NHS No. | | | |

Maternity Unit | |

# Birth Notes

NB These notes should only be started when the mother is in established labour or is being induced

NHS

First name | Surname

Address

Postcode | ☎

Date of birth D D M M Y Y | Unit No.

Intended place of birth

## Lead Professionals

| Midwife | Consultant |
|---|---|

## Lead Carers in Labour

| From Date/Time | To Date/Time | Name | Post | Reason for change |
|---|---|---|---|---|
| | | | | |
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SAMPLE

## Signatures

Anyone writing in these notes should record their name and signature here.

| Name (print clearly) | Post | Signature | Name (print clearly) | Post | Signature |
|---|---|---|---|---|---|
| | | | | | |
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## Next of Kin

Details as in Pregnancy Notes ☐

If details changed:

Name

☎ | Relation

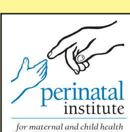
## Emergency Contact

Details as in Pregnancy Notes ☐

If details changed:

Name

☎ | Relation




Birth Notes © - Version 21.4 Product code IPERI-11
Date of printing ?????
Web: www.perinatal.org.uk E-mail: notes@perinatal.org.uk Tel: 0121 607 0101

## Initial Assessment (to assist with a risk assessment at the onset of labour)

| Personal & Family History | Past Medical History - including any mental health issues | Past Obstetric History - including previous baby with GBS |
|---|---|---|
| | | |

## Current Pregnancy

EDD D D M M Y Y

Gestation at booking (wks) W ks D

No. of antenatal visits: Unbooked ☐ 5 or less ☐ 6-10 ☐ 11 or more ☐

Total number of reduced fetal movement visits ☐

**GBS screen** No ☐ Yes ☐ Result

**Previous baby affected by GBS** No ☐ Yes ☐

**IV antibiotics in labour** No ☐ Yes ☐

Comments

**Social or personal problems** No ☐ Yes ☐

**Child protection issues** No ☐ Yes ☐

Details

**Antepartum haemorrhage** No ☐ Yes ☐

Placental site:

**Smoking/Tobacco use**

| | No | Yes | Number |
|---|---|---|---|
| At beginning of pregnancy | ☐ | ☐ | |
| At end of pregnancy | ☐ | ☐ | |

| | Yes | Declined |
|---|---|---|
| Received antenatal smoking cessation services | ☐ | ☐ |

**Hypertension/Proteinuria** No ☐ Yes ☐

Other (eg drugs, alcohol etc)

**Fetal Growth** No antenatal problems suspected ☐

Accelerated ☐

Restricted ☐

## Plans for labour

Birth plan completed Yes ☐ No ☐ Birth plan discussed Yes ☐ Call buzzer/emergency buzzer discussed Yes ☐ NA ☐

Transfer to obstetric unit discussed (if required) Yes ☐ NA ☐ Birth partners

Comments e.g. coping strategies, management of 3rd stage

**Signature*** **Date/Time** D D M M Y Y H H M M

**Key to abbreviations**
EDD = Estimated Date of Delivery
GBS = Group B Haemolytic Streptococcus
IV = Intravenous



SAMPLE

# Initial Assessment (to assist with a risk assessment at the onset of labour)

For induction of labour, attach page 3a/b | Where seen ______ | Date D D M M Y Y | Time H H M M

## Presenting history

Induction of labour Yes ☐ No ☐ | Augmentation of labour Yes ☐ No ☐

| CPE screening | Signs of sepsis /infection | Fetal movements | Contractions | Pain | Vaginal loss | Membranes intact | Vaginal bleeding |
|---|---|---|---|---|---|---|---|
| Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ | Yes ☐ No ☐ |

## General examination

Pulse (bpm) ☐ | Oedema ☐ | Presentation ☐
Blood pressure ☐ / | Urine ☐ | Lie ☐
SATS ☐ | Manual handling assessment ☐ | Position ☐
Resps ☐ | ***Weight on admission ☐ | Engagement (5ths palpable) ☐
Temp ☐ | Tissue viability assessment ☐ | Fundal height (cm) ☐
MEOWS score ☐ | Escalation required Yes ☐ No ☐

**Estimated liquor**: Normal ☐ Oligohydramnios ☐ Polyhydramnios ☐

**Estimated growth status**: Normal ☐ Small (<10th customised centile) ☐ Large (>90th customised centile) ☐

Comments

## Contractions

Yes ☐ No ☐ | No. / 10 min ☐ | Strength ☐ | Regularity ☐

## Fetal heart

Pinard ☐ | Doptone ☐ | Rate (bpm) ☐ | Maternal pulse (bpm) ☐ | Rate (Twin 2) ☐ | Duration of assessment (mins) ☐

CTG ☐ | Baseline ☐ | Variability ☐ | Accelerations ☐ | Decelerations ☐

** Normal ☐
** Suspicious ☐
** Pathological ☐

Comments

## Vaginal Examination

Consent ☐
Chaperone offered accepted ☐ declined ☐
Lie/Presentation ☐ | Ext genitalia/Show ☐
5ths palpable ☐ | Position ☐
Maternal pulse prior to VE ☐

**Cervix** position ☐ | length ☐ | consistency ☐ | dilatation ☐

anterior / right / left / posterior — position ☐

**Presenting** part ☐ | station ☐ | caput ☐ | moulding ☐

**Bladder care**: Void prior to procedure ☐ | Catheter required Yes ☐ No ☐

Swab count (inc.number) ☐ | Swabs correct Yes ☐ No ☐ | Swab red string Yes ☐ No ☐ | *Signatures ☐ ☐

**Membranes**: intact ☐ | hindwater leak ☐
Forewaters: already ruptured ☐ | ruptured during VE ☐

Fetal heart rate after VE (bpm) ☐ | Pinard ☐ | Doptone ☐ | Monitor ☐
Duration of assessment (mins) ☐ | Maternal pulse after VE ☐

**Liquor**: none ☐ | clear ☐ | blood stained ☐ | light meconium ☐ | thick meconium ☐

Escalation required ☐ Yes ☐ No | Escalation required ☐

**Signature*** | **Date/Time** D D M M Y Y H H M M

## Agreed plan (Add identified risk factors at top of pages 10 & 11)

**Signature*** | **Date/Time** D D M M Y Y H H M M

Affix additional sheets here, and number them 3.2, 3.3 etc

SAMPLE

### Key to abbreviations

CTG = Cardiotocograph
CPE = Carbapenemase Producing Enterobacteriaceae
MEOWS = Modified Early Obstetric Warning Score
VE = Vaginal Examination

***Re-weigh on admission if booking BMI > 30.

### ** Definitions

**Normal** CTG where all features are reassuring
**Suspicious** CTG where there is 1 non-reassuring feature **AND** 2 reassuring features
**Pathological** CTG where there is 1 abnormal feature **OR** 2 non-reassuring features

Name
Unit No/ NHS No

# Personalised Care Plan

Pregnancy Notes reviewed Yes ☐ No ☐ If no: why

To deal with special issues/risks during labour and birth, a personalised care plan should be initiated which outlines specific treatment and care agreed between care providers and the expectant mother and her birth partner/s. This should be altered/amended as labour progresses to ensure that everyone involved in her care is aware of her individual circumstances. The plan should be reviewed at each handover of care.

## Venous thromboembolism (VTE) assessment

| Risk factor | Yes | Risk |
|---|---|---|
| Any previous VTE except a single event related to major surgery | ☐ | **High risk** Requires antenatal prophylaxis with LMWH. Refer to Trust-nominated thrombosis in pregnancy expert team |
| Hospital Admission | ☐ | **Intermediate risk** Consider antenatal prophylaxis with LMWH. Seek Trust-nominated thrombosis in pregnancy expert team for advice |
| Single previous VTE related to major surgery | ☐ | |
| High risk thrombophilia and no VTE | ☐ | |
| Medical Co-morbidities e.g. cancer, heart failure, active SLE, IBD or inflammatory polyarthropathy, nephrotic syndrome, type 1 DM with nephropathy, sickle cell disease, current IVDU | ☐ | |
| Any surgical procedure e.g. appendicectomy | ☐ | |
| OHSS (first trimester only) | ☐ | |
| Age>35 years | ☐ | Four or more risk factors: prophylaxis from first trimester (→ Intermediate risk) |
| BMI 30-39 | ☐ | Three risk factors: prophylaxis from 28 weeks (→ Intermediate risk) |
| BMI ≥ 40 (= 2 risk factors) | ☐ | fewer than three risk factors → **Lower risk** Mobilisation and avoidance of dehydration |
| Parity ≥3 | ☐ | |
| Smoker | ☐ | |
| Gross varicose veins | ☐ | |
| Immobility e.g. paraplegia, PGP | ☐ | |
| Current pre-eclampsia | ☐ | |
| Family history of unprovoked or oestrogen-provoked VTE in first degree relative | ☐ | |
| Low risk thrombophilia | ☐ | |
| Multiple pregnancy | ☐ | |
| IVF/ART | ☐ | |
| Transient risk factors: | | |
| Dehydration | ☐ | |
| Hyperemesis (= 3 risk factors) | ☐ | |
| Current systemic infection | ☐ | |
| Long distance travel | ☐ | |

Complete risk assessment and update personalised care plan as necessary

**No risks identified** ☐

**Signature***     **Date** D D M M Y Y

### Risk assessment - at the onset of labour

Pathway of care for labour: Low risk ☐ High risk ☐

Type of fetal heart monitoring: Intermittent auscultation ☐ Continuous monitoring ☐

| Date/time | Risk factor / Special features | Care plan | Discussed with mother | Obstetrician aware | Signed * |
|---|---|---|---|---|---|
| D D M M Y Y | | | | | |
| H H M M | | | | | |
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ART = Assisted Reproduction Technology
BMI = Body Mass Index
DM = Diabetes Mellitus
IBD = Inflammatory Bowel Disease
IVDU = Intravenous Drug User
IVF = In Vitro Fertilisation
LMWH = Low Molecular Weight Heparin
OHSS = Ovarian Hyperstimulation Syndrome
PGP = Pelvic Girdle Pain
SLE = Systemic Lupus Erythematosus

Name
Unit No/ NHS No

* Signatures and initials must be listed on page 1 for identification

Affix continuation sheets here, and number them 4.1, 4.2 etc

SAMPLE

| Date/ Time | Notes | Signed* |
|---|---|---|
| D D M M Y Y | | |
| H H M M | | |

SAMPLE

* Signatures must be listed on page 1 for identification

Name

Unit No/ NHS No

| Date/ Time | Notes | Signed* |
| --- | --- | --- |
| DDMMYY | | |
| HHMM | | |

SAMPLE



* Signatures must be listed on page 1 for identification

| Date/ Time | Notes | Signed* |
|---|---|---|
| DD MM YY<br>HH MM | | |

SAMPLE

* Signatures must be listed on page 1 for identification

Name

Unit No/ NHS No

| Date/ Time | Notes | Signed* |
|---|---|---|
| DD MM YY<br>HH MM | | |

SAMPLE

* Signatures must be listed on page 1 for identification

| Date/ Time | Notes | Signed* |
| --- | --- | --- |
| DD MM YY HH MM | | |

SAMPLE

* Signatures must be listed on page 1 for identification

Name

Unit No/ NHS No

| Name | Unit no. |
|---|---|

**Maternal Preferences**

Age | Prev. pregnancies (>24 wks + <24 wks) + | BP at booking / | Current gestation (weeks + days) +

Booking BMI

## Significant risk factors

| | No | Yes | | No | Yes |
|---|---|---|---|---|---|
| Antenatal risks present | ☐ | ☐ | SGA or FGR on scan | ☐ | ☐ |

Personalised care plan initiated ☐

Medications    Allergies

## Intrapartum Action plans

| Blood group | | Haemoglobin (g/L) | | Date taken | D D M M Y Y |
|---|---|---|---|---|---|
| Antibodies present | | Group & save ☐ | | Cross match | units |

| Name | Unit no. |
|---|---|

## Birth Action Plans

Paediatrician to be present ☐    Seniority :

| Date | MEOWS score onset of labour | | | | Urine (P = protein, G = glucose, K = ketones, B = blood) | Maternal Pulse ● (bpm) / Fetal Heart Rate x (bpm) | Maternal activity-posture/ pressure area care | Liquor (I = intact, C = clear, M = meconium, B = blood) | Fifths palpable per abdomen | Position Moulding Caput | Cervical dilatation x / Station ● | Contractions No. / 10 min (W = weak, M = moderate, S = strong, R = regular, I = irregular) | Oxytocin rate* or pool temp (°c) | Drugs dosage | Fluids in | Fluids out | Signature (List on page 1 for identification) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hrs | Time (Hrs Mins) | Temp (°c) | Resps | BP | P G K B | 60 70 80 90 100 110 120 130 140 150 160 170 180 | | | | | 0 1 2 3 4 5 6 7 8 9 10 / +2 +1 0 -1 -2 -3 high | | | | | | |
| 1 | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | |

60 70 80 90 100 110 120 130 140 150 160 170 180    0 1 2 3 4 5 6 7 8 9 10

Total fluids in/out

*If contractions exceed 4:10 min, stop or reduce oxytocin and reassess in line with local protocol

Affix additional sheets here

SAMPLE

**Onset date and times:** Labour D D M M Y Y H H M M    Rupture of membranes D D M M Y Y H H M M    Active 2nd stage D D M M Y Y H H M M

| Date/ Time | Notes | Signed* |
|---|---|---|
| DD MM YY | | |
| HH MM | | |

SAMPLE

* Signatures must be listed on page 1 for identification

| Date/ Time | Notes | Signed* |
|---|---|---|
| DD MM YY | | |
| HH MM | | |

SAMPLE

* Signatures must be listed on page 1 for identification

Name

Unit No/ NHS No

| Date/ Time | Notes | Signed* |
|---|---|---|
| DDMMYY | | |
| HHMM | | |

Affix continuation sheets here, and number them 14.1, 14.2 etc

SAMPLE

* Signatures must be listed on page 1 for identification

**Procedures** (e.g. analgesia, epidural anaesthetic, fetal blood sampling, operative delivery, episiotomy, cannulation, delayed cord clamping, 3rd stage management)

| Date/ Time | Procedure | Indication | Benefits and risks | Care provider should sign following discussion with mother |
|---|---|---|---|---|
| D D M M Y Y | | | | Discussed with mother ☐ Consent Yes ☐ No ☐ Signed * |
| D D M M Y Y | | | | Discussed with mother ☐ Consent Yes ☐ No ☐ Signed * |
| D D M M Y Y | | | | Discussed with mother ☐ Consent Yes ☐ No ☐ Signed * |
| D D M M Y Y | | | | Discussed with mother ☐ Consent Yes ☐ No ☐ Signed * |
| D D M M Y Y | | | | Discussed with mother ☐ Consent Yes ☐ No ☐ Signed * |
| D D M M Y Y | | | | Discussed with mother ☐ Consent Yes ☐ No ☐ Signed * |
| D D M M Y Y | | | | Discussed with mother ☐ Consent Yes ☐ No ☐ Signed * |
| D D M M Y Y | | | | Discussed with mother ☐ Consent Yes ☐ No ☐ Signed * |
| D D M M Y Y | | | | Discussed with mother ☐ Consent Yes ☐ No ☐ Signed * |
| D D M M Y Y | | | | Discussed with mother ☐ Consent Yes ☐ No ☐ Signed * |
| D D M M Y Y | | | | Discussed with mother ☐ Consent Yes ☐ No ☐ Signed * |
| D D M M Y Y | | | | Discussed with mother ☐ Consent Yes ☐ No ☐ Signed * |
| D D M M Y Y | | | | Discussed with mother ☐ Consent Yes ☐ No ☐ Signed * |

SAMPLE

*** Signatures must be listed on page 1 for identification**

Name

Unit No/ NHS No

# Operative details

## Procedure

Ventouse ☐ Caesarean ☐ [ ] Classification **

Forceps ☐ Other [ ]

## Indication

Suspected fetal compromise ☐ Failure to progress ☐ Breech ☐

Antepartum haemorrhage ☐ Maternal request ☐ Multiple pregnancy ☐

Other [ ]

## Pre-delivery findings

### Abdominal palpation

Presentation [ ]

Lie [ ]

Position [ ]

Engagement (5ths palpable) [ ]

### Vaginal examination

Consent ☐

Chaperone offered accepted ☐ declined ☐

Not performed ☐ **Presenting** part [ ]

**Cervix** position [ ] station [ ]

consistency [ ] position [ ]

length [ ] caput [ ]

dilatation [ ] moulding [ ]

### Liquor

None ☐

Clear ☐

Light meconium ☐

Thick meconium ☐

Bloodstained ☐

### Fetal heart

CTG performed ☐ Normal ☐

Baseline [ ] Suspicious ☐

Variability [ ] Pathological ☐

Accelerations [ ] Predelivery FBS ☐

Decelerations [ ]

FBS result [ ]

**Pre-delivery bladder care** Bladder emptied Yes ☐ No ☐ Indwelling catheter Yes ☐ No ☐ Time H H M M

**Delivery decision made by** [ ] **Consultant aware** Yes ☐ No ☐ **Consultant present** Yes ☐ No ☐

**Informed consent obtained for assisted delivery** Verbal ☐ Written ☐ **Informed consent obtained for caesarean section** Verbal ☐ Written ☐

**Anaesthetic/Analgesia** None ☐ Epidural ☐ Perineal infiltration ☐ Pudendal ☐ Spinal ☐ General anaesthetic ☐

**Alerts/Comments** (e.g. allergic reaction, difficult intubation, $O_2$ for 4hrs post op, dural tap observed)

## Assisted delivery

| Assisted delivery | |
|---|---|
| Decision date and time | D D M M Y Y H H M M |
| Venue for procedure | |
| Type of instrument used | |
| Time instrument applied | H H M M |
| Duration of application | M M minutes |
| Rotation | |
| Number of pulls | |
| Change of instrument (Type) | |
| Time instrument applied | |
| Episiotomy performed | Yes ☐ No ☐ |
| Liquor | |
| Time baby delivered | H H M M |
| Position at delivery | |
| Placenta delivered | |
| Cord pH | |
| Pre delivery swabs/ instruments correct (inc. no) | |
| Pre delivery swab red string/sharps (inc. no) | |
| Pre delivery sterility of instruments confirmed | Yes ☐ No ☐ |
| Post delivery swabs/ instruments correct (inc. no) | |
| Post delivery swab red string/sharps (inc. no) | |
| Signatures* | |

## Caesarean section

| Caesarean section | |
|---|---|
| Decision date and time | D D M M Y Y H H M M |
| Time arrived in theatre | H H M M |
| Prophylactic antibiotics given | Yes ☐ No ☐ |
| Time of knife to skin | H H M M |
| Time of knife to uterus | H H M M |
| Type of uterine incision | |
| Liquor | |
| Time baby delivered | H H M M |
| Decision to delivery time | M M minutes |
| Placenta delivered | |
| Tubes and ovaries | |
| Skin closed | |
| Cord pH | |
| Time out of theatre | H H M M |
| Pre delivery swabs/ instruments correct (inc. no) | |
| Pre delivery swab red string/sharps (inc. no) | |
| Pre delivery sterility of instruments confirmed | Yes ☐ No ☐ |
| Post delivery swabs/ instruments correct (inc. no) | |
| Post delivery swab red string/sharps (inc. no) | |
| Signatures* | |

SAMPLE



** **Caesarean section classification:**
**1.** Immediate threat to the life of the mother or fetus. **2.** Maternal or fetal compromise, not immediately life-threatening.
**3.** No maternal or fetal compromise but needs early delivery. **4.** Delivery timed to suit woman or Maternity Services.

* **Signatures must be listed on page 1 for identification**

**Details** - including surgeon's name and signature

Closure and sutures

**Blood loss (ml)**

Measured
Estimated
Total

**Post-delivery instructions**

Draw any abrasions / marks and position of instruments

| | Yes | No |
|---|---|---|
| Drains | | |
| Urinary catheter | | |
| Sutures for removal | | |
| Suggest for VBAC next time | | |
| Vaginal pack in situ | | |
| Vaginal pack removed | | |
| Anti-coagulation therapy | | |

| | Yes | No |
|---|---|---|
| Anti-embolic stockings | | |
| Antibiotics | | |
| Analgesia | | |
| Epidural catheter removed | | |
| Follow up required | | |

Comments

**Staff present**

Surgeon

Assistant

Midwives

Anaesthetist

ODP

Paediatrician

Time called Time arrived

Others

Birth partner in theatre Yes No

Time in recovery M M M minutes

**Signature*** **Date/Time** D D M M Y Y H H M M

**Key to abbreviation:** ODP = Operating Department Practitioner

* **Signatures must be listed on page 1 for identification**

Name

Unit No/
NHS No



SAMPLE

## Third Stage

**Management**
Physiological ☐
Active (CCT) ☐
Manual removal of placenta ☐

Delayed cord clamping-duration <5 mins ☐ >5 mins ☐
Comments

**Drugs**
Consent obtained Yes ☐
Dosage & time given

Syntometrine ☐ Ergometrine ☐ Oxytocin ☐
Haemobate ☐ Misoprostol ☐ Tranexamic acid ☐

**Blood loss (ml)**
Measured
Estimated
Total

**Cord** No. of vessels
**Placenta**
Apparently complete ☐
Incomplete ☐
Sent for histology ☐

**Membranes**
Apparently complete ☐
Ragged ☐
Incomplete ☐
Comments

**Further action**

## Vaginal delivery pack

Pre delivery swab count (inc. no) | Swab red string correct Yes ☐ No ☐
Swab red string No. ☐ | Number of instruments ☐
Signatures*

Post delivery swab count (inc. no) | Swab red string correct Yes ☐ No ☐
Swab red string No. ☐ | Number of instruments ☐
Signatures*

SAMPLE

## Perineum

No trauma identified ☐
PR performed ☐
If PR declined, reason

**Trauma ****
1° ☐ 3b° ☐
2° ☐ 3c° ☐
3a° ☐ 4° ☐
Labial ☐ Vaginal ☐
Cervical ☐ Episiotomy ☐

Indication for episiotomy

**Pre-repair**
Repair required No ☐ Yes ☐
Discussed with mother ☐ Consent obtained ☐
Catheterised ☐ Indwelling ☐
Tampon inserted ☐ number
Venue for repair (room/theatre)
Repair by
Start date and time
Sterility of instruments confirmed Yes ☐ No ☐
Swab count (inc. no) | Needle count
Swab red string correct Yes ☐ No ☐
Swab red string No. ☐
Instruments correct Yes ☐ No ☐
Number of instruments ☐
Count by:
Signature*
Signature*

### Details of repair

**Anaesthetic**
Epidural ☐ None ☐
Pudendal ☐ Spinal ☐ GA ☐
Local ☐ Lignocaine (mls)

**Suture material**

**Technique** (post vaginal wall, muscle, skin, labia)

Number of instruments ☐

### Advice given

Post natal review ☐
Extent of trauma ☐ Hygiene ☐
Type of repair ☐ Diet, including fibre ☐
Pain relief ☐ Pelvic floor exercises ☐

**Post repair**
Finish date and time:
Haemostasis ☐ Analgesia ☐
Vaginal pack in situ ☐ Time of removal H H M M
PV examination ☐ PR examination ☐
If declined, reason
Tampon removed ☐ number
Laxatives ☐ Antibiotics ☐
Swab count (inc. no) | Needle count
Swab red string correct Yes ☐ No ☐
Swab red string No. ☐
Instruments correct Yes ☐ No ☐
Number of instruments ☐
Count performed by:
Signature*
Signature*
For postnatal consultant review ☐

**Comment**

## Immediate Postnatal Observations

If further observations required commence Trust MEOWS chart

| Date/Time | Temp (°c) | Pulse (bpm) | Resps | $O_2$ Saturation | BP | Uterus | Lochia / Blood loss | Wound / Drains | Perineum | Urine | Pain | Signature * |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |

**Epidural catheter removed** Yes ☐ No ☐ N/A ☐ D D M M Y Y H H M M
**Fetal Scalp Electrode removed** Yes ☐ No ☐ N/A ☐ D D M M Y Y H H M M

**Comments**



**** Descriptions:**
3a =Less than 50 % of external anal sphincter (EAS) thickness torn.
3b=More than 50 % of EAS thickness torn 3c= Both EAS and internal anal sphincter (IAS) torn.
4th=Injury to perineum involving the EAS, IAS and anorectal mucosa

**Key to abbreviations:**
CCT = Controlled Cord Traction
MEOWS = Modified Early Obstetric Warning Score
PV = Per Vaginam PR = Per Rectum

## Birth Summary - Mother - to assist with handover of care
*(complete page OR attach computer printout if available)*

**Labour onset**
- ☐ None
- ☐ Spontaneous
- ☐ Induced
- ☐ Augmented

Indication

**Delivery**

| | Baby 1 | Baby 2 |
|---|---|---|
| Normal | ☐ | ☐ |
| Vaginal breech | ☐ | ☐ |
| Ventouse | ☐ | ☐ |
| Forceps | ☐ | ☐ |
| Caesarean: 1. | ☐ | ☐ |
| 2. | ☐ | ☐ |
| 3. | ☐ | ☐ |
| 4. | ☐ | ☐ |

(See page 16 for classifications)

One to one care achieved Yes ☐ If no, reason why

Was continuity of carer achieved for labour and birth Yes ☐ No ☐

Comments

## Place of Birth

## Maternal Position- at delivery

## Maternal complications-
relevant proforma completed ☐

## Pain Relief

| | | |
|---|---|---|
| ☐ None | ☐ Entonox | ☐ Spinal |
| ☐ $H_2O$ | ☐ Narcotics | ☐ Epidural |
| ☐ TENS | ☐ Pudendal | ☐ Combined spinal/epidural |

Complementary therapies:

## Rupture of Membranes

Spontaneous ☐ Artificial ☐ Indication

Colour

Date Time Duration hrs /mins /

## Length of Labour

| | Date | Time |
|---|---|---|
| Onset of est. labour | | |
| Fully dilated | | |
| Pushing commenced | | |
| Head delivered | | |
| Baby delivered | | |
| End of third stage | | |

Twin 2 delivered

| | Length (hrs/mins) |
|---|---|
| 1st stage | / |
| 2nd stage | / |
| 3rd stage | / |
| Duration of labour | / |

## Postnatal risk factors for thromboembolism

| | | | |
|---|---|---|---|
| Previous VTE | ☐ | Antenatal anti-coagulation therapy | ☐ |
| High risk Thromphilia | ☐ | Caesarean Section | ☐ |
| BMI ≥40 | ☐ | Medical co morbidities | ☐ |
| Age >35 | ☐ | BMI >30 | ☐ |
| Parity ≥3 | ☐ | Smoker | ☐ |
| Family history VTE | ☐ | Gross varicose veins | ☐ |
| Current systemic infection | ☐ | Immobility | ☐ |
| Current pre-eclampsia | ☐ | Multiple pregnancy | ☐ |
| Preterm delivery <37 weeks this pregnancy | ☐ | Stillbirth this pregnancy | ☐ |
| Mid cavity rotation | ☐ | Operative delivery | ☐ |
| Prolonged labour > 24 hours | ☐ | Excessive blood loss > 1litre or blood transfusion | ☐ |
| | | None identified | ☐ |

VTE assessment performed Yes ☐

VTE pathway initiated No ☐ Yes ☐

## Third Stage (See page 18 for further details)

**Placenta** Apparently complete ☐ Incomplete ☐

**Membranes** Apparently complete ☐ Incomplete ☐ Ragged ☐

**Total blood loss (ml)**

**Comments**

## Birth Attendants

| | Baby 1 | Baby 2 |
|---|---|---|
| Delivered by | | |
| Midwife at delivery | | |
| Others present (Names) | | |

## Bloods
Maternal blood taken No ☐ Yes ☐ Cord blood taken No ☐ Yes ☐

## Any additional information

**Signature*** **Date/Time** D D M M Y Y H H M M

SAMPLE

* Signatures must be listed on page 1 for identification

# Birth Summary - Baby

*Complete page OR attach computer printout if available*

| Mother's Name | Unit number | NHS number |
|---|---|---|
| | | |

## Baby Details

Number of babies ___ Time from birth to onset of regular respirations Baby 1 ___ mins Baby 2 ___ mins

| Birth order | Date of Birth | Time | Sex | Birth weight (g) | Centile | Mode of Delivery | Outcome | Apgars 1 | 5 | 10 | Congenital Anomaly | Unit Number | NHS Number |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |

## Apgar Score

| | 0 | 1 | 2 | Baby 1: 1 | 5 | 10 | Baby 2: 1 | 5 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| **Heart rate (bpm)** | absent | <100 | >100 | | | | | | |
| **Respiratory effort** | absent | weak cry | good strong cry | | | | | | |
| **Muscle tone** | limp | some flexion of extremities | well flexed | | | | | | |
| **Reflex irritability** | no response | some motion | cry | | | | | | |
| **Colour** | blue / pale | body pink, limbs blue | pink | | | | | | |
| | | | **Total** | | | | | | |

## Cord Gases

| | Baby 1 Arterial | Baby 1 Venous | Baby 2 Arterial | Baby 2 Venous |
|---|---|---|---|---|
| pH | | | | |
| Base excess /deficit | | | | |
| Lactate | | | | |
| Other | | | | |

## Resuscitation

| | Baby 1 | Baby 2 |
|---|---|---|
| Level | None ☐ Basic ☐ Advanced ☐ | None ☐ Basic ☐ Advanced ☐ |
| IPPV : Face mask | Yes ☐ No ☐ | Yes ☐ No ☐ |
| ETT | Yes ☐ No ☐ | Yes ☐ No ☐ |
| T- Piece | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Cardiac massage | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Intubated | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Age intubated (mins) | | |
| Drugs | | |
| Name | | |
| Grade | | |

Paediatrician - discussion with parents re : resuscitation ☐ Yes ☐ No

## Initial Examination

| | Baby 1 | Baby 2 |
|---|---|---|
| Head circumference (HC, cm) | | |
| Temperature (°c) / Route | | |
| Identification / security labels | | |
| Physical examination at birth completed as per Trust guideline | | |
| Signature* | | |

## Vitamin K

| | Baby 1 | Baby 2 |
|---|---|---|
| Consent obtained | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Administered | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Route | | |
| Requires further dose | ☐ Yes ☐ No | ☐ Yes ☐ No |

## Contact & Feeding

| **Skin-to-skin** | Yes | No | Comments | Baby 1 | Baby 2 |
|---|---|---|---|---|---|
| Offered | ☐ | ☐ | | Time | Time |
| Accepted | ☐ | ☐ | | Duration (mins) | Duration (mins) |
| Declined | ☐ | ☐ | | | |

| | | Baby 1 | Baby 2 |
|---|---|---|---|
| **Type of feed** | Breast | ☐ | ☐ |
| | Formula | ☐ | ☐ |
| **Feed offered** | Method | | |
| | Time feed started | | |
| | Duration of feed | | |

## Neonatal Comments/Risks

| | | |
|---|---|---|
| Prolonged rupture of membranes | ☐ Yes | ☐ No |
| Meconium present at birth | ☐ Yes | ☐ No |
| Shoulder dystocia | ☐ Yes | ☐ No |
| Traumatic/difficult delivery | ☐ Yes | ☐ No |
| Risk of hypoglycaemia | ☐ Yes | ☐ No |
| Rhesus negative | ☐ Yes | ☐ No |
| Birth hypoxia | ☐ Yes | ☐ No |
| NEWS chart commenced | ☐ Yes | ☐ No |

## Plans for Transfer after Birth

| | Transfer to: | Date and time of transfer | Signature * |
|---|---|---|---|
| Mother | | D D M M Y Y H H M M | |
| Handover of care tool (as per trust guideline) | ☐ Yes ☐ N/A | | Handover to - (name) |
| Baby(ies) | | D D M M Y Y H H M M | |
| | | D D M M Y Y H H M M | |
| Handover of care tool (as per trust guideline) | ☐ Yes ☐ N/A | | Handover to - (name) |

Comments

**Key to abbreviations**
ETT = Endotrachael Tube
IPPV = Intermittent Positive Pressure Ventilation
NEWS = Newborn Early Warning System

*** Signatures must be listed on page 1 for identification**

SAMPLE