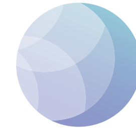

Guide to Clinical Records for Birth Centres

November 2013

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Introduction to the Guide to Clinical Records for Birth Centres

The 2013 clinical forms have been developed by the AOM, in conjunction with the Ontario Birth Centres, for use and piloting by the Birth Centres. The AOM had recognized that the home birth clinical records in use in 2013 were in need of updates and redesign, and a plan was already in place to undertake a revision of those documents. That process is intended for completion in 2014. Since the AOM was unable to undertake a complete review of these documents by the entire profession and its stakeholders in time for the opening of the Birth Centres, we undertook a shortened version of the project by incorporating input from members of the two Birth Centres, HIROC, the AOM's IRMP committee, representatives from the three MEP sites, and other interested practicing midwives. This has resulted in a new set of forms for piloting by the Birth Centres.

Sources for information used in this review include the fields required for BORN, a recent Cochrane review: *Effect of Partogram Use on Outcomes for Women in Spontaneous Labour at Term*, sample clinical records from British Columbia and the Champlain Maternal Newborn Regional Program, the CMO's *Record Keeping Standard for Midwives*, HIROC's *Documentation for Healthcare Organizations and Professionals*, and the AOM's new *Emergency Skills Workshop Manual, revised 2013*. The intention was to create a set of clinical forms that would:

- embody midwifery values;
- facilitate consistent charting by midwives at the Birth Centres;
- contribute to safe care and communication of care planning; and
- protect midwives in the unlikely event of future claims.

The set of clinical forms, now named the *AOM Birth Centre Pilot Record November 2013,* is the result of this preliminary review and redesign. This set comprises fourteen forms, including two versions of *Labour Record: First Stage* as options for the Ottawa Birth and Wellness Centre (OBWC) and the Toronto Birth Centre (TBC).

As the forms are piloted by both Birth Centres in their first year of operation, the AOM will continue to conduct a more complete review of these documents. The complete review will include input from midwifery stakeholders, as well as an opportunity for the

entire profession to provide feedback for the final revisions of these documents for use in all out-of-hospital settings. Upon the complete review of these documents, the AOM intends to provide a list of the data fields needed by those practice groups that are using electronic records.

The guide is organized with general guidelines listed first, followed by specific instructions for each clinical form. It only contains information on the fields within these forms where it was felt that midwives would require explanation beyond their usual understanding of routine charting.

We hope that these documents meet the needs of the midwives working at the Birth Centres and we look forward to your feedback.

General Guidelines

- Dates: Complete dates in the Day/Month/Year format, the day with 2 digits, the month with 3 letters, and the year with 4 digits. For example: September 10th, 2013 would be written as 10/Sep/2013 or 10/SEP/2013. This eliminates any confusion about which numeral is the day and which one is the month.
- Time: The time should be written using the 24-hour clock.
- Signatures versus initials: Midwives will be prompted to insert a signature, initials, or both on every form.
    - » *Signatures* are required on stand-alone records (e.g. Assessment Record) or documents that may be sent to other health care providers or institutions (e.g. Maternal Transfer Record)
    - » *Initials* are required for all assessments and interventions
    - » *Signature Page* requires signatures and initials of everyone who has written in the chart (see also the section specific to the Signature Page)
- GBS: All fields for GBS contained within this set of forms provide the following options:
    - » *Negative*: the woman has swabbed negative
    - » *Positive*: the woman has swabbed positive
    - » *Unknown*: the results of the swab are not yet known and/or testing was not offered
    - » *Declined*: the woman declined to do the swab

1. Assessment Record

The Assessment Record was created as a new document at the request of the Birth Centres. It is not intended for use with every woman entering the Birth Centre in labour. The Birth Centres expect to use this record where it is not feasible to assess the woman at home prior to meeting her at the Birth Centre. This may include situations where the woman has a home environment that is not suitable for an assessment at night, or a history of a precipitous labour and delivery but it is not certain from appearances that she is in active labour. The following are situations, as anticipated by the Birth Centres, in which midwives would complete this form:

- Early labour assessment to determine if the woman is in fact in labour and should be admitted to the Birth Centre
- Assessment of query PROM
- First dose of prophylactic antibiotics for GBS

This form is to be completed when an assessment has not already been done to determine that the woman is eligible to be admitted to the Birth Centre, and should be used if it is unclear whether a woman presenting at the Birth Centre should be admitted.

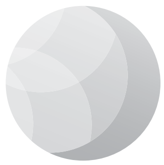
The Assessment Record was not created for assessments of hypertension, preeclampsia, or decreased fetal movement as it was anticipated that midwives would assess women with these clinical indications in hospital.

Specific Guidelines

- Normal Fetal Movement: We have not included a field for normal fetal movement as it was anticipated that a woman reporting decreased fetal movement would be met in the hospital for assessment. It is expected that midwives will chart the routine assessment of normal fetal movement in the Narrative Notes section of this record.
- History:
  - » GBS: See the section, General Guidelines, for information on charting GBS. The field entitled “last swab” is intended to be filled in with the date of the last swab or the gestational age of the woman at the time of the last swab.
  - » Additional relevant history: This section is intended to include ultrasounds and lab results of note, medical history, and any other assessments or findings unique to this woman.
- Assessment: The options for completing the assessment chart are contained either in the Fetal Assessment Legend at the bottom of the page, or after the header for

that particular row, e.g. the mode of assessing the fetal heart rate can be classified as either IA or EFM.

- EFM: The Birth Centres anticipate having EFM in their assessment rooms, but not in their labour rooms. This form allows for the documentation of an assessment of fetal well-being via EFM, but the *Labour Record*s do not.
- Vital Signs: We have provided two lines for charting vital signs. If a woman requires further monitoring, vitals should be charted in the Narrative Notes section of this record.



TORONTO BIRTH CENTRE

Client's name: ______________________
DOB: DD/MMM/YYYY ______ Client #: __________
Health card #: ______________ Version code: ____
MPG #: ______________________

Assessment Record (Page 1)

Date: DD/MMM/YYYY	Client's arrival time: _______h	☐ Screened for signs and symptoms of infectious disease

Reason for assessment: ______________________

HISTORY

G _____ T _____ P _____ A _____ L _____ EDB DD/MMM/YYYY _______ GA _______

Allergies: ☐ NKA ☐ Yes, specify/reactions: ______________________

Blood Group: ____ Rh: ____ Rubella: I / non-I Hep B: - / + HIV: - / + / unknown

GBS: - / + / unknown / declined Last swab: ______________

Additional relevant history: ______________________

Intrapartum antibiotic prophylaxis strategy:
- ☐ based on GBS positive status
- ☐ based on GBS positive status and risk factors
- ☐ based on risk factors only

ASSESSMENT

Position by Palpation: ______________________

FHR	Time				
	Mode (IA, EFM)				
	FHR (bpm)				
	Rhythm/variability				
	Accelerations				
	Decelerations				
	Classification				
CONTRACTIONS	Mode (**P**alp, **T**oco)				
	Frequency (q __ min)				
	Duration (sec)				
	Intensity **(Mild, Mod, St)**				
	Resting tone (**S**oft, **F**irm)				
Initials					

AMNIOTIC FLUID TESTS

Time: _______h

Sterile speculum: ☐ Yes ☐ No
Fluid visualized: ☐ Yes ☐ No
Ferning: ☐ Neg ☐ Pos
Nitrazine: ☐ Neg ☐ Pos ☐ Equivocal

Membranes: ☐ Intact ☐ Ruptured, since:
Date/time: ______________
Meconium: ☐ Yes ☐ No

VAGINAL EXAM

Time		
Cx dilation (cm)		
Cx effacement (%)		
Cx position (Ant, Mid, Post)		
Cx consistency (Soft, Med, Firm)		
Station		
Presenting part		
Initials		

VITAL SIGNS

Time:	BP:	P:	T:
Time:	BP:	P:	T:

URINE

Time:	Protein:	Ketones:	Other:

FETAL ASSESSMENT LEGEND

Rhythm (for IA)
R = Regular
I = Irregular

Variability (for EFM)
Ø = Absent (undetectable)
Min = Minimal (≤ 5 bpm)
Mod = Moderate (6-25 bpm)
Mar = Marked (> 25 bpm)

Accelerations
√ = Present/spontaneous
Ø = Absent/not heard
SS = Present/scalp stimulation

Decelerations
√ = Present
Ø = Absent/not heard
E = Early
V = Variable *

Decelerations (cont'd)
L = Late *
P = Prolonged *
* Charting includes:
↓ ___bpm x _____ sec

Classification
N = Normal
ATYP = Atypical
ABN = Abnormal

TORONTO BIRTH CENTRE

Client's name: ______________________
DOB: DD/MMM/YYYY ________ Client #: __________
Health card #: ______________ Version code: ____
MPG #: ______________________

Assessment Record (Page 2)

Date DD/MMM/YYYY

Time	Narrative notes (including informed choice discussions and assessments not captured on page 1, e.g. fetal movement)	Initials

CARE PLAN

☐ Admitted to birth centre
☐ Discharged ______________________
☐ Transferred to ______________________
Date DD/MMM/YYYY ________ Time __________h

TEACHING/FOLLOW-UP

☐ When to page midwife
☐ Other ______________________
Plan for follow-up: ______________________

Student name: ______________ Signature: ______________ Initials: ______
Midwife name: ______________ Signature: ______________ Initials: ______

2. Labour Record: First Stage

We have created two *Labour Record: First Stage* records at the request of the two Birth Centres. Each Centre has chosen the *Labour Record: First Stage* that it will use. Both versions of this form are similar in the data that they collect, but vary in the layout of the record. This form is intended to offer midwives a simple way in which to record all the activities, assessments and interventions of the first stage of labour.

The record is intended to be completed when the woman is in active labour and has been admitted to the Birth Centre. It should be used regardless of the location where it was determined that the woman is in active labour (at home or at the Birth Centre).

Specific Guidelines

- Pregnancy Summary:
    - Screened for signs and symptoms of infectious disease: Each Birth Centre will have its own practice about what this means. This should be included in the orientation of midwives to the Birth Centre.
    - Hb____@___wks: This section should list the woman's latest hemoglobin result.
    - GBS: See General Guidelines, above.
- Student and Midwife Name and Signature: This is to be completed and signed by the midwife and student initially completing the Pregnancy Summary section.
- Vaginal Examinations: The two Labour Records differ in how vaginal examinations are documented. It is expected that midwives will chart in the Narrative Notes section with every vaginal exam, outlining any details not included in the chart.
    - Routine abdominal assessment of fetal position: A special field for this assessment has not been included. The information gained from such an assessment should be included in the Narrative Notes section.
- Vitals and Medications: Since these assessments and interventions are not done frequently they have been included on page one to allow sufficient room for narrative notes on subsequent pages.
- Second Page: The second page of the *Labour Record: First Stage* may be printed double sided onto a second sheet for labours requiring more than one page. Fill in the page numbers for every additional page.

TORONTO BIRTH CENTRE

Labour Record:First Stage (Page 1)

Client name: ______________________
DOB: DD/MMM/YYYY ________ Client #: __________
Health card #: ______________ Version code: ____
MPG #: ______________________

PREGNANCY SUMMARY

EDB: DD/MMM/YYYY | G __ T __ P __ A __ L __ GA ____

Allergies: ☐ NKA ☐ Yes, specify/reactions: ______________________

☐ Screened for signs + symptoms of infectious disease
Blood type: ___ Rh: ___ Hb: ____@____ wks Hep B: - / +
Rubella: I / non-I HIV: - / + GBS: - / + / unknown / declined
☐ GBS bacteriuria ☐ Sibling with EOGBSD ☐ Planning to treat

Medications in pregnancy: ______________________

Additional relevant history: ______________________

Onset of labour and initial assessment: ______________________

	Date	Time
Active labour began:		
Active labour confirmed by in-person assessment:		
Admitted to birthing room:		

Support person(s): ______________________

Midwife(ves) + Student(s) attending: ______________________

Student name: ______________ Signature: ______________
Midwife name: ______________ Signature: ______________

Date: DD/MMM/YYYY

VAGINAL EXAMINATIONS

Time						
Indication						
Dilation						
Station						
Effacement						
Cx position						
Fetal pos'n						
Mem/liquor						
Show						
Initials						

VITALS

Time						
BP						
Pulse						
Temp						
Initials						

MEDICATIONS

Time						
Drug						
Indication						
Dose						
Route						
Initials						

LEGEND

Effacement %

Cervix Position
A = Anterior
M = Mid
P = Posterior

Fetal position:
L = Left
R = Right

0 = Occiput
S = Sacrum
M = Mentum
Sc = Scapula

A = Anterior
T = Transverse (lateral)
P = Posterior

Membranes:
I = Intact
SROM = Spontaneous rupture of membranes
ARM = Artificial rupture of membranes
R = Ruptured

Liquor:
Quantity:
Ø = Absent
Sc = Scant
Mod = Moderate
L = Large

Colour:
CL = Clear
BT = Blood tinged
B = Bloody
Mec = Meconium

Show:
Sc = Scant
Mod = Moderate
L = Large

TORONTO BIRTH CENTRE

Labour Record: First Stage (Page __ of __)

Client name: ______________________
DOB: DD/MMM/YYYY Client #: __________
Health card #: ____________ Version code: ____
MPG #: ______________________

Date: DD/MMM/YYYY

Time	FETAL ASSESSMENT e.g. FHR/Rhythm/Accel./Decel.	MATERNAL ASSESSMENT e.g. Activity/Ctxns/Intake/Output	NARRATIVE NOTES e.g. Progress notes/Coping/Plan	Initials

LEGEND

Fetal Auscultation

Rhythm
R = Regular
I = Irregular

Accelerations
√ = Present/spontaneous
↑ _____ bpm
Ø = Absent/not heard
SS = Present/scalp stimulation

Decelerations
√ = Present
↓ _____ bpm X ___sec
Ø = Absent/not heard

Contractions

Intensity
Mild = Mild
Mod = Moderate
S = Strong

Resting tone
S = Soft
F = Firm

Ottawa Birth and Wellness Centre
Centre de naissance et de bien-être d'Ottawa

Labour Record: First Stage (Page 1)

Client name: ____________________
DOB: DD/MMM/YYYY ________ Client #: ________
Health card #: ____________ Version code: ____
MPG #: ____________________

Support person(s): ____________________
____

☐ Screened for signs and symptoms of infectious disease

PREGNANCY SUMMARY

EDB: DD/MMM/YYYY G ____ T ____ P ____ A ____ L ____ GA ______

Allergies: ☐ NKA ☐ Yes, specify/reactions:
____

Blood group: ___ Rh: ____ Hb: ____@ ____wks
Rubella: I / non-I Hep B: - / + HIV: - / + / unknown
GBS: - / + / unknown / declined

Intrapartum antibiotic prophylaxis strategy:
☐ based on GBS positive status
☐ based on GBS positive status and risk factors
☐ based on risk factors

Current medications:
____

Additional relevant history: ____________________
____

	Date	Time
Active labour began:		
Active labour confirmed by in-person assessment:		
Admitted to birthing room:		

Onset of labour and initial assessment: ____________________
____
____
____
____

Student name: ____________ Signature: ____________
Midwife name: ____________ Signature: ____________

Date: DD/MMM/YYYY

Cervical dilation in cm O / Station X

Hour	0	1	2	3	4	5	6	7	8	9	10	11	12	Station
Time														
10														
9														
8														-3
7														-2
6														-1
5														0
4														+1
3														+2
2														+3
1														
Effacement (%)														
Cx position														
Fetal position														
Membranes/fluid														
Show														
Initials														

VITALS

Time						
BP						
Pulse						
Temp						
Initials						

MEDICATIONS

Time						
Drug						
Dose						
Route						
Initials						

LEGEND

Effacement %

Position of cervix
A = Anterior
M = Mid
P = Posterior

Fetal position:
L = Left
R = Right

O = Occiput
S = Sacrum
M = Mentum
Sc = Scapula

A = Anterior
T = Transverse (lateral)
P = Posterior

Membranes:
I = Intact
SROM = Spontaneous rupture of membranes
ARM = Artificial rupture of membranes
R = Ruptured

Amniotic fluid:
Quantity:
Ø = Absent
Sc = Scant
Mod = Moderate
L = Large

Colour:
CL = Clear
BT = Blood tinged
B = Bloody
Mec = Meconium

Show:
Sc = Scant
Mod = Moderate
L = Large

Ottawa Birth and Wellness Centre
Centre de naissance et de bien-être d'Ottawa

Labour Record: First Stage (Page __ of __)

Client name: ______________________
DOB: DD/MMM/YYYY Client #: __________
Health card #: ______________ Version code: ____
MPG #: ______________________

Date: DD/MMM/YYYY

FETAL ASSESSMENT					CONTRACTIONS							
Time	FHR (bpm)	Rhythm	Accelerations	Decelerations	Frequency (q ___ min)	Duration (sec)	Intensity	Resting tone	Intake	Output	Narrative notes (e.g. progress notes, position, activity, coping, plan)	Initials

LEGEND

Fetal Auscultation:

Rhythm
R = Regular
I = Irregular

Accelerations
√ = Present/spontaneous
SS = Present/scalp stimulation
Ø = Absent/not heard

Decelerations
√ = Present
Ø = Absent/not heard

Contractions:

Intensity
Mild = Mild
Mod = Moderate
St = Strong

Resting Tone
S = Soft
F = Firm

3. Narrative Notes

The *Narrative Notes* form is included as space for more detailed notes. Notes on this record would include such information as informed choice discussions, recommendations by the midwife and decisions by the client, care plans and changes in care plans, treatments or interventions, and responses to those treatments or interventions.

TORONTO BIRTH CENTRE

Client name: ______________________

DOB: DD/MMM/YYYY Client #: __________

Health card #: ______________ Version code: ____

MPG #: ______________________

Narrative Notes

(including notes not on other records or requiring further details, such as informed choice discussions and/or recommendations and decisions, changes in care plan, treatments/interventions, responses to treatments, etc.)

Date: DD/MMM/YYYY Page ______ of _______

Time	Notes	Initials

4. Labour Record Second Stage

Labour Record Second Stage is provided as a more detailed record once assessments become more frequent in second stage. The Second Stage section is more detailed than the current *Second Stage Notes* for home births, available on the AOM website.

Specific Guidelines

- Rhythm: Document whether the rhythm was regular (R) or irregular (I).
- Accelerations: Indicate whether accelerations were present, absent, or present with scalp stimulation. The OBWC set of forms includes a legend on the *Labour Record: First Stage*.
- Decelerations: Chart whether decelerations were present or absent. If decelerations are present, details about the depth and length of the deceleration should be included in the Notes column.
- Notes: Include the contraction frequency and duration in this section. Episiotomy may be recorded in this section as well.

TORONTO BIRTH CENTRE

Client name: ______
DOB: DD/MMM/YYYY ______ Client #: ______
Health card #: ______ Version code: ____
MPG #: ______

Labour Record Second Stage Page ___ of ___

	Date and time
Full dilation	
Active pushing started	
Second midwife notified at _______h Arrived _______h	

Plan for third stage management: ______________

Date: DD/MMM/YYYY

Time	FHR (bpm)	Rhythm (R,I)	Accelerations (✓,Ø,SS)	Decelerations (✓,Ø)	Notes (e.g. contraction pattern, maternal position, progress, description of decelerations if present, plan)	Initials

TORONTO BIRTH CENTRE

Client name: ______________________
DOB: DD/MMM/YYYY Client #: __________
Health card #: __________ Version code: ____
MPG #: ______________________

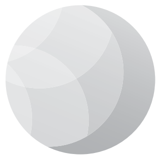
Labour Record Second Stage Page ___ of ___

Date: DD/MMM/YYYY

Time	FHR (bpm)	Rhythm (R,I)	Accelerations (✓,Ø,SS)	Decelerations (✓,Ø)	Notes (e.g. contraction pattern, maternal position, progress, description of decelerations if present, plan)	Initials

5. Third Stage and Perineal Repair

- Management of Third Stage: There is limited research on the individual components of active management as they are practiced by Ontario midwives. Detailing each component that was used at a birth will contribute to our understanding of the effectiveness of individual interventions used in active management.
    - Uterine massage: Some definitions of active management include uterine massage after delivery of the placenta (ICM/FIGO; WHO). When used as a component of third stage management, uterine massage would be charted here.
    - Oxytocin/uterotonics: Chart whether the uterotonic was administered prophylactically, as chosen by the woman, or as treatment, due to hemorrhage or heavier bleeding.
- Space to chart a PPH has not been included on the *Third Stage and Perineal Repair* form. We have expanded the *Postpartum Record* to allow for this charting.
- Perineum, Vagina and Vulva:
    - Repair: Suturing should be charted here, but details may need to be charted on the *Postpartum Record*.



TORONTO BIRTH CENTRE

Client name: ______________________
DOB: DD/MMM/YYYY Client #: __________
Health card #: ______________ Version code: ____
MPG #: ______________________

Third Stage and Perineal Repair

MANAGEMENT OF THIRD STAGE

Check all that apply:

- ☐ Cord clamped:
  - ☐ ≥ 3 min ☐ < 3 min ☐ N/A
- ☐ Maternal effort
- ☐ Controlled cord traction
- ☐ Uterine massage
- ☐ Oxytocin/uterotonics:
  - ☐ Administered prophylactically
  - ☐ Administered as treatment

Date and time of placenta delivery: ___________

PLACENTA

Complete: ☐ Yes ☐ No ______________________

Notes (e.g. cord insertion, # of vessels, presence of knots; sent to pathology for testing, given to parents, disposed of):

____

____

______________________ Initials: ___________

POSTPARTUM NEWBORN/MATERNAL BLOOD COLLECTION

Cord blood:	Cord gases:	Maternal blood sample:	Samples will be submitted to lab:
☐ Not collected	☐ Not collected	☐ Not collected	☐ Not applicable
☐ Collected	☐ Arterial	☐ Collected	☐ Name of lab ________
☐ ABO type and factor	☐ Venous		________
☐ Other ________	☐ Section of cord		________
Initials: ________	Initials: ________	Initials: ________	Initials: ________

PERINEUM, VAGINA AND VULVA

☐ Intact

☐ Laceration: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th degree ☐ Vaginal ☐ Perineal ☐ Labial

☐ Episiotomy: ☐ Midline ☐ Mediolateral: ☐ Left ☐ Right Repaired: ☐ Yes ☐ No

☐ Other trauma: ______________________

REPAIR

Date: DD/MMM/YYYY Time: ____________ Initials: ________

Materials used: ______________________

Time	Medication	Dose	Route	Site	Initials

TOTAL ESTIMATED BLOOD LOSS _______mL

Student name: ______________________ Signature: ______________________

Midwife name: ______________________ Signature: ______________________

6. Postpartum Record

The *Postpartum Record* has been expanded from the current *Immediate Postpartum and Birth Summary* for home births, available on the AOM website.

Specific Guidelines

- Specific details about a postpartum hemorrhage may be included on the *Postpartum Record*.
- BP, P [T,R]: Vitals may be assessed at different interval frequencies. Blood pressure and pulse are usually assessed and recorded more frequently than are temperature and respiratory rate, therefore T and R are listed as a prompt in square brackets.
- Notes: Specific details about suturing may be charted here. A summary of the repair should be charted on *Third Stage and Perineal Repair*.
- Handout given: This checkbox is provided to prompt the charting of any print-based postpartum information handed out to clients. Chart the date or the version of the handouts. (The Birth Centre should keep an archive of any handouts or packages made available to clients.)

TORONTO BIRTH CENTRE

Client name: ______________________
DOB: DD/MMM/YYYY ________ Client #: ________
Health card #: ____________ Version code: ____
MPG #: ______________________

Postpartum Record

Date DD/MMM/YYYY

Time	BP, P [T, R]	Lochia	Uterus	Void	Notes (Assessments, interventions, responses to interventions)	Initials

POSTPARTUM MEDICATIONS AND IVs

Time	Medication, IV fluid	Dose	Route	Site	Initials

Client-specific departure instructions: ______________________

____

____

____

____

DEPARTURE	Name	Time
Primary midwife		
Secondary midwife		
Student midwife		
Student midwife		

Client discharged home:

Date: DD/MMM/YYYY ________ Time: ________h

☐ Handout given. Title and date/version of handout: ______________________

____

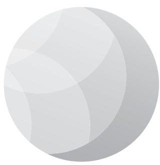
____

7. Labour and Birth Summary: Maternal

This form has been redesigned from the current *Immediate Postpartum and Birth Summary* form. The Birth Centres may choose to copy this form on the reverse side of the *Postpartum Record*. This record has been designed such that it could be photocopied and sent to the woman's family physician as a summary, or could be copied for a future pregnancy record as a summary of the last labour.

Specific Guidelines

- Birth Summary:
  - Medications administered: This includes medications administered in labour and postpartum.
  - Summary notes: This section includes the maternal position at the time of delivery, water birth, shoulder dystocia, etc.
- Present at labour and/or birth: This is a list of printed names (not signatures), as a record of all who were present at the birth.



Client name: ____________________
DOB: DD/MMM/YYYY ________ Client #: __________
Health card #: ______________ Version code: ____
MPG #: ____________________

Labour and Birth Summary: Maternal

Partner's name: ____________________

BIRTH SUMMARY

Date of birth: DD/MMM/YYYY ____________ Time of birth: ____________h

☐ Live birth ☐ Stillbirth Sex: ☐ Male ☐ Female ☐ Intersex Weight (grams) ________ GA ________

Presentation at birth: ☐ Vertex ☐ Other Comments: ____________________

Planned: ☐ Home ☐ Hospital ☐ Birth centre ☐ Other: ____________

Actual: ☐ Home ☐ Hospital ☐ Birth centre ☐ Other: ____________

Blood group: ____ Rh: ____ Rubella: I / non-I Hep B: - / + HIV: - / + / unknown

Amniotic fluid at birth: ☐ Clear ☐ Meconium-stained GBS status: - / + / unknown / declined

Medications administered: ____________________

Summary notes: ____________________

POSTPARTUM SUMMARY

Summary of immediate postpartum: ____________________

Summary of lacertion or episiotomy and repair: ____________________

LENGTH OF LABOUR SUMMARY

LENGTH OF LABOUR SUMMARY	Date	Onset	Duration	
Latent 1st stage	DD/MMM/YYYY			
Active 1st stage				Total active labour
Latent 2nd stage				
Active 2nd stage				
3rd stage				
Length of ruptured membranes				

Present at labour and/or birth (print names)**:**

Primary midwife: ____________________
Other midwife(ves), include role: ____________________
Student midwife(ves): ____________________
Birth centre aide(s): ____________________
Others present: ____________________

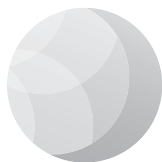
Student name: ____________________ Signature: ____________
Midwife name: ____________________ Signature: ____________

8. Immediate Newborn Care and Summary

This record separates the newborn physical exam from the immediate care and transition summary.

Specific Guidelines

- Other Assessments: We have not included specific columns for colour and temperature since these assessments would not necessarily occur every time the newborn is assessed. This means fewer boxes to cross out because they are not needed. Colour and temperature assessments should be charted under Other Assessments.
- Medications: It is expected that midwives will have documented any prenatal discussions and decisions surrounding newborn medications, and that the level of documentation will reflect the level of risk associated with the choice the parents make. Any repeat informed choice discussions surrounding such a choice, and which take place in the immediate postpartum, should be documented on a Narrative Note.



TORONTO BIRTH CENTRE

Baby's name: ________________ Mother: _______________
DOB: DD/MMM/YYYY Client #: _______________
Health card #: ______________________ Version code: ____
MPG #: ____

Immediate Newborn Care and Summary

Time of birth: ______________h Sex: ☐ Male ☐ Female ☐ Intersex GA _________ Weight: ________grams
Maternal status: Blood group: ____ Rh: ___ Hep B: - / + HIV: - / + / unknown GBS: - / + / unknown / declined
Risk factors/concerns: ____
____

Date: DD/MMM/YYYY

Time	HR	RR	Other Assessments (e.g. temp, colour, breastfeeding)	Actions/Notes (e.g. stimulation, warming, assistance with breastfeeding, suctioning)	Initials

APGAR SCORES		1 Min	5 Min	10 Min
Heart rate	Absent 0 <100 1 >100 2			
Respiratory effort	Absent 0 Weak cry 1 Strong cry 2			
Reflex stimuli	No response 0 Grimace 1 Active withdrawal 2			
Muscle tone	Limp 0 Some flexion 1 Well flexed 2			
Colour	Pale/blue 0 Acrocyanosis 1 All pink 2			
	Total			
	Initials			

Time of breastfeeding initiation: __________________ h

NEWBORN TRANSITION SUMMARY

Resuscitation: ☐ Yes ☐ No
If yes, see ***Neonatal Resuscitation Record*** for details

MEDICATIONS*	Time	Route/Site	Initials
Erythromycin eye prophylaxis			
Vitamin K Dose: _____			
Other medication:			

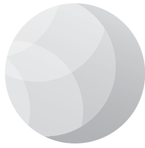
*If declined or refused, document informed choice discussion on Narrative Notes

9. Newborn Physical Exam

This form remains very similar to the home birth version available on the AOM website. The anatomy has been grouped, and Right and Left have been included, where applicable, for clarity of charting.

Specific Guidelines

- Midwives should continue to note specifics of the newborn exam, such as an "intact palate", in the Additional Notes column.


TORONTO BIRTH CENTRE

Baby's name: ________________ Mother: ______________
DOB: DD/MMM/YYYY ____________ Client #: ______________
Health card #: ______________________ Version code: ____
MPG #: ____

Newborn Physical Exam

Date and time of birth: ________________________ Date and time of exam: ____________________________

HC: ______ cm Length: _____ cm Weight: _______________ grams __________lbs ______oz

Sex: ☐ Male ☐ Female ☐ Intersex HR:______ RR: ______ T:

	Checkmark ✓ if normal	**Additional notes** (describe unusual findings)
Appearance		
Skin		
Head and neck		
Eyes	☐ R ☐ L	
Red reflexes	☐ R ☐ L	
Mouth & palate		
Ears	☐ R ☐ L	
Heart sounds		
Pulses		
Lungs	☐ R ☐ L	
Abdomen		
Umbilicus		
Genitourinary		
Descended testicles	☐ R ☐ L	
Anus		
Musculoskeletal		
Hips	☐ R ☐ L	
Spine		
Clavicles	☐ R ☐ L	
Arms and hands	☐ R ☐ L	
Legs and feet	☐ R ☐ L	
Neurological		
Tone		
Reflexes present	☐ Rooting ☐ Sucking ☐ Moro ☐ Plantar ☐ Babinski ☐ Grasp	

Passed meconium prior to discharge: ☐ Yes ☐ No

Voided prior to discharge: ☐ Yes ☐ No

Issues for follow-up/comments: ____

____

____

____

____

Examined by: ☐ Student ☐ Midwife

Student name: ______________________________ Signature: ______________________________

Midwife name: ______________________________ Signature: ______________________________

10. Signature Page

The *Signature Page* is required for every chart, one for the woman's chart and one for the infant's chart. This record helps to identify every health care provider involved in each client's care.

Specific Guidelines

- Anyone with their name or initials in the chart must sign the Signature Record.
- If an *Assessment Record* is completed for a woman who is deemed not to be in active labour and will therefore be sent home, the Birth Centre should consider instructing midwives to start the *Signature Page* in order that it may be kept and completed when the woman returns to the Birth Centre in active labour.

TORONTO BIRTH CENTRE

Client name: ____________________
DOB: DD/MMM/YYYY ____________ Client #: ____________
Health card #: ____________ Version code: ____
MPG #: ____________________

Signature Page

Name	Signature	Initials	Designation (RM, student, birth centre aide)	CMO registration #

Note: This signature sheet should be included as a part of every record to ensure that the registration number, name, signature and initials of all students, midwives and support workers involved in care are consistently documented.

11. Neonatal Resuscitation Record

The *Neonatal Resuscitation Record* has been redesigned to offer a simplified document making it easier to recognize the newborn's condition in an emergency.

Specific Guidelines

- The Birth Centre may want to consider printing this form double sided so as to ensure that both pages are always available in case of emergency. A *Narrative Notes* form may also be useful to have on the baby's chart, for ease of charting in the case of an emergency.
- The Birth Centre may want to instruct midwives to familiarize themselves with this document at every labour and birth, in order that they are comfortable using it when an actual emergency arises.
- There may be situations where the *Neonatal Resuscitation Record* is not used since only free flow oxygen and suction are used to help the baby adapt to extrauterine life. If the *Neonatal Resuscitation Record* is not used, charting may be completed on the *Immediate Newborn Care and Summary.*
- Resuscitation: Interventions should be documented with with check marks (e.g. "stimulation" to "chest compressions"), numbers ("O2 sat %", "heart rate", "respiratory rate") or brief descriptors ("colour" to "indrawing").
  - Time: This record is meant to be completed every minute. The time should be documented in the top row. The Birth Centres asked that this not be the minutes of life but the actual time of the interventions and assessments. For example, if a baby is born at 03:30h, the first minute of life would not be charted as 1 but as 03:30.
  - O_2 Saturation levels, heart rate, and respiratory rate: Vitals should be documented as they are assessed, every minute.
  - Colour, muscle tone, reflex stimuli, indrawing: These assessments should be documented in the chart with brief descriptors such as "blue", "limp", "low", or "severe", with further details outlined in the Narrative Notes.

TORONTO BIRTH CENTRE

Baby's name: ______________ Mother: ______________
DOB: DD/MMM/YYYY ______________ Client #: ______________
Health card #: ______________ Version code: ____
MPG #: ______________

Neonatal Resuscitation Record (Page 1)

Time of birth: __________ h

HISTORY

GA __________ Amniotic fluid at birth: ☐ Clear ☐ Meconium-stained

Labour history: ______________________________

RESUSCITATION

Time												
Stimulation												
Suction												
Free flow O_2												
CPAP												
PPV with air												
PPV with O_2												
Chest compressions												
O_2 sat %												
Heart rate												
Respiratory rate												
Colour												
Muscle tone												
Reflex stimuli												
Indrawing/nasal flaring/grunting												
Initials												

Orogastric: 8F feeding tube Depth ________ @ ________h by: ______________

LMA: Size ________@ __________h by: ______________

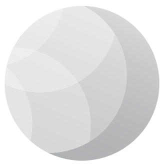
ETT: Size _________ tip to lip __________ @ __________h by: ______________

AMBULANCE AND HOSPITAL INFORMATION

	Time	
		Name of hospital: ______________
Called ambulance		
Ambulance arrived		Paramedic's name: ______________
Ambulance departed		
Called hospital		Paramedic's name: ______________

Midwives performing resuscitation: ______________

Documentation by: ______________



TORONTO
BIRTH
CENTRE

Baby's name: ______________ Mother: ______________
DOB: DD/MMM/YYYY ______________ Client #: ______________
Health card #: ______________ Version code: ____
MPG #: ______________

Neonatal Resuscitation Record (Page 2)

RESUSCITATION												
Time												
Stimulation												
Suction												
Free flow O_2												
CPAP												
PPV with air												
PPV with O_2												
Chest compressions												
O_2 sat %												
Heart rate												
Respiratory rate												
Colour												
Muscle tone												
Reflex stimuli												
Indrawing/nasal flaring/grunting												
Initials												

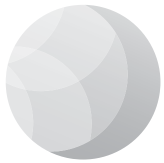
APGAR		1 Min	5 Min	10 Min	15 Min	20 Min	25 Min	30 Min
Heart rate	Absent 0 <100 1 >100 2							
Respiratory effort	Absent 0 Weak cry 1 Strong cry 2							
Reflex stimuli	No response 0 Grimace 1 Active withdrawal 2							
Muscle tone	Limp 0 Some flexion 1 Well flexed 2							
Colour	Pale/blue 0 Acrocyanosis 1 All pink 2							
Total								
Initials								

12. Newborn Transfer Record

This record is meant to be a summary for the receiving hospital physician. Copies of other relevant records should accompany this record.

Specific Guidelines

- Labour and Birth:
  - » Placenta transferred to hospital: If the placenta is not transported to the receiving hospital with the newborn, it should be noted where the placenta is located.
- Care During Transport:
  - » Care during transport charted by EMS personnel: This box is an option if the charting is not done en route by the midwife, but by EMS personnel. It is also meant to prompt the midwife to obtain a copy of the EMS documentation.



TORONTO BIRTH CENTRE

Baby's name: ______________ Mother: ______________
DOB: DD/MMM/YYYY ______________ Client #: ______________
Health Card #: ______________ Version Code: ____
MPG #: ______________

Newborn Transfer Record

Date of transfer: DD/MMM/YYYY ______________
Transfer to: ______________
Attending midwife: ______________
Name of accepting MD: ______________

Time EMS called: ________ h By whom: ______________
Time EMS arrived: ______________ h

Emergency Contact: ______________
Relationship: ______________
Telephone #: (_____) ______________

Departure time from birth centre: ______________ h
Arrival time at receiving hospital: ______________ h

REASON FOR TRANSFER ______________________________

MATERNAL HISTORY

G ___ T ___ P ___ A ___ L ___ EDB DD/MMM/YYYY ______ GA ________
Blood group: ___ Rh: ___ Hep B: - / + Rubella: I / non-I HIV: - / + / unknown GBS status: - / + / unknown / declined
Relevant medical/obstetrical history (include U/S of note): ______________________________

Medications during pregnancy: ______________________________

LABOUR AND BIRTH Length of labour: ______________h

Membranes: Length of Rupture: _________ h Amniotic fluid at birth: ☐ Clear ☐ Meconium-stained
GBS prophylaxis medication: ______________ # of doses: ___ Last dose: ______________ h
Time of birth: ________ h Placenta transferred to hospital: ☐ Yes ☐ No Details: ______________
Interventions prior to transport (including medications): ______________________________
Relevant labour history: ______________________________

VITALS PRIOR TO TRANSPORT Time: ______________ h HR: __________ RR: ___________ O_2 Sat %: _________

CARE DURING TRANSPORT

Time	HR	RR	O_2 Sat %	Colour	Muscle Tone	Reflex Stimuli	Resp. Effort	Temp	Medications (Dose/Route)	Notes	Initials
UPON ARRIVAL AT HOSPITAL											

☐ Care during transport charted by EMS personnel

Time of transfer of care to physician: ___________ h

Student Name: ______________________________ Signature: ______________
Midwife Name: ______________________________ Signature: ______________

Original: Birth Centre Copy: Receiving hospital

Adapted from the Provincial Council for Maternal and Child Health

13. Maternal Urgent Transfer Record

This record is meant to be a summary for the receiving hospital physician. Copies of other relevant records should accompany this record.

Specific Guidelines

- Some of the fields contained in this form may not be applicable since it will depend on when (during the labour or early postpartum), and for what reason the woman is being transported. "N/A" should be entered into those fields that do not apply.
- Care During Transport:
  - » Care during transport charted by EMS personnel: This box is an option if the charting is not done en route by the midwife, but by EMS personnel. It is also meant to prompt the midwife to obtain a copy of the EMS documentation.

Ottawa Birth and Wellness Centre
Centre de naissance et de bien-être d'Ottawa

Client name: ______________________
DOB: DD/MMM/YYYY ________ Client #: ________
Health card #: ______________ Version code: ____
MPG #: ______________________

Maternal Urgent Transfer Record

☐ Antepartum ☐ Intrapartum ☐ Postpartum
Date of transfer: DD/MMM/YYYY ______________
Transfer to: ______________________
Attending midwife: ______________________
Name of accepting MD: ______________________

Emergency contact: ______________________
Relationship: ______________________
Telephone #: (_____) ______________
Time EMS called: ________ h By whom: ______________
Time EMS arrived: ________________ h
Departure time from birth centre: ________________ h
Arrival time at receiving hospital: ________________ h

REASON FOR TRANSFER
☐ Maternal, specify: ______________________
☐ Fetal, specify: ______________________

ALLERGIES
☐ NKA ☐ Yes, specify/reactions: ______________________

MATERNAL HISTORY
G ___T ___ P ___A ___ L ___ EDB DD/MMM/YYYY GA _____ Blood group: _____ Rh: ___
Rubella: I / non-I Hep B: - / + HIV: - / + / unknown Hemoglobin: _______ GBS status: - / + / unknown / declined
Current medications: ______________________
History of LSCS or other uterine surgery: ______________________
Relevant medical/obstetrical history: ______________________

LABOUR AND BIRTH
Onset of labour date: DD/MMM/YYYY Time: ______________ h
Membranes: ☐ Intact ☐ Ruptured Length of rupture: ______________ h Meconium: ☐ Present ☐ Absent
Most recent internal exam: Time: _________ h Dilation: ___ cm Station: ____ Effacement: ______ Position: _____
Summary of fetal heart status: ______________________
Birth date: DD/MMM/YYYY Time: ________________h
Placenta: ☐ In situ ☐ Delivered: Time: ________ h ☐ Transferred to hospital
Interventions: ______________________
Maternal condition at departure: Time: ________h BP: ______ P: _______ Other: ______________

MEDICATIONS PRIOR TO TRANSPORT
Medications during labour: ______________________
GBS antibiotics: ______________________ # of doses: ______________
Oxytocics: ______________________ # of doses: ______________
Other: ______________________

CARE DURING TRANSPORT
IV fluid: ________________ Rate: ________mL/hr Volume remaining on arrival: _______ mL

Time	FHR	Pulse	BP	Contractions			Medications (Dose/route)	Notes (include blood loss)	Initials
				Frequency (q ___min)	Duration (sec)	Intensity (Mild, Mod, St)			
UPON ARRIVAL AT HOSPITAL									

☐ Care during transport charted by EMS personnel

Student name: ______________________ Signature: ______________
Midwife name: ______________________ Signature: ______________

Original: Birth Centre Copy: Receiving hospital *Adapted from the Provincial Council for Maternal and Child Health*