction/Augmentation of labour (continued)

First review following Induction/Augmentation Date ____ / ____ / ____ Time ____ :

Details of fetal monitoring Uterine activity No Yes Details

Membranes Intact Unsure Ruptured on ____ / ____ / ____ at ____ : ____ liquor

Abdominal examination

Fundal heightcm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate Maternal pulse

Comments

Further method of induction required No Yes

Prostaglandin Amniotomy Oxytocin Other

Details

Signature: Date ____ / ____ / ____ :

Cervical scoring

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

Comments

Second review following Induction/Augmentation Date ____ / ____ / ____ Time ____ :

Details of fetal monitoring Uterine activity No Yes Details

Membranes Intact Unsure Ruptured on ____ / ____ / ____ at ____ : ____ liquor

Abdominal examination

Fundal heightcm Lie

Presentation Position

Presenting part - 5th palpable

Fetal heart rate Maternal pulse

Comments

Further method of induction required No Yes

Prostaglandin Amniotomy Oxytocin Other

Details

Signature: Date ____ / ____ / ____ :

Cervical scoring

Total score		Pelvic score			
		0	1	2	3
Cervical feature	Dilation (cm)	< 1	1-2	2-4	>4
	Length of cervix (cm)	>4	2-4	1-2	<1
	Station (cm)*	-3	-2	1/0	+1/+2
	Consistency	Firm	Average	Soft	-
	Position	Posterior	Mid/ anterior	-	-

Comments

Labour and birth record: Initial assessment for spontaneous labour

Date ____ / ____ / ____ Time ____ : ____ Gestation _____ Location _____	
Referred from _____ Referred by _____	
History of contractions _____	
Current contractions <input type="checkbox"/> per 10 minutes Strength _____ Duration _____ seconds	
Membranes <input type="checkbox"/> Intact <input type="checkbox"/> Unsure <input type="checkbox"/> Ruptured on ____ / ____ / ____ at ____ : ____	
Liquor colour _____ Other vaginal loss _____	
Pulse _____ BP ____ / ____ Temp ____ °C Urinalysis _____	
Oedema _____ Fetal movements _____	
<p>Abdominal examination</p> <p>Fundal height _____ cm Lie _____</p> <p>Presentation _____ Position _____</p> <p>Presenting part - 5th palpable _____</p> <p>Fetal heart rate _____ Maternal pulse _____</p> <p>Comments _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Other observations/information on assessment</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature: _____ Date ____ / ____ / ____ :</p>	<p>Vaginal examination</p> <p>Indication _____</p> <p>Procedure explained and verbal consent given <input type="checkbox"/></p> <p>Cervix: position _____ consistency _____</p> <p>effacement/ length _____</p> <p>dilatation _____</p> <p>Presenting part: _____</p> <p>relation to ischial spines _____</p> <p>position _____ caput _____</p> <p>moulding _____</p> <p>Membranes <input type="checkbox"/> Intact <input type="checkbox"/> Ruptured</p> <p>Liquor seen <input type="checkbox"/> No <input type="checkbox"/> Yes Colour _____</p> <p>Fetal heart after examination _____</p> <p>Comments _____</p> <p>_____</p> <p>_____</p> <p>Signature: _____ Date ____ / ____ / ____ :</p>

Labour and birth record: Initial assessment for spontaneous labour (continued)

Discussion of preferences for labour and birth

Comments and details of any revised preferences

Signature: Date / / :

Plans for initial care following discussion with the woman

Initial monitoring intentions for fetal heart rate:

Method Reason for choice

Frequency Signature: Date / / :

Active Labour Partogram

Date

/	/	/
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Fetal Heart Rate
(beats per minute)

- Continuous electronic monitoring
- Intermittent monitoring
- Fetal Scalp Electrode
- Handheld Doppler
- Pinard stethoscope

Fetal pH

Liquor

Caput/moulding

Position

Cervical dilatation
(cm)

Descent of presenting part
(●)

(X)

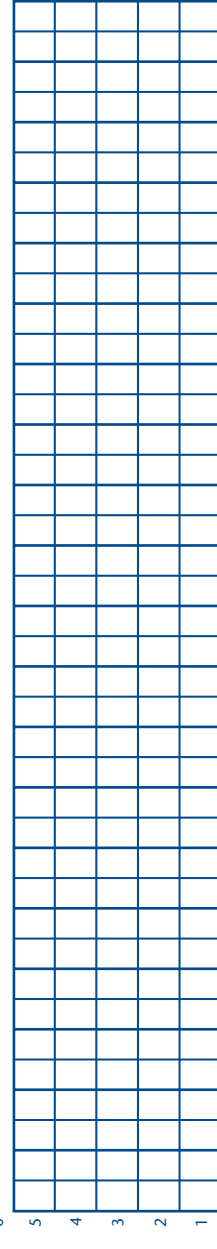
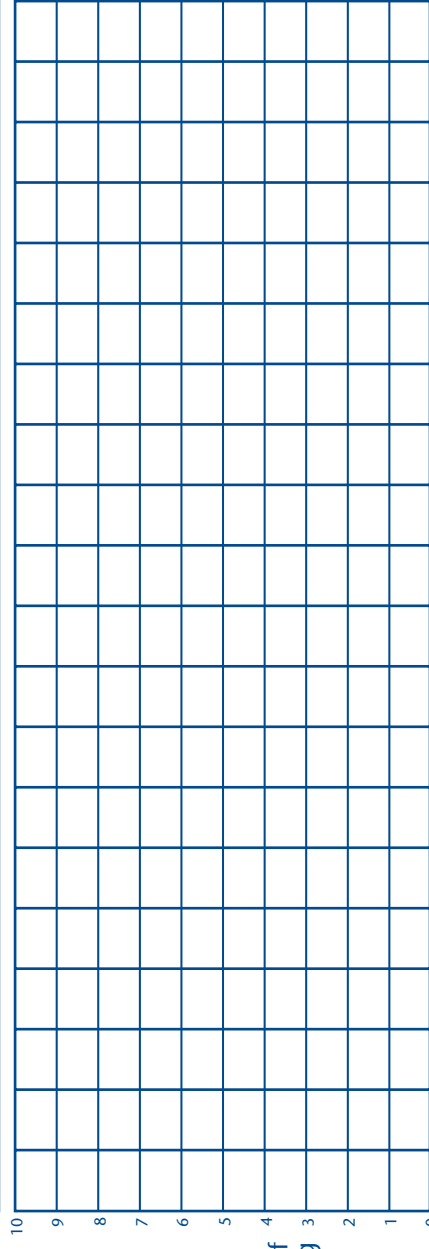
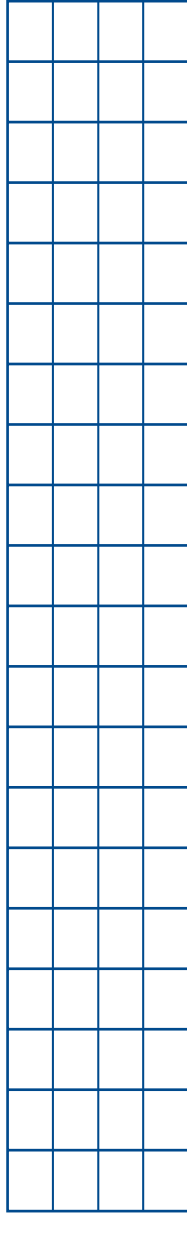
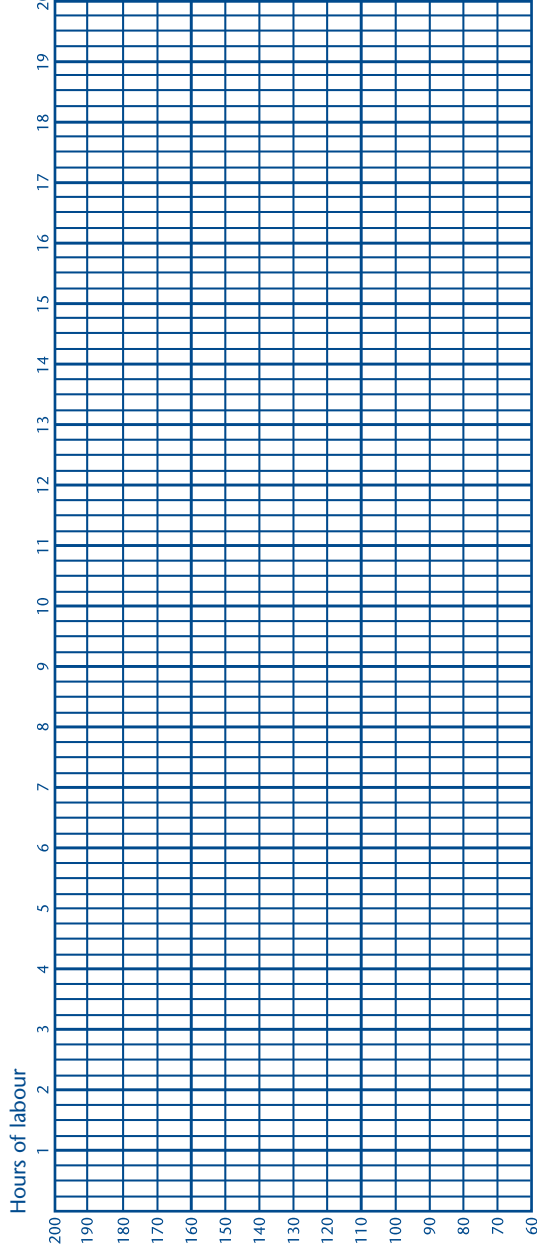
Contractions per 10 minutes

Duration

<30 seconds

30-50 seconds

>50 seconds



Details of Shoulder Dystocia at Birth

Date and time of delivery of head / / :

Position of woman before and during birth

	Action	Yes	No	Time	Effect
H	Assistance Summoned				
	Assistance Arrived				
E	Episiotomy				
L	McRoberts Position				
P	Supra Pubic Pressure				
E	Woods' Screw Manoeuvre				
R	Delivery of posterior shoulder				
R	Women moved into all fours				
	Other Manoeuvres				

Time of delivery of rest of baby :

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		

Operative delivery (continued)

Perineum

Intact

Grazes

1st degree tear

2nd degree tear

3rd degree tear

4th degree tear

Episiotomy

(For 3rd degree tear please complete Third Stage complications page)

Perineal suturing

Suturing material

Anaesthesia

Technique

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.....

Rectal exam prior to suturing No Yes

Haemostasis achieved No Yes

Rectal exam following suturing No Yes

Swabs, needles & instruments correct No Yes

Advised on perineal care No Yes

Sutured by

Supervised by

Postoperative instructions

Ensure all relevant prescribing undertaken

Revised thrombosis risk

Low

Moderate

High

Actions required

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Antibiotics

Prophylactic

Other

None

Details

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Catheter In/Out Indwelling

Details

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Details completed & relevant prescribing by Print name

Swabs, needles & instruments checked & correct No Yes

Signed (scrub staff) Signed (floor staff)

Comments

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Estimated blood loss ml

Please see attached anaesthetic record for further details

Antacids Sodium citrate Ranitidine

Other

Anaesthesia Spinal Epidural

Combined spinal/epidural General

Pudendal block Other

Blood transfusion No Yes

Blood products No Yes (note below)

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Oxytocics

Details

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Analgesia Details

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Postoperative care Ward High dependency

Intensive care Transfer to other hospital

Other

Details of third stage complications

Complication(s) please tick all that apply

- Repair of episiotomy - specify Extended (Document uncomplicated suturing of non-extended episiotomy or 2nd degree tear on birth summary)
 Repair of tear - specify degree 3a 3b 3c 4th Cervical
 Manual removal of placenta & membranes
 Primary post partum haemorrhage - due to
 Other - please specify

Anaesthesia Please see attached anaesthetic record for further details

Location of management

Antacids Sodium citrate Ranitidine Other

Decision made / / :

Anaesthesia Spinal Epidural Pudendal block

Combined spinal/epidural General Other

Procedure started / / :

Details of findings

Procedure concluded / / :

Date	Time	Details
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		

Manual removal of placenta and membranes

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		

Details of perineal repair 3rd and 4th degree tear

Analgesia

Disruption of external anal sphincter No Partial Complete

Disruption of internal anal sphincter No Yes

Method of repair of external anal sphincter Overlapping End-to-end

Technique

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PV examination after completing repair No Yes

PR examination after completing repair No Yes

Swabs, needles and instruments correct No Yes

Checked by and

Advised on perineal care No Yes

Follow-up clinic appointment arranged No Yes

Space for visual documentation
of repair if required

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		

Performed by designation

Details of Post Partum Haemorrhage management

Details

Blood bank and haematologist informed No Yes time :

Head down tilt No Yes time :

Facial oxygen No Yes time :

IV access No Yes time :

Haemobate No Yes time :

Syntocinon No Yes time :

Transfusion No Yes time :

Cross matched blood No Yes time :

Crystalloids Colloids

Note keeper appointed No Yes name designation

Date	Time	Details of management
Please use 24 hour clock and sign each entry and insert your details in 'Whose signature?' section on the back cover of the pregnancy record.		

Lead professional designation

Assisted by designation

Other professionals involved

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Labour and birth summary - mother page 1

	Date	Onset	Duration		Print name	Designation
First stage	/ /	:		Delivered by PIN No. of delivering Midwife		
Second stage	/ /	:		Also present		
Third stage	/ /	:		Most senior midwife present		
End of third	/ /	:		Type of delivery (If operative delivery, ensure that operative delivery pages are completed)		
Total duration of labour						
SRM /ARM	/ /	:				

Induction of labour No Yes

Indication

Augmentation of labour No Yes

Indication

Presence of meconium liquor 1st stage 2nd stage

Maternal pyrexia in labour No Yes

Maternal antibiotics given No Yes

Details

Shoulder dystocia at birth No Yes

Maternal bloods taken No Yes

Indication

One-to-one midwifery care received throughout labour & childbirth No Yes

Comments

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Labour & birth discussed No Yes

Preferences for labour & birth met No Yes

Comments

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Signature: Date / /

Analgesia in labour (tick all that apply)

T.E.N.S. Nitrous oxide & oxygen

Water pool IM opiates

Epidural Other

Analgesia for birth/third stage complication

Spinal Epidural Pudendal block

Combined spinal epidural General

Other

If general anaesthesia

Cormack-Lehane score at laryngoscopy

Intubation successful No Yes

Complications of anaesthesia No Yes

PLEASE SEE ATTACHED ANAESTHETIC RECORD FOR FURTHER DETAILS

Labour and birth summary - mother page 2

Placenta, cord & membranes

Delivery: Controlled cord traction
 Maternal effort Manual removal
 Placenta appears Complete Incomplete
 Membranes appear Complete Incomplete
 Number of umbilical cord vessels

Sent to pathology No Yes
 Indication

Comments

Perineum Intact
 Grazes 1st degree tear
 2nd degree tear 3rd degree tear
 4th degree tear Episiotomy

(If 3rd or 4th degree, document in 3rd stage complications pages)

Perineal suturing Suture material

Anaesthesia

Technique

Rectal exam prior to suturing No Yes

Haemostasis achieved No Yes

Rectal exam following suturing No Yes

Swabs, needles & instruments correct No Yes

Checked by
 and

Advised on perineal care No Yes

Sutured by

Routine Oxytocic drug administered	Dose	Route

Blood loss ml

Blood transfusion/products received No Yes

Details

Post delivery

Maternal observations

First set on / / at :

Temperature °C Pulse BP /

Pain/analgesia

Fundus Lochia

Second set on / / at :

Temperature °C Pulse BP /

Pain/analgesia

Fundus Lochia

Urinary function

Revised thrombosis risk after birth

Low Moderate High

Actions Required:

Mother transferred on / / at :

To

Reason

Labour and birth summary - baby page 1 (If multiple birth please complete multiple birth baby page on reverse)

Mode of delivery on day / / at : Sex

Indication Presentation Location

Livebirth/Stillbirth Gestation Birthweight g OFC cm

APGAR	1min	5mins	10mins
Activity (muscle tone)			
Pulse			
Grimace (reflex, irritability)			
Appearance (skin colour)			
Respiration			
Total scores			
Time to first breath :			

Cord blood taken on / / at :

Indication

Cord pH results No pH taken Vitamin K administered

Venous pH Arterial pH No Yes

Base Excess Base Excess I.M Oral
(sign for administration in baby record)

Skin-to-skin contact offered / / at : Declined

Ended / / at :

Reason discontinued

Comments

First feed offered / / at :

Type of feed

Comments

- Resuscitation** (tick all that apply) Nil Facial oxygen Suction under direct vision
- Mask & IPPV Drugs-specify below Cardiac massage Endo-tracheal tube
- Description of baby at birth/resuscitation details Other-specify below

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Complete details of initial examination on baby record

Resuscitation performed by		
Signed	Print name	Designation/Grade

Baby identification checked & correct by		
Signed	Print name	Designation

Labour and birth summary - baby, multiple birth

Number of infants

	Infant 1
Mode of delivery (if LSCS or assisted vaginal birth, please also complete the appropriate delivery sheets)	
Date of birth	
Time of birth	
Sex	
Indication for mode of delivery	
Presentation	
Live birth/stillbirth	
Gestation	
Antenatal steroids given	
Birthweight (kg)	
OFC (cm)	
APGAR 1 min	
APGAR 5 min	
APGAR 10 min	
Cord PH results Venous/Arterial/Base excess	
Further cord blood taken	
Resuscitation Time to first breath	
Resuscitation performed by	
Baby identification checked and correct by	
Baby transferred to and time	
Signed	

