BC Labour and Birth Summary Record
(PSBC 1920)

Guide for Completion

January 2020

Perinatal Services BC
Provincial Health Services Authority

Summary of Changes

WHAT'S NEW?

The updated record was developed in accordance with current clinical guidelines and best practice recommendations, and with consultation from a variety of health care providers, including midwives, physicians, and nurses.

The updated Labour and Birth Summary Record (PSBC 1920) replaces the 2008 version of the record (PSBC 1588).

[Note: Numbered items below correspond to the numbered sections of PSBC 1920 – Labour and Birth Summary.]

1. BACKGROUND

→ **Planned mode of delivery:** New field was added to document the planned mode of delivery.

→ **VBAC eligible / VBAC attempted:** New fields were added to document whether the mother or pregnant individual is eligible for VBAC at the onset of labour, and whether VBAC was attempted this delivery.

2. LABOUR

→ **Oxytocin table:** New table was added to provide a summary of oxytocin administration for labour induction / augmentation. Although oxytocin may be started and stopped a number of times throughout labour, only the timing of the very first and the very last dose of oxytocin is recorded.

→ **Methods of induction:** Expanded the available options for methods of induction, specifically the type of prostaglandin that is used (i.e., types of dinoprostone or misoprostol) and the number of doses administered.

→ **Fetal surveillance:** New field was added to document fetal scalp lactate.

→ **Analgesia:** Expanded the list of options for analgesia used during labour, including non-pharmacologic pain management options (e.g., comfort/labour support, water immersion, and doula support).

→ **Anesthesia (labour):** Expanded the list of options for anesthesia during labour and delivery.

→ **Antibiotics administration and indication:** This section was reorganized to improve clinical documentation of intrapartum antibiotic use. New fields added to document the indication for administration of antibiotics.

→ **Medications indication:** New section was added to document the indication for medications administered during labour (other than antibiotics).

Summary of Changes *cont'd.*

3. BIRTH

- → **Uterotonics:** New section was added to document the use of uterotonics for the prevention of postpartum hemorrhage.
- → **Cord clamping:** Amended the categories for timing of cord clamping to ensure alignment with current American College of Obstetricians and Gynecologists (ACOG) definitions of early (< 60 seconds in term and < 30 seconds for preterm birth) and delayed cord clamping. New field added to document the reason(s) for early cord clamping.
- → **Blood loss volumes:** New field was added to document the measured blood loss. For estimated blood loss, the categories were updated to ensure alignment with the revised definitions of postpartum haemorrhage by the Canadian Institute for Health Information (CIHI).

4. TIME SUMMARY

- → **Time summary tables:** Revised summary tables to document the time of onset of active 2nd stage of labour, as well as the duration of passive versus active 2nd stage.

5. FETAL / NEWBORN STATUS

- → New section was added to document fetal / newborn status at birth.
- → **Fetal death:** New fields were added to document the type of fetal death, as well as the date and gestational age (using best estimate) when it occurred.

6. SIGN-OFFS

- → **Planned place of birth:** New field was created to document the planned place of birth at the onset of labour.
- → **Care providers during labour and delivery:** New field was created to document the main care provider during labour, which may be different from the care provider during delivery.
- → **Present at delivery:** New field was created to document other care providers that were present at the time of delivery.
- → **Consult to:** Added check box for neonatologist.

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4 W'S OF LABOUR AND BIRTH DOCUMENTATION

- **WHEN?** During the labour and birth episode of care.
- **WHO?** Health care providers (e.g., Registered Nurses, Medical Doctors, Registered Midwives, and/or Nurse Practitioners).
- **WHAT?** Document assessments, interventions, outcomes, and decisions throughout the labour and birth episode of care.
- **WHY?** To document the labour and birth episode of care accurately and completely and to facilitate communication and continuity of care.

Introduction

Perinatal Services BC (PSBC) has the provincial mandate to develop a suite of standardized clinical perinatal forms that are used by most health care providers in British Columbia (BC). These forms support best practice in perinatal care and act as clinical documentation tools. It is also within PSBC's mandate to collect and analyse perinatal data, in an effort to evaluate provincial perinatal health outcomes and improve the health system. To meet this objective, specific fields on the perinatal forms are collected as part of the BC Perinatal Data Registry (BCPDR).

The BC Labour and Birth Summary Record (Form No. PSBC 1920, revised January 2020) is a standardized clinical form that was developed for documenting the labour and birth episode of care. This form was updated to ensure that it is evidence-based and aligned with current clinical guidelines, standards, and best practices. A number of guidelines from the Society of Obstetricians and Gynaecologists of Canada (SOGC) informed the content revisions of the form, along with other national, provincial, and local policies and standards, and expert opinion.[1-7] Other changes in the form are intended to improve the format and flow, in an effort to make the form more user-friendly and support complete and accurate clinical documentation.

In addition, the BC Labour and Birth Summary Record is a tool that facilitates communication and continuity of care between health facilities and care providers. In the case of a hospital birth, the completion of the form may begin upon the patient's admission for delivery, continued throughout the episode of care, and finalized following birth. For home births the form should be completed throughout the episode of care and finalized after birth. Once documenting of the labour and birth episode of care is complete, one copy of the form (the white sheet) should be added to the mother's chart, the second copy (the yellow sheet) should be added to the newborn's chart, and the third copy (the pink sheet) should be taken by the health care provider.

A note on gender inclusion and the language of this document

This document uses gender-inclusive language. Health care providers play a critical role in creating a supportive environment for all patients, clients and families, including transgender, gender non-binary, and gender non-conforming (TGNC) people. Throughout this guide for completion, we typically refer to women, mothers, and/or pregnant individuals to recognize that not only cisgender women can and do become pregnant and seek care for their pregnancy, delivery, and postpartum care. Starting with the revised BC Antenatal Record, and throughout the continuum of care, PSBC invites providers to ask all patients and clients their preferred name and pronouns to use as part of our commitment to gender-inclusive practice.

Abbreviations and Acronyms

ARM	Artificial Rupture of Membranes
C/S	Cesarean Section
Chorio.	Chorioamnionitis
EDD	Estimated Date of Delivery
EFM	Electronic Fetal Monitoring
FP	Family Physician
GA	Gestational Age
GBS	Group B Streptococcus
IA	Intermittent Auscultation
ID	Identification
IM	Intramuscular
IUPC	Intrauterine Pressure Catheter
IV	Intravenous
MD	Medical Doctor
MFM	Maternal-Fetal Medicine
min	Minutes
N/A	Not Applicable
OB	Obstetrician
Path.	Pathology
RM	Registered Midwife
RN	Registered Nurse
ROM	Rupture of Membranes
sec	Seconds
VBAC	Vaginal Birth After Cesarean

Completion of the Form

Place the patient **Addressograph / Label** in the dedicated space in the upper right corner of Page 1. If the addressograph or label is not available, record the mother's or pregnant individual's **Surname**, **Given name**, **Address**, **Phone number**, **Personal Health Number**, and the **Medical Doctor (MD) / Registered Midwife (RM)** name in the same space.

Section 1: Background

Information in this section should be based on the mother's or pregnant individual's status prior to this delivery, particularly when determining the number of pregnancies classified as gravida, term, preterm, abortus, and living. Such information, along with the estimated date of delivery (EDD), can also be derived from the Antenatal Record.

Note: Items in square brackets [ ] *are category descriptions that are implied but not printed on the form.*

Item	Description
Newborn Hospital ID	Record the newborn's hospital identification (ID) number. *Note: If a multiple pregnancy, a Labour and Birth Summary Record should be completed for each newborn.*
[Pregnancy type and birth order]	Specify the pregnancy type by selecting one of the following: ☐ **Singleton** ☐ **Twin** ☐ **Triplet** If 'Twin' or 'Triplet' is selected, specify the birth order of the newborn by selecting one of the following: ☐ **A** (first birth of a multiple pregnancy) ☐ **B** (second birth of a multiple pregnancy) ☐ **C** (third birth of a multiple pregnancy)
Gravida	Record the total number of all pregnancies, including all past and present pregnancies, regardless of gestational age (GA), pregnancy type, and pregnancy outcome or time / method of termination. *Note: Twins or multiples should be counted as one pregnancy.* *Note: An ectopic pregnancy, a missed abortion, a blighted ovum, and a hydatidiform mole are classified as a gravida and should contribute to the total number of all pregnancies.*
Term	Record the total number of previous pregnancies where the birth occurred at greater than or equal to 37 completed weeks gestation (i.e., gestational age ≥ 37^0 weeks). *Note: A previous multiple pregnancy delivered at term should be counted as "1 term". If a previous multiple pregnancy resulted in one baby being delivered at term and another baby being delivered preterm, the pregnancy should be counted as "1 term" and "1 preterm".*

Completion of the Form

Item	Description
Preterm	Record the total number of previous pregnancies where the birth occurred between 20 and 36 completed weeks gestation (i.e., gestational age $20^0 - 36^6$ weeks). *Note: Late terminations should contribute to the total number of previous preterm pregnancies.* *Note: A previous multiple pregnancy delivered preterm should be counted as "1 preterm". If a previous multiple pregnancy resulted in one baby being delivered at term and another baby being delivered preterm, the pregnancy should be counted as "1 term" and "1 preterm".*
Abortus	Record the total number of previous terminations of pregnancies, including spontaneous and induced terminations, ending prior to 20 completed weeks gestation and weighing less than 500 grams. *Note: An ectopic pregnancy, a missed abortion, a blighted ovum, and a hydatidiform mole are classified as a gravida and should contribute to the total number of all pregnancies. The total number of abortus should be counted as gravida.*
Living	Record the total number of children that the patient has given birth to who are presently living. *Note: Do not include the current pregnancy in this count.* *Note: A previous multiple pregnancy should be counted per living child (i.e., twin pregnancy = 2, triplet pregnancy = 3, etc.).*
EDD (dd / mm / yyyy)	Record the estimated date of delivery (EDD) as confirmed by ultrasound or in-vitro fertilization (IVF) timing data (following the dd / mm / yyyy format). *Note: The EDD can be derived from the Antenatal Record.*
GA at delivery (wks / days)	Record the gestational age (GA) (in weeks and days) at which the baby was born based on pregnancy dating as confirmed by ultrasound or In vitro fertilization.
Planned mode of delivery	Specify the planned mode of delivery at the onset of labour by selecting one of the following: ☐ **Vaginal** ☐ **Primary cesarean section (Primary C / S)** ☐ **Repeat cesarean section (Repeat C / S)** If cesarean delivery is the planned mode of delivery for this pregnancy and the patient has had a C / S for a previous pregnancy, select '**Repeat C / S**'.
VBAC eligible this delivery	If the patient has had a cesarean section for a previous pregnancy, indicate whether they are eligible to attempt a vaginal delivery or trial of labour for this pregnancy (i.e., VBAC) by selecting one of the following: ☐ **N / A** ☐ **Yes** ☐ **No** (specify reason) If '**No** (specify reason)' is selected, record the reason why the patient is not eligible for a VBAC. If the patient has previously never had a cesarean section, select '**N / A**' (i.e., not applicable).

Completion of the Form

Item	Description
VBAC attempted this delivery	If the patient has had a cesarean section for a previous pregnancy, indicate whether a vaginal delivery or trial of labour is being attempted for this pregnancy (i.e., VBAC) by selecting one of the following: ☐ **N / A** ☐ **Yes** ☐ **No** (specify reason) If '**No** (specify reason)' is selected, record the reason why a VBAC is not being attempted. If the patient has previously never had a cesarean section, select '**N / A**' (i.e., not applicable). *Note: This field indicates the intent, not the outcome, of the attempted vaginal birth. For example, if a mother was induced but the labour was never established and a cesarean section was then performed, then this should be considered an attempted VBAC. Similarly, if the mother or pregnant individual was booked for a repeat cesarean section but they go into spontaneous labour and a cesarean section is performed after the 2nd stage of labour is established, then this should also be considered an attempted VBAC.* *Note: If a VBAC was planned earlier in the pregnancy but the mother or pregnant individual changed their mind and asks for a cesarean section which is then performed prior to the 1st stage of labour, the '**No**' checkbox should be ticked as this is considered as VBAC not attempted.*

Section 2: Labour

Item	Description
[Labour type]	Specify what type of labour the patient had by selecting all of the following that apply: ☐ **No labour** (patient did not go into labour, as in the case of an elective cesarean section) ☐ **Spontaneous** (onset of labour was spontaneous and no intervention was required to initiate labour) ☐ **Augmented** (intervention was required to progress labour and increase the frequency, duration, and / or strength of contractions) ☐ **Induced** (onset of labour was not spontaneous and intervention was required to initiate labour) If '**No labour**' is selected, no other options should be selected. If '**Spontaneous**' is selected, the only other option that can be selected is '**Augmented**'. *Note: Labour is defined by the presence of painful contractions, progressive dilation, and effacement of the cervix.*
Augmented	If '**Augmented**' is selected, specify the method of augmentation by selecting all of the following that apply: ☐ **Artificial Rupture of Membranes (ARM)** ☐ **Oxytocin** ☐ **Other** If '**Other**' is selected, specify the method of augmentation.

Completion of the Form

Item	Description
[Labour type continued]	
Induced	If '**Induced**' is selected, specify the method of induction by selecting all of the following that apply: ☐ **Mechanical** ☐ **Artificial Rupture of Membranes (ARM)** ☐ **Oxytocin** ☐ **Prostaglandin** ☐ **Other** If '**Other**' is selected, specify the method of induction. Record also the '**Primary indication**' and '**Other indication(s)**' for induction by documenting the diagnoses that best describe the primary and / or other reasons that an intervention was used to initiate labour.
Prostaglandin	If '**Prostaglandin**' is selected, specify the exact type of prostaglandin used by selecting all of the following that apply: ☐ **Dinoprostone** ☐ **Cervidil® (vaginal insert)** (# of doses) ☐ **Prostin® (vaginal gel)** (# of doses) ☐ **Prepidil® (intracervical gel)** (# of doses) ☐ **Misoprostol** ☐ **Oral** (# of doses) ☐ **Vaginal** (# of doses) Record the number of doses administered in the space corresponding to the prostaglandin that was used.
Oxytocin for induction / augmentation	
First started (hh:mm) (dd / mm / yyyy)	Record when oxytocin was first started for induction or augmentation of labour by documenting the time (following the 24-hour clock hh:mm format) and the date (following the dd / mm / yyyy format) in the table provided.
Last stopped (hh:mm) (dd / mm / yyyy)	Record when oxytocin was last stopped for induction or augmentation of labour by documenting the time (following the 24-hour clock hh:mm format) and the date (following the dd / mm / yyyy format) in the table provided. *Note: Although oxytocin may be started and stopped numerous times throughout a delivery, only the very first and the very last time that oxytocin was administered should be recorded. This table is meant to be a general summary, providing an overview of the duration of oxytocin administration.*
Dose when last stopped (mu / min)	Record the last dose (in milliunits per minute) of oxytocin that was administered for induction or augmentation of labour.

Completion of the Form

Item	Description
Fetal presentation	Specify the presentation of the fetus during labour based on the part of the baby's body that is presenting in reference to the birth canal by selecting one of the following: ☐ **Cephalic** (head first) ☐ **Breech** (buttocks or feet first) ☐ **Other** If '**Other**' is selected, specify the presentation of the fetus during labour (e.g., shoulder).
Cephalic	If '**Cephalic**' is selected, specify the exact type of cephalic presentation by selecting one of the following: ☐ **Vertex** ☐ **Other** If '**Other**' is selected, specify the exact type of cephalic presentation (e.g., sinciput [forehead], brow [eyebrows], face).
Breech	If '**Breech**' is selected, specify the exact type of breech presentation by selecting one of the following: ☐ **Frank** (baby's buttocks are by the birth canal with legs and feet pointed towards the head) ☐ **Complete** (baby's buttocks are by the birth canal with legs folded at knees and feet near the buttocks) ☐ **Footling** (one or both of the baby's feet are pointed down by the birth canal and will deliver before the rest of the body)
Liquor	Specify the quality / colour of the amniotic fluid by selecting all of the following that apply: ☐ **Clear** ☐ **Bloody** ☐ **Meconium-stained** If '**Clear**' is selected, no other options should be selected.
Fetal surveillance	Specify the methods of fetal surveillance used to monitor the fetal heart rate during labour by selecting all of the following that apply: ☐ **Intermittent auscultation (IA)** ☐ **External electronic fetal monitoring (External EFM)** ☐ **Internal electronic fetal monitoring (Internal EFM)** ☐ **Intrauterine pressure catheter (IUPC)** ☐ **Fetal scalp blood** (# of samples) (last sampled pH) ☐ **Fetal scalp lactate** (# of samples) (last sampled mmol / L)
External electronic fetal monitoring (External EFM)	If '**External EFM**' is selected, record the '**Indication(s)**' by documenting the reasons why this method of fetal surveillance was used.
Internal electronic fetal monitoring (Internal EFM)	If '**Internal EFM**' is selected, record the '**Indication(s)**' by documenting the reasons why this method of fetal surveillance was used.
Fetal scalp blood	If '**Fetal scalp blood**' is selected, record the number of samples of fetal scalp blood that were obtained and the pH of the last sample that was obtained.

Completion of the Form

Item	Description
[Fetal surveillance continued]	
Fetal scalp lactate	If '**Fetal scalp lactate**' is selected, record the number of samples of fetal scalp blood that were obtained and the concentration of lactate (in millimoles per litre) in the last sample that was obtained.
Analgesia	Specify the methods of analgesia used during labour by selecting all of the following that apply: ☐ **Comfort / labour support / other non-pharmacological (pharm) only** ☐ **Water immersion** ☐ **Doula support** ☐ **Nitrous oxide gas** ☐ **Opioids**
Anesthesia (labour)	Specify the methods of anesthesia used during labour by selecting all of the following that apply: ☐ **Pudendal** (medication is injected into the vaginal wall into the pudenal nerve to numb the area between the vagina and anus [perineum]) ☐ **Local** (medication is injected into the area around the nerves that provide feeling to the vagina, vulva, and perineum) ☐ **Epidural** (a type of regional anesthesia or analgesia in which pain medications are given through a tube placed in the space at the base of the spine) ☐ **Spinal** (a type of regional anesthesia or analgesia in which pain medications are administered into the spinal fluid) ☐ **Combined** (a form of regional anesthesia or analgesia in which pain medications are administered into the spinal fluid [spinal block] as well as through a thin tube into the epidural space [epidural block]) ☐ **Other** If '**Other**' is selected, specify the type of anesthesia used during labour. If no anesthesia was used during labour, select '**None**'.
Anesthesia (C / S)	Specify the methods of anesthesia used during a cesarean section (C / S) by selecting all of the following that apply: ☐ **Epidural** (a type of regional anesthesia or analgesia in which pain medications are given through a tube placed in the space at the base of the spine) ☐ **Spinal** (a type of regional anesthesia or analgesia in which pain medications are administered into the spinal fluid) ☐ **Combined** (a form of regional anesthesia or analgesia in which pain medications are administered into the spinal fluid [spinal block] as well as through a thin tube into the epidural space [epidural block]) ☐ **General** (the patient is unconscious while the C / S takes place) If no anesthesia was used during a cesarean section, select '**None**'.
Antibiotics administered	Specify whether any antibiotics were administered during labour by selecting one of the following: ☐ **No** ☐ **Yes**

Completion of the Form

Item	Description
Antibiotics indication	Specify what indications for antibiotics during labour the patient had by selecting all of the following that apply: ☐ **Group B Streptococcus (GBS)** ☐ **Intrapartum fever / chorioamnionitis (chorio.)** ☐ **Pre-operative** If the patient did not have any indications for antibiotics during labour, select '**None**'.
Medications indication	Specify what indications for medications during labour the patient had by selecting all of the following that apply: ☐ **Intrapartum hypertension** ☐ **Seizure prophylaxis ($MgSO_4$)** ☐ **Fetal neuroprotection ($MgSO_4$)** If the patient did not have any indications for medications during labour, select '**None**'.

Section 3: Birth

Note: The plane of reading for 'Section 1: Background' and 'Section 2: Labour' of the Labour and Birth Summary Record (1920) was from left to right. For 'Section 3: Birth' the plane of reading is from top to bottom.

Item	Description
Fetal presentation (if different from above)	If the presentation of the fetus at birth is different from the presentation of the fetus during delivery, record it in the space provided. Refer to '**Fetal presentation**' in **Section 2: Labour** above for a detailed list of possible fetal presentations.
Fetal position	Specify the position of the fetus at birth based on the relationship between the baby's presenting body part and the mother's or individual's pelvis by selecting one of the following: ☐ **Occiput – Anterior** ☐ **Occiput – Posterior** ☐ **Occiput – Transverse** ☐ **Sacrum – Anterior** ☐ **Sacrum – Posterior** ☐ **Sacrum – Transverse** ☐ **Other** If '**Other**' is selected, specify the position of the fetus at birth.
Mode	Specify the mode of birth by selecting one of the following: ☐ **Spontaneous vaginal delivery** ☐ **Assisted vaginal delivery** ☐ **Cesarean section (C / S)**

Completion of the Form

Item	Description
[Mode continued]	
Assisted vaginal delivery	If '**Assisted vaginal delivery**' is selected, specify the device used to perform the assisted vaginal delivery by selecting one of the following: ☐ **Vacuum** ☐ **Forceps** Specify also the classification of the assisted vaginal delivery based on the station and the degree of rotation of the fetal head within the pelvis, and specify whether rotation was performed by selecting all of the following that apply: ☐ **Outlet** ☐ **Low** ☐ **Mid** ☐ **Rotation** ☐ **Other** Only one of '**Outlet**', '**Low**', '**Mid**', or '**Other**' should be selected. If '**Other**' is selected, specify the classification.
C / S	If '**C / S**' is selected, record the '**Primary indication**' and '**Other indication(s)**' for C / S by documenting the diagnoses that best describe the primary and other reason(s), respectively, that an operative delivery was performed. Specify whether the C / S was elective and performed as scheduled, or whether it was emergent, by selecting one of the following: ☐ **As scheduled** ☐ **Emergent** (when a C / S was performed as a result of suspected acute fetal or maternal compromise and a vaginal delivery was not imminent) *Note: If a C / S was the planned mode of birth but it was performed earlier than originally scheduled due to fetal or maternal complications, it should be recorded as an emergent C / S.*
Emergent	If '**Emergent**' is selected, record when the decision was made to perform a C / S by documenting the date (following the dd / mm / yyyy format) and the time (following the 24-hour clock hh:mm format). If '**Emergent**' is selected, record the last known cervical dilation (in centimeters) prior to C / S.
Uterotonics	Specify the type of uterotonics administered during delivery for postpartum hemorrhage prevention by selecting all of the following that apply: ☐ **Oxytocin** ☐ **Carbetocin** ☐ **Other** If '**Other**' is selected, specify the type of uterotonics administered during delivery. If no uterotonics were administered during delivery for postpartum hemorrhage prevention, select '**None**'.
Oxytocin	If '**Oxytocin**' is selected, record the dose administered in the space provided, and specify how it was administered by selecting one of the following: ☐ **Intramuscular (IM)** ☐ **Intravenous (IV)**

Completion of the Form

Item	Description
[Uterotonics continued]	
Carbetocin	If '**Carbetocin**' is selected, record the dose administered in the space provided, and specify how it was administered by selecting one of the following: ☐ **Intramuscular (IM)** ☐ **Intravenous (IV)**
Placenta delivery	
Method	Specify the method of placenta delivery by selecting one of the following: ☐ **Spontaneous** (pushing) ☐ **Controlled traction** ☐ **Manual removal** ☐ **Surgical removal**
Complete	Specify whether the delivered placenta was complete by selecting one of the following: ☐ **Yes** ☐ **No**
Sent to Path.	Specify whether the delivered placenta was sent to the department of pathology (Path.) for examination by selecting one of the following: ☐ **Yes** ☐ **No**
Cord	
Vessels	Specify the number of vessels visualized in the umbilical cord by selecting one of the following: ☐ **2** ☐ **3**
Cord gases	Specify whether umbilical cord blood gases were collected by selecting one of the following: ☐ **Yes** ☐ **No**
Cord clamped	Specify the time after birth (in seconds) when the umbilical cord was clamped by selecting one of the following: ☐ **< 15 sec** ☐ **15 – 30 sec** ☐ **31 – 60 sec** ☐ **> 60 sec**
Reason(s) for early clamping	Record the reasons(s) for early clamping of the umbilical cord after birth.

Completion of the Form

Item	Description
Perineum / vagina / cervix	Specify the condition of the perineum / vagina / cervix at birth by selecting all of the following that apply: ☐ **Intact** (no trauma) ☐ **Laceration** (tear and / or rupture of the vagina or perineum, excluding abrasions) ☐ **Episiotomy** (surgical incision through the perineum made to enlarge the vagina and aid a difficult delivery) ☐ **Cervical tear** (injury to the cervix) ☐ **Other trauma** (another type of tear or laceration) If '**Other trauma**' is selected, specify the type of trauma to the perineum / vagina / cervix that occurred during birth (e.g., high vaginal laceration, gutter tear, sulcus tear). *Note: If '**Intact**' is selected, no other options should be selected.*
Laceration	If '**Laceration**' is selected, specify the degree of the laceration that occurred by selecting one of the following: ☐ **1st** ☐ **2nd** ☐ **3rd** ☐ **4th**
Episiotomy	If '**Episiotomy**' is selected, specify the type of episiotomy that was performed based on the type of incision made by selecting one of the following: ☐ **Midline** ☐ **Mediolateral**
Repaired by (name)	If the perineum / vagina / cervix was not intact at birth, record the name of the care provider who repaired the trauma. Specify also the title / designation of the care provider who repaired the trauma by selecting one of the following: ☐ **Medical Doctor (MD)** ☐ **Registered Midwife (RM)**
Sponge count correct	If the perineum / vagina / cervix was not intact at birth and the trauma was repaired, specify whether the sponge count following the repair was correct by selecting one of the following: ☐ **Yes** ☐ **No** The care provider who confirmed the sponge count should initial in the space provided.
Needle count correct	If the perineum / vagina / cervix was not intact at birth and the trauma was repaired, specify whether the needle count following the repair was correct by selecting one of the following: ☐ **Yes** ☐ **No** The care provider who confirmed the needle count should initial in the space provided.

Completion of the Form

Item	Description
Blood loss	
Volume	Specify whether the amount of blood loss during delivery was measured or estimated by selecting one of the following: ☐ **Measured** (mL) ☐ **Estimated** If '**Measured**' is selected, record the amount of blood lost during delivery (in milliliters) in the space provided. If '**Estimated**' is selected, specify the approximate amount of blood lost during delivery by selecting one of the following: ☐ **≤ 500 mL** ☐ **501 – 1,000 mL** ☐ **1,001 – 1,500 mL** ☐ **> 1,500 mL**
Interventions	Specify the interventions that were administered for the management of blood loss during delivery by selecting all that apply: ☐ **None** ☐ **Blood products** ☐ **Medication(s)** ☐ **Other** If no interventions were administered for the management of blood loss during delivery, select '**None**'. If '**Medication(s)**' is selected, specify the exact type of medication(s) administered for the management of blood loss. If '**Other**' is selected, specify the type of interventions administered for the management of blood loss.

Completion of the Form

Section 4: Time Summary

Note: The plane of reading for 'Section 3: Birth' was from top to bottom. For 'Section 4: Time Summary', 'Section 5: Fetal / Newborn Status', and 'Section 6: Sign-Offs' the plane of reading will be from left to right.

Item	Description
Time of onset (hh:mm | dd / mm / yyyy)	Record the onset of each of the following events by documenting the time (following the 24-hour clock hh:mm format) and the date (following the dd / mm / yyyy format) in the table provided.
ROM	Rupture of membranes (ROM) / rupture of the amniotic sac.
1st stage	Onset of labour defined by the beginning of painful contractions and cervical change.
Full dilation	Full dilation of the cervix marking the onset of the 2nd stage of labour.
Active 2nd stage	Full dilation of the cervix accompanied by regular contractions and an urge to push.
Birth of baby	Birth of the baby.
Delivery of placenta	Delivery of the placenta.
Duration (hrs / min)	Record the calculated duration of each of the following stages / events (in hours and minutes) in the table provided.
1st stage	Time between the 1st stage and full dilation.
2nd stage – passive	Time between full dilation and the active 2nd stage.
2nd stage – active	Time between the active 2nd stage and the birth of the baby.
3rd stage	Time between the birth of the baby and the delivery of the placenta.
Total ROM	Time between the ROM and the birth of the baby.

Completion of the Form

Section 5: Fetal / Newborn Status

Item	Description
Sex	Specify the sex of the baby by selecting one of the following: ☐ **Male** ☐ **Female** ☐ **Undifferentiated** (sex could not be determined; not uniquely defined)
Birth weight (g)	Record the birth weight of the baby (in grams).
Apgar @ 1 min | @ 5 min | @ 10 min	Record the baby's numerical Apgar score at 1 minute, 5 minutes, and 10 minutes of age. The total Apgar score is between 0 and 10, and is based on five criteria, including: skin colour, heart rate, reflex irritability, muscle tone, and respiration, each assessed on a scale of 0 to 2. *Note: If the baby is born stillborn, an Apgar score of '0' should be recorded @ 1 min. If the baby is born alive but dies during the first 10 minutes of age, an Apgar score of '0' should be recorded @ 5 min and / or @ 10 min.*
If fetal death, specify	If the pregnancy resulted in a fetal death, specify whether it was elective / intended or spontaneous by selecting one of the following: ☐ **Elective / intended** (e.g., elective reduction of a multiple pregnancy) ☐ **Spontaneous**
Spontaneous	If '**Spontaneous**' is selected, specify when the spontaneous fetal death occurred by selecting one of the following: ☐ **Pre-labour** ☐ **During labour**
Date of fetal death (dd / mm / yyyy)	Record the date when the fetal death occurred (following the dd / mm / yyyy format).
GA at fetal death (wks / days)	Record the gestational age (GA) (in weeks and days) at which the fetal death occurred. Gestational age should be determined by clinical best estimate.

Completion of the Form

Section 6: Sign-Offs

Item	Description
Place of birth	Specify the location where the baby was born by selecting one of the following: ☐ **Hospital** ☐ **Home** ☐ **Other** If '**Other**' is selected, specify the location where the baby was born.
Planned place of birth at onset of labour	Specify whether the planned place of birth at the onset of labour was the hospital or home by selecting one of the following: ☐ **Hospital** ☐ **Home** (this includes friend's home, hotel, etc.)
Comments on labour and birth	Comment on whether the labour and birth were classified as normal, specify any problems encountered during the delivery, and document any other significant aspects of the labour and birth.
Care provider during labour	The most responsible care provider during the labour stage of the episode of care should print their full name (including given name and surname) and sign in the space provided. Specify the title / designation of the most responsible care provider during the labour stage of the episode of care by selecting one of the following: ☐ **Registered Midwife (RM)** ☐ **Family Physician (FP)** ☐ **Obstetrician (OB)** ☐ **Other** If '**Other**' is selected, specify the title / designation of the most responsible provider during the labour stage of the episode of care. *Note: The most responsible care provider during the labour may not necessarily be the same as the care provider during the delivery.*
Care provider during delivery	The most responsible care provider during the delivery / birth stage of the episode of care should print their full name (including given name and surname) and sign in the space provided. Specify the title / designation of the most responsible care provider during the delivery / birth stage of the episode of care by selecting one of the following: ☐ **Registered Midwife (RM)** ☐ **Family Physician (FP)** ☐ **Obstetrician (OB)** ☐ **General surgeon** ☐ **Registered Nurse (RN)** ☐ **Other** If '**Other**' is selected, specify the title / designation of the most responsible provider during the delivery / birth stage of the episode of care.

Completion of the Form

Item	Description
Present at delivery	Record the full names (including given name and surname) of all other care providers present during the delivery / birth in the space provided according to their title / designation (i.e., Medical Doctor [MD], Registered Midwife [RM], Registered Nurse [RN], Other).
Consult to	Specify which care providers were consulted during the episode of care by selecting all of the following that apply: ☐ **Family Physician (FP)** ☐ **Obstetrician (OB)** ☐ **Maternal-Fetal Medicine specialist (MFM)** ☐ **Pediatrician** ☐ **Neonatologist** ☐ **Other** If '**Other**' is selected, specify the title / designation of the care provider to which a consult was made during the episode of care.

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3. Hobson, S., Cassell, K., Windrim, R. & Cargill, Y., 2019. No. 381–Assisted Vaginal Birth. Journal of Obstetrics and Gynaecology Canada, Volume 41, Issue 6, pp. 870 – 882.
4. Kotaska, A. & Menticoglou, S., 2019. No. 384–Management of Breech Presentation at Term. Journal of Obstetrics and Gynaecology Canada, Volume 41, Issue 8, pp. 1193 – 1205.
5. Leduc, D., Senikas, V. & Lalonde, A.B., 2018. No. 235–Active Management of the Third Stage of Labour: Prevention and Treatment of Postpartum Hemorrhage. Journal of Obstetrics and Gynaecology Canada, Volume 40, Issue 12, e841 – e855.
6. Leduc, D., Biringer, A., Lee, L. & Dy, J., 2015. Induction of Labour: Review. Journal of Obstetrics and Gynaecology Canada, Volume 37, Issue 4, pp. 380 – 381.
7. Liston, R., Sawchuck, D. & Young, D., 2018. No. 197b–Fetal Health Surveillance: Intrapartum Consensus Guideline. Journal of Obstetrics and Gynaecology Canada, Volume 40, Issue 4, e298 – e322.

British Columbia Labour and Birth Summary Record

1. Background

(Status prior to this delivery, as on Antenatal Record)

Gravida ____ Term ____ Preterm ____ Abortus ____ Living ____

EDD (dd/mm/yyyy) _____ GA at delivery (wks/days) _____

Planned mode of delivery: ☐ Vaginal ☐ Primary C/S ☐ Repeat C/S

VBAC eligible this delivery: ☐ N/A ☐ Yes ☐ No (specify reason) _____

VBAC attempted this delivery: ☐ N/A ☐ Yes ☐ No (specify reason) _____

Newborn Hospital ID

☐ Singleton ☐ A
☐ Twin ☐ B
☐ Triplet ☐ C

Surname Given name

Address

Phone number

Personal Health Number Physician/midwife name

2. Labour

☐ No labour
☐ Spontaneous
☐ Augmented: ☐ ARM ☐ Oxytocin ☐ Other _____
☐ Induced: ☐ Mechanical ☐ ARM ☐ Oxytocin ☐ Prostaglandin: ☐ Dinoprostone: ☐ Cervidil® (vaginal insert) (# of doses) ____ ☐ Prostin® (vaginal gel) (# of doses) ____ ☐ Prepidil® (intracervical gel) (# of doses) ____ ☐ Misoprostol: ☐ Oral (# of doses) ____ ☐ Vaginal (# of doses) ____
Primary indication _____
Other indication(s) _____
☐ Other _____

Oxytocin for induction/augmentation

	hh	mm	dd	mm	yyyy
First started					
Last stopped					

Dose when last stopped (mu/min) _____

Fetal presentation
☐ Cephalic: ☐ Vertex ☐ Other _____
☐ Breech: ☐ Frank ☐ Complete ☐ Footling
☐ Other _____

Liquor
☐ Clear
☐ Bloody
☐ Meconium-stained

Fetal surveillance
☐ IA
☐ External EFM: Indication(s) _____
☐ Internal EFM: Indication(s) _____
☐ IUPC
☐ Fetal scalp blood (# of samples) _____ (last sampled pH) _____
☐ Fetal scalp lactate (# of samples) _____ (last sampled mmol/L) _____

Analgesia
☐ Comfort/labour support/other non-pharm only
☐ Water immersion
☐ Doula support
☐ Nitrous oxide gas
☐ Opioids

Anesthesia (labour) ☐ None
☐ Pudendal
☐ Local
☐ Epidural
☐ Spinal
☐ Combined
☐ Other _____

Anesthesia (C/S) ☐ None
☐ Epidural
☐ Spinal
☐ Combined
☐ General

Antibiotics administered ☐ No ☐ Yes

Antibiotics indication ☐ None
☐ GBS
☐ Intrapartum fever/chorio.
☐ Pre-operative

Medications indication ☐ None
☐ Intrapartum hypertension
☐ Seizure prophylaxis ($MgSO_4$)
☐ Fetal neuroprotection ($MgSO_4$)

3. Birth

Fetal presentation (if different from above) _____

Fetal position
☐ Occiput–Anterior ☐ Sacrum–Anterior
☐ Occiput–Posterior ☐ Sacrum–Posterior
☐ Occiput–Transverse ☐ Sacrum–Transverse
☐ Other _____

Mode
☐ Spontaneous vaginal delivery
☐ Assisted vaginal delivery: ☐ Vacuum: ☐ Outlet ☐ Forceps: ☐ Low ☐ Mid ☐ Rotation ☐ Other _____
☐ C/S: Primary indication _____
Other indication(s) _____
☐ As scheduled
☐ Emergent:
Decision at (dd/mm/yyyy) _____ (hh:mm) ____
Last known cervical dilation prior to C/S (cm) ____

Uterotonics ☐ None
☐ Oxytocin: ☐ IM ☐ IV (dose) _____
☐ Carbetocin: ☐ IM ☐ IV (dose) _____
☐ Other _____

Placenta delivery
Method: ☐ Spontaneous ☐ Controlled traction ☐ Manual removal ☐ Surgical removal
Complete: ☐ Yes ☐ No
Sent to Path.: ☐ Yes ☐ No

Cord
Vessels: ☐ 2 ☐ 3
Cord gases: ☐ Yes ☐ No
Cord clamped: ☐ <15 sec ☐ 15–30 sec ☐ 31–60 sec ☐ >60 sec
Reason(s) for early clamping _____

Perineum/vagina/cervix
☐ Intact
☐ Laceration: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th
☐ Episiotomy: ☐ Midline ☐ Mediolateral
☐ Cervical tear
☐ Other trauma _____
Repaired by (name) _____ ☐ MD ☐ RM
Sponge count correct: ☐ Yes ☐ No (initials) _____
Needle count correct: ☐ Yes ☐ No (initials) _____

Blood loss
Volume: ☐ Measured (mL) _____
☐ Estimated: ☐ ≤500 mL ☐ 501–1,000 mL ☐ 1,001–1,500 mL ☐ >1,500 mL
Interventions: ☐ None ☐ Blood products ☐ Medication(s) _____ ☐ Other _____

4. Time Summary

Time of onset

	hh	mm	dd	mm	yyyy
ROM					
1st stage					
Full dilation					
Active 2nd stage					
Birth of baby					
Delivery of placenta					

Duration

	hrs	min
1st stage		
2nd stage – passive		
2nd stage – active		
3rd stage		
Total ROM		

5. Fetal/Newborn Status

Sex: ☐ Male ☐ Female ☐ Undifferentiated
Birth weight (g) _____
Apgar @ 1 min _____ @ 5 min _____ @ 10 min _____

If fetal death, specify:
☐ Elective/intended
☐ Spontaneous: ☐ Pre-labour ☐ During labour
Date of fetal death (dd/mm/yyyy) _____
GA at fetal death (wks/days) _____

6. Sign-Offs

Place of birth: ☐ Hospital ☐ Home ☐ Other _____ Planned place of birth at onset of labour: ☐ Hospital ☐ Home

Comments on labour and birth _____

Care provider during labour (name) _____ (signature) _____ ☐ RM ☐ FP ☐ OB ☐ Other _____

Care provider during delivery (name) _____ (signature) _____ ☐ RM ☐ FP ☐ OB ☐ General surgeon ☐ RN ☐ Other ____

Present at delivery (MD) _____ (RM) _____ (RN) _____ (Other) _____

Consult to: ☐ FP ☐ OB ☐ MFM ☐ Pediatrician ☐ Neonatologist ☐ Other _____

WHITE: MOTHER'S CHART YELLOW: INFANT'S CHART PINK: HEALTH CARE PROVIDER COPY

Perinatal Services BC
Provincial Health Services Authority

Obtaining Copies of the BC Labour and Birth Summary Record

For sites wishing to order forms or to obtain ordering information, please refer to the PSBC website:
perinatalservicesbc.ca/health-professionals/forms

If you have any questions or feedback about any of the PSBC perinatal forms, please email **psbc@phsa.ca** or call **604-877-2121**.