

SUMMARY OF LABOUR AND BIRTH

Baby 1	Baby 2	Baby 3
Date of Birth:	Date of Birth:	Date of Birth:
Time of Birth:	Time of Birth:	Time of Birth:

Maternal Addressograph

Name:.....
Hospital ID number:.....
Date of Birth:.....

Onset of labour (tick where appropriate)

- ☐ Spontaneous ☐ Induction ☐ Caesarean Section before labour
☐ 1st PG Gel ☐ 2nd PG Gel ☐ 3rd PG Gel
☐ ARM ☐ Oxytocin Time oxytocinon started

Coping strategies in labour

- ☐ Water ☐ Aromatherapy ☐ Hypnobirthing ☐ Music ☐ Massage
☐ TENS ☐ Doula ☐ Heat pad ☐ Acupuncture

Analgesia/Anaesthesia given in labour/birth

- ☐ None ☐ Entonox ☐ Opiates ☐ Meptid ☐ PCA
☐ Epidural ☐ Spinal ☐ Combined Spinal/Epidural ☐ GA
☐ Pudendal ☐ Perineal Infiltration
☐ Other: specify

Delivered by

- ☐ Consultant ☐ Specialty Registrar ☐ Year of Training 1-7 ☐ GPVTS ☐ FY1/2
☐ Midwife ☐ Student Midwife ☐ Medical Student ☐ Clinical Fellow ☐ BBA
☐ Other: specify

Name: *For multiple births, please write who delivered which baby

Mode of birth

- ☐ SVD ☐ Forceps ☐ Ventouse ☐ Rotational Forceps ☐ Elective CS ☐ Emergency CS
☐ Vaginal Breech

	Mode of Birth
Baby 2	
Baby 3	

EPR Power-form completed: ☐ Operative Birth ☐ Caesarean Section

Presentation and outcome at birth

☐ Cephalic ☐ Breech ☐ OA
☐ OT ☐ OP ☐ Transverse
☐ Face ☐ Brow ☐ Other
Specify ECV Performed ☐ Y ☐ N

	Presentation	Outcome
Baby 2		
Baby 3		

Outcome

☐ Live Birth ☐ AN Stillbirth ☐ Intrapartum Stillbirth ☐ Indeterminate Stillbirth

*Document full details of birth in the maternal health records

Third stage

Placenta delivered by: ☐ CCT ☐ Physiological ☐ Manual Removal ☐ Maternal effort
☐ EPR Power-form completed for MROP

Placenta: ☐ Complete ☐ Incomplete Membranes: ☐ Complete ☐ Ragged

Comments :

Placenta checked by:

Number of cord vessels: Placenta to histology: ☐ Y ☐ N ☐ NA

Drugs in 3rd stage: ☐ Oxytocin ☐ Syntometrine ☐ Ergometrine ☐ Oxytocin Infusion
☐ Misoprostol ☐ Carboprost

Dose/Route:

Drug recorded on prescription chart as per midwife exemption or prescribed by doctor: ☐

Maternal Kleihauer taken: ☐ Y ☐ N ☐ NA

Delayed Cord Clamping: ☐ Y ☐ N Duration: minutes. If no, reason:

Cord Blood Taken: ☐ Y ☐ N ☐ NA

Cord blood taken from: ☐ Clamped cord ☐ Intact cord

Reason cord blood taken: Person taking blood:

Anti D given: ☐ Y ☐ N ☐ NA

Batch number: Site of injection:

Date: Time:

Perineum

☐ Intact ☐ Not Intact ☐ Other Tears: Specify
☐ Episiotomy Degree of Tear: ☐ 1 ☐ 2 ☐ 3a ☐ 3b ☐ 3c ☐ 4
☐ Not Sutured Reason:

Perineum repair

Diagram if Required

☐ EPR Suturing Power-form Completed

Blood loss

EBL antenatally:

EBL at Birth: EBL during 3rd Stage and Repair:

PPH: ☐ Y ☐ N

Total EBL

Swabs, needles and instruments

Essential delivery equipment check

	Before Procedure	Shift/Place Change	After Procedure
Needles	☐	☐	☐
Swabs	☐	☐	☐
Instruments	☐	☐	☐
Red Ties	☐	☐	☐
Checked by	1)	1)	1)
	2)	2)	2)

Essential suturing equipment check

	Before Procedure	Shift/Place Change	After Procedure
Needles	☐	☐	☐
Swabs	☐	☐	☐
Instruments	☐	☐	☐
Red Ties	☐	☐	☐
Checked by	1)	1)	1)
	2)	2)	2)

Any swabs left in situ: ☐ Y ☐ N ☐ NA

If swabs left in situ, handed over to theatre: ☐ Y ☐ N

Maternal Addressograph

Name:

Hospital ID number:

Date of Birth: