



Birth Notes



First name: Anna Surname: Sample 

Address: 75 Harborne Road, Edgbaston, Birmingham

Postcode: B 1 5 3 B U Phone: 0121 666 6666

Date of birth: 3 0 0 7 8 5 Unit No.: A123456

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

Intended place of birth: A Hospital

Lead Professionals

Midwife: A Midwife Consultant:

Lead Carers in Labour

From Date/Time	To Date/Time	Name	Post	Reason for change
14.07.17 09.00	14.07.17 17.30	Amy Midwife	Midwife	

Signatures

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

Name (print clearly)	Post	Signature	Name (print clearly)	Post	Signature
Amy Midwife	Midwife	A Midwife			
Carol Midwife	Midwife	C Midwife			

Next of Kin

Details as in Pregnancy Notes

If details changed:

Name:

Phone: Relation:

Emergency Contact

Details as in Pregnancy Notes

If details changed:

Name:

Phone: Relation:



Name Anna Sample	Unit no. A123456
Maternal Preferences Wants to use the birthing pool for labour	

31	1 + 1	100 / 65	40 + 0
Age	Prev. pregnancies (>24 wks + <24 wks)	BP at booking	Current gestation (weeks + days)

Booking BMI

2	3	9
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Personal & Family History
Nil of note

Past Medical History - including any mental health issues
Nil of note

Past Obstetric History
Nil of note

Significant risk factors

Antenatal risks present	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	SGA or FGR on scan	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
Management plan initiated	<input checked="" type="checkbox"/>		
Medications Nil Allergies Nil			

Current Pregnancy Gestation at booking (wks)

8	+	1
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 No. of antenatal visits
Unbooked 5 or less 6-10 11 or more

Social or personal problems No Yes
Child protection issues No Yes
Details

Total number of reduced fetal movement visits

0

Antepartum haemorrhage No Yes
Placental site: Anterior upper

Smoking/Tobacco use

	No	Yes	Number
At beginning of pregnancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
At end of pregnancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Received antenatal smoking cessation services	<input type="checkbox"/>	Yes <input type="checkbox"/> Declined <input type="checkbox"/>	

Hypertension/Proteinuria No Yes

Other (eg drugs, alcohol etc)

Fetal Growth No antenatal problems suspected
Accelerated Restricted

Risk factors for Venous Thromboembolism (VTE)

Receiving anti-coagulation therapy <input type="checkbox"/>	Previous VTE <input type="checkbox"/>	High risk thrombophilia <input type="checkbox"/>	Medical co morbidities <input type="checkbox"/>
Surgical procedure <input type="checkbox"/>	BMI >30 <input type="checkbox"/>	Age >35 <input type="checkbox"/>	Parity ≥ 3 <input type="checkbox"/>
Gross varicose veins <input type="checkbox"/>	Immobility <input type="checkbox"/>	Family history VTE <input type="checkbox"/>	Current pre-eclampsia <input type="checkbox"/>
VTE assessment performed Yes <input checked="" type="checkbox"/>		VTE pathway initiated No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
		Multiple pregnancy <input type="checkbox"/>	Smoker <input type="checkbox"/>
		IVF/ART <input type="checkbox"/>	Transient risk factors** <input type="checkbox"/>
		None identified <input checked="" type="checkbox"/>	

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

Peter Sample - husband

Comments e.g. coping strategies, management of 3rd stage
Anna wishes to use entonox and the birthing pool. Management of 3rd stage discussed, Anna would prefer an active management

Signature* A Midwife Date/Time

1	4	0	7	1	7
---	---	---	---	---	---

0	8	4	5
---	---	---	---

Initial Assessment

For induction of labour, attach page 3a/b

Where seen Date Time

Presenting history

Induction of labour Yes No Augmentation of labour Yes No

Signs of infection	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fetal movements	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Contractions	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Pain	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Vaginal loss	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Membranes intact	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Vaginal bleeding	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
--------------------	---------------------------------------------------------------------	-----------------	---------------------------------------------------------------------	--------------	---------------------------------------------------------------------	------	---------------------------------------------------------------------	--------------	---------------------------------------------------------------------	------------------	---------------------------------------------------------------------	------------------	---------------------------------------------------------------------

Self referral from home with history of regular contractions since 0430am, stronger since 0700am. Anna contracting 3:10 minutes, strong on palpation. Anna is coping well.

General examination

Pulse (bpm)	<input type="text" value="80"/>	Resps	<input type="text" value="18"/>	Presentation	<input type="text" value="ceph"/>
Blood pressure	<input type="text" value="114/70"/>	Temperature	<input type="text" value="36.8"/>	Lie	<input type="text" value="long"/>
MEOWS score	<input type="text" value="0"/>	***Weight on admission	<input type="text" value="N/A"/>	Position	<input type="text" value="LOA"/>
Oedema	<input type="text" value="nil"/>	Tissue viability assessment	<input type="text" value="N/A"/>	Engagement (5ths palpable)	<input type="text" value="2/5"/>
Urine	<input type="text" value="NAD"/>	Manual handling assessment	<input type="text" value="N/A"/>	Fundal height (cm)	<input type="text" value="37cms"/>

Estimated liquor	Normal <input checked="" type="checkbox"/>	Estimated growth status	Normal <input checked="" type="checkbox"/>
Oligohydramnios	<input type="checkbox"/>	Small (<10th customised centile)	<input type="checkbox"/>
Polyhydramnios	<input type="checkbox"/>	Large (>90th customised centile)	<input type="checkbox"/>

Comments

Contractions

Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Strength	<input type="text" value="strong"/>	
No. / 10 min	<input type="text" value="3:10"/>	Regularity	<input type="text" value="regular"/>

Fetal heart

Maternal pulse (bpm)	<input type="text" value="80"/>
Pinar	<input checked="" type="checkbox"/>
Rate (bpm)	<input type="text" value="134"/>
Rate (Twin 2)	<input type="text"/>
Duration of assessment (mins)	<input type="text" value="1 min"/>
CTG	<input type="text" value="N/A"/>
Baseline	<input type="text"/>
Variability	<input type="text"/>
Accelerations	<input type="text"/>
Decelerations	<input type="text"/>
** Normal	<input type="checkbox"/>
** Suspicious	<input type="checkbox"/>
** Pathological	<input type="checkbox"/>
Comments	<input type="text"/>

Vaginal Examination

Consent	<input checked="" type="checkbox"/>
Lie/Presentation	<input type="text" value="ceph/long lie"/>
External genitalia	<input type="text" value="NAD"/>
5ths palpable	<input type="text" value="2/5"/>
Show	<input type="text" value="no"/>

Cervix position

length

consistency

dilatation

Presenting part

station

caput

moulding

Bladder care	Void prior to procedure <input checked="" type="checkbox"/>	Catheter required	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Membranes	intact <input checked="" type="checkbox"/> hindwater leak <input type="checkbox"/>	Swab count (inc. number)	<input type="text" value="5"/>	
Forewaters:	already ruptured <input type="checkbox"/> ruptured during VE <input type="checkbox"/>	Swabs correct	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Liquor	none <input checked="" type="checkbox"/> clear <input type="checkbox"/>	blood stained <input type="checkbox"/> light meconium <input type="checkbox"/> thick meconium <input type="checkbox"/>	Signatures	<input type="text" value="A Midwife"/> <input type="text" value="C Midwife"/>

Fetal heart rate after VE (bpm)	<input type="text" value="133"/>	Pinar	<input type="checkbox"/>	Doptone	<input checked="" type="checkbox"/>	Monitor	<input type="checkbox"/>
Duration of assessment (mins)	<input type="text" value="1 min"/>	Date/Time	<input type="text" value="1407170905"/>				
Signature*	<input type="text" value="A Midwife"/>						

Agreed plan (Add identified risk factors at top of pages 2 & 3) Discussed progress with Anna and Peter, Anna wishes to use the birthing pool. Discussed birth plan and options for analgesia

Signature* Date/Time

Key to abbreviations

CTG = Cardiotocograph
 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

Affix additional sheets here, and number them 3.1., 3.2 etc

Management Plan

Pregnancy Notes reviewed Yes No If no: why

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

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	Management plan	Obstetrician aware	Signed *
14 07 17	Low risk	Care in labour as per Trust low risk pathway.	N/A	A Midwife
09 30		Intermittent auscultation of fetal heart every 15 mins during the first stage of labour following a contraction. During second stage, fetal heart auscultation every 5 mins for a minimum of 1 minute following a contraction.		
		For hourly temperature recordings of maternal pulse and pool temperature whilst Anna is in the birthing pool.		

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

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

Name	Anna Sample						
Unit No/ NHS No	A	1	2	3	4	5	6

Date/ Time	Notes	Signed*
1 4 0 7 1 7 0 9 1 5	Self referral from home in established labour, see admission details (page 3). Anna wishes to use the pool for analgesia, transferred to the pool room and pool prepared.	
	Anna and Peter advised:- how to use the call bell ; birthing partners and hospital site security. Partogram commenced.	A Midwife
09.30	Anna now in the birthing pool, temperature of the water on entering the pool = 36.6 C. Anna is coping well in the birthing pool, encouraged to increase fluid intake, cool water given.	A Midwife
10.00	Contracting strongly now, Anna feels able to cope at present using breathing techniques. Discussed further analgesia, Anna happy to continue at present. She will ask as soon as she feels ready to try entonox.	A Midwife
10.20	Pool temperature 36.3 C. Anna taking regular sips of iced water.	A Midwife
10.30	Anna becoming more distressed, commenced using entonox following instruction.	A Midwife
11.00	Anna wishes to pass urine, helped out of the pool, walked to the toilet. Protein and blood on urinalysis, contaminated with "show".	A Midwife
11.15	Contracting strongly now, using entonox with good effect but Anna becoming increasingly distressed and thinks she may consider an epidural. Discussed with Anna options for analgesia, would prefer to get out of the pool and mobilise.	A Midwife
11.25	Spontaneous rupture of membranes after getting out of the pool. Clear liquor draining, Anna getting strong urges to push, now pushing spontaneously, so encouraged to do as her body feels she needs to do.	A Midwife
11.28	Anna on all fours, pushing spontaneously. Presenting part visible when pushing and advancing well with each contraction.	A Midwife
11.38	Normal vaginal delivery of a live female infant in good condition, baby cried at birth. Syntocinon given I.M following delivery. Baby dried and given to Anna for skin to skin contact. Baby covered in a warm towel.	A Midwife
11.45	Placenta and membranes delivered by controlled cord traction, delayed cord clamping for 2 minutes.	A Midwife
13.00	Anna requesting an early transfer home. Refreshments given and confirmed a car seat will be available for transfer home. Anna comfortable, not requiring any analgesia.	A Midwife
14.10	Anna passed urine - 250mls.	A Midwife
16.30	Newborn examination completed. Post natal notes for mom and baby commenced	

* Signatures must be listed on page 1 for identification

Name	Anna Sample						
Unit No/ NHS No	A	1	2	3	4	5	6

Date/ Time	Notes	Signed*
14 07 17	and issued to Anna.	A Midwife
16 30		

* Signatures must be listed on page 1 for identification

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

* Signatures must be listed on page 1 for identification

Name									
Unit No/									
NHS No									

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

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

* 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
1 4 0 7 1 7 09.30	Management of 3rd stage	Reduce the risk of PPH and shortens duration	Discussed reduced risk of bleeding and expedites 3rd stage	Discussed with mother <input checked="" type="checkbox"/> Consent Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Signed * A Midwife
D D M M Y Y				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *
D D M M Y Y				Discussed with mother <input type="checkbox"/> Consent Yes <input type="checkbox"/> No <input type="checkbox"/> Signed *

* Signatures must be listed on page 1 for identification

Name Anna Midwife							
Unit No/ NHS No	A	1	2	3	4	5	6

Operative details

Procedure		Indication	
Ventouse <input type="checkbox"/>	Caesarean <input type="checkbox"/> <input type="text"/>	Classification **	Suspected fetal compromise <input type="checkbox"/>
Forceps <input type="checkbox"/>	Other <input type="text"/>		Failure to progress <input type="checkbox"/>
			Breech <input type="checkbox"/>
			Antepartum haemorrhage <input type="checkbox"/>
			Maternal request <input type="checkbox"/>
			Multiple pregnancy <input type="checkbox"/>
			Other <input type="text"/>

Pre-delivery findings

Abdominal palpation	Vaginal examination	Liquor	Fetal heart
Presentation <input type="text"/>	Not performed <input type="checkbox"/>	None <input type="checkbox"/>	CTG performed <input type="checkbox"/>
Lie <input type="text"/>	Presenting part <input type="text"/>	Clear <input type="checkbox"/>	Normal <input type="checkbox"/>
Position <input type="text"/>	Cervix position <input type="text"/>	Light meconium <input type="checkbox"/>	Suspicious <input type="checkbox"/>
Engagement (5ths palpable) <input type="text"/>	consistency <input type="text"/>	Thick meconium <input type="checkbox"/>	Pathological <input type="checkbox"/>
	length <input type="text"/>	Bloodstained <input type="checkbox"/>	Predelivery FBS <input type="checkbox"/>
	dilatation <input type="text"/>		FBS result <input type="text"/>
	station <input type="text"/>		
	position <input type="text"/>		
	caput <input type="text"/>		
	moulding <input type="text"/>		

Pre-delivery bladder care Bladder emptied Yes No Indwelling catheter Yes No Time

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, O₂ for 4hrs post op, dural tap observed)

Assisted delivery	
Decision time	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Venue for procedure	
Type of instrument used	
Time instrument applied	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Duration of application	<input type="text"/> <input type="text"/> minutes
Rotation	
Number of pulls	
Change of instrument (Type)	
Time instrument applied	
Episiotomy performed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Liquor	
Time baby delivered	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Position at delivery	
Placenta delivered	
Cord pH	
Pre delivery swabs/instruments correct (inc. no)	
Post delivery swabs/instruments correct (inc. no)	
Signatures*	<input type="text"/>

Caesarean section	
Decision time	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Time arrived in theatre	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Prophylactic antibiotics given	Yes <input type="checkbox"/> No <input type="checkbox"/>
Time of knife to skin	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Time of knife to uterus	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type of uterine incision	
Liquor	
Time baby delivered	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Decision to delivery time	<input type="text"/> <input type="text"/> minutes
Placenta delivered	
Tubes and ovaries	
Skin closed	
Cord pH	
Time out of theatre	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Pre delivery swabs/instruments correct (inc. no)	
Post delivery swabs/instruments correct (inc. no)	
Signatures*	<input type="text"/>

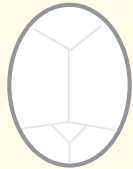
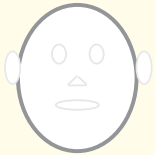
** Caesarean section classification:
 1. Immediate threat to the life of the mother or fetus. 2. Maternal or fetal compromise, not immediately life-threatening.
 3. No maternal or fetal compromise but needs early delivery. 4. Delivery timed to suit woman or Maternity Services.
 * Signatures must be listed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

Details - including surgeon's name and signature

Closure and sutures

Estimated blood loss mls

Post-delivery instructions



Draw any abrasions / marks and position of instruments

	Yes	No
Drains	<input type="checkbox"/>	<input type="checkbox"/>
Urinary catheter	<input type="checkbox"/>	<input type="checkbox"/>
Sutures for removal	<input type="checkbox"/>	<input type="checkbox"/>
Suggest for VBAC next time	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal pack in situ	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal pack removed	<input type="checkbox"/>	<input type="checkbox"/>
Anti-coagulation therapy	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Anti-embolic stockings	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
Analgesia	<input type="checkbox"/>	<input type="checkbox"/>
Epidural catheter removed	<input type="checkbox"/>	<input type="checkbox"/>
Follow up required	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Staff present

Surgeon

Assistant

Midwives

Anaesthetist

ODP

Paediatrician

Time called

Time arrived

Others

Time in recovery

minutes

Signature*

Date/Time

Key to abbreviation: ODP = Operating Department Practitioner

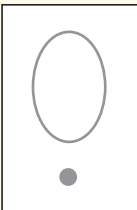
*** Signatures must be listed on page 1 for identification**

Name	<input type="text"/>
Unit No/ NHS No	<input type="text"/>

Third Stage

Management		Delayed cord clamping-duration <5 mins <input checked="" type="checkbox"/> >5 mins <input type="checkbox"/>	
Physiological <input type="checkbox"/>	Manual removal of placenta <input type="checkbox"/>	Comments	
Active (CCT) <input checked="" type="checkbox"/>			
Drugs	Dosage & time given	Blood loss (ml)	Cord No. of vessels <input type="text" value="3"/>
Consent obtained <input checked="" type="checkbox"/>	10 IU at 10.40am	Measured <input type="text" value="150"/>	Membranes
Syntometrine <input type="checkbox"/>	Ergometrine <input type="checkbox"/>	Estimated <input type="text"/>	Apparently complete <input checked="" type="checkbox"/>
Haemobate <input type="checkbox"/>	Misoprostol <input type="checkbox"/>	Oxytocin <input checked="" type="checkbox"/>	Ragged <input type="checkbox"/>
		Total <input type="text" value="150"/>	Incomplete <input type="checkbox"/>
			Sent for histology <input type="checkbox"/>
			Comments
Further action			

Vaginal delivery pack	Pre delivery swab count (inc. no) <input type="text" value="5"/>	Signatures*	Post delivery swab count (inc. no) <input type="text" value="5"/>	Signatures*
		A Midwife <input type="text"/>	C Midwife <input type="text"/>	A Midwife <input type="text"/>
				C Midwife <input type="text"/>

Perineum	No trauma identified <input type="checkbox"/>	Details of repair	Advice given
If PR declined, reason <input type="text"/>	PR performed <input checked="" type="checkbox"/>	Anaesthetic	Post natal review <input type="text" value="NO"/>
	Trauma **	Epidural <input type="checkbox"/>	Extent of trauma <input checked="" type="checkbox"/>
	1° <input checked="" type="checkbox"/>	None <input type="checkbox"/>	Hygiene <input checked="" type="checkbox"/>
	2° <input type="checkbox"/>	Pudendal <input type="checkbox"/>	Type of repair <input checked="" type="checkbox"/>
	3a° <input type="checkbox"/>	Spinal <input type="checkbox"/>	Diet, including fibre <input checked="" type="checkbox"/>
	3b° <input type="checkbox"/>	GA <input type="checkbox"/>	Pain relief <input checked="" type="checkbox"/>
	3c° <input type="checkbox"/>	Local <input checked="" type="checkbox"/>	Pelvic floor exercises <input checked="" type="checkbox"/>
	4° <input type="checkbox"/>	Lignocaine (mls) <input type="text" value="10"/>	
Labial <input type="checkbox"/>	Vaginal <input type="checkbox"/>	Suture material	Post repair
Cervical <input type="checkbox"/>	Episiotomy <input type="checkbox"/>	Vicryl rapide	Finish date and time: <input type="text" value="14.07.17 12.15pm"/>
Indication for episiotomy <input type="text"/>		Technique (post vaginal wall, muscle, skin, labia)	Haemostasis <input checked="" type="checkbox"/>
Pre-repair		sub cutaneous technique	Analgesia <input checked="" type="checkbox"/>
Repair required No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>			Vaginal pack in situ <input type="text" value="NO"/>
Discussed with mother <input checked="" type="checkbox"/>			PR examination <input checked="" type="checkbox"/>
Consent obtained <input checked="" type="checkbox"/>			PV examination <input checked="" type="checkbox"/>
Catheterised N/A			If declined, reason <input type="text"/>
Indwelling N/A			Tampon removed <input type="text" value="N/A"/>
Tampon inserted <input type="text" value="NO"/>			Antibiotics <input type="text" value="NO"/>
Venue for repair (room/theatre) <input type="text" value="Delivery room 10"/>			Laxatives <input type="text" value="NO"/>
Repair by <input type="text" value="A Midwife"/>			Swab count (inc. no) <input type="text" value="5"/>
Start date and time <input type="text" value="14.07.17 12.00pm"/>			Needle count <input type="text" value="2"/>
Swab count (inc. no) <input type="text" value="5"/>			Count performed by:
Needle count <input type="text" value="2"/>			Signature* <input type="text" value="A Midwife"/>
Count by: <input type="text" value="A Midwife"/>			Signature* <input type="text" value="C Midwife"/>
Signature* <input type="text" value="A Midwife"/>			For postnatal consultant review <input type="text" value="N/A"/>
Signature* <input type="text" value="C Midwife"/>			Comment
			<input type="text"/>

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 *
14.07.17 12.30pm	36.7	74	18	99%	110/65	Contracted	minimal	N/A	minimal bruising	250mls	minimal	A Midwife

Epidural catheter removed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<input type="text" value="DDMMYYHHMM"/>	Comments
					Nil of note

** 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

Intrapartum Action plans

Low risk care pathway - intermittent auscultation

one to one midwifery care

Blood group **A POS** Haemoglobin (g/L) **118** Date taken **2 1 0 4 1 7**
 Antibodies present **none** Group & save Cross match units

Name
Anna Sample

Unit no.
A123456

Birth Action Plans

Paediatrician to be present Seniority :

Birth Summary - Mother OR attach computer printout if available

Labour onset	Delivery	Baby 1	Baby 2
<input type="checkbox"/> None	Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Spontaneous	Vaginal breech	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Induced	Ventouse	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Augmented	Forceps	<input type="checkbox"/>	<input type="checkbox"/>
Indication	Caesarean:	1.	<input type="checkbox"/>
	(See page 16 for classifications)	2.	<input type="checkbox"/>
One to one care achieved		3.	<input type="checkbox"/>
Yes <input checked="" type="checkbox"/> If no, reason why		4.	<input type="checkbox"/>

Pain Relief

None Entonox Spinal Complementary therapies:
 H₂O Narcotics Epidural
 TENS Pudendal Combined spinal/epidural

Rupture of Membranes

Spontaneous Artificial Indication

Date **14.07.17** Time **11.25** Duration **/ 6** hrs/mins

Length of Labour

	Date	Time	Twin 2 delivered
Onset of est. labour	14.07.17	04.30	
Fully dilated	14.07.17	11.25	
Pushing commenced	14.07.17	11.25	1st stage 7 / 5
Head delivered	14.07.17	11.38	2nd stage / 10
Baby delivered	14.07.17	11.38	3rd stage / 7
End of third stage	14.07.17	11.45	Duration of labour 7 / 22

Third Stage (See page 18 for further details)

Placenta Apparently complete Incomplete Membranes Apparently complete Incomplete Ragged

Total blood loss (ml) **150**

Comments

Birth Attendants

	Baby 1	Baby 2
Delivered by	A Midwife	
Midwife at delivery	A Midwife	
Others present (Names)	A Midwife C Midwife Husband - Peter Sample	

Place of Birth

A Hospital NHS Trust

Maternal Position- at delivery

All fours

Maternal complications-

relevant proforma completed

Nil identified

Postnatal risk factors for thromboembolism

Previous VTE Antenatal anti-coagulation therapy
 High risk Thrombophilia 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

Bloods Maternal blood taken Cord blood taken
 No Yes No Yes

Signature* A Midwife

Date/Time **1 4 0 1 7 1 7 1 2 3 0**

Birth Summary - Baby

OR attach computer printout if available

Mother's Name Anna Sample	Unit number A123456	NHS number 1 0 0 1 0 0 1 0 0 0
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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			Congenital Anomaly	Unit Number	NHS Number
								1	5	10			
1	14.07.17	11.38	F	3800g	81	NVD	Live	9	9	10	None	A987654	200 200 2000
2													

Apgar Score

	0			1			2			Baby 1			Baby 2		
	Heart rate (bpm)	Respiratory effort	Muscle tone	Reflex irritability	Colour	Total	1	5	10	1	5	10	1	5	10
Heart rate (bpm)	absent	<100	>100				2	2	2						
Respiratory effort	absent	weak cry	good strong cry				2	2	2						
Muscle tone	limp	some flexion of extremities	well flexed				2	2	2						
Reflex irritability	no response	some motion	cry				2	2	2						
Colour	blue / pale	body pink, limbs blue	pink				1	1	2						
Total							9	9	10						

Cord Gases

	Baby 1		Baby 2	
	Arterial	Venous	Arterial	Venous
pH	N/A	N/A		
Base excess /deficit				
Other				

Resuscitation

Level	Baby 1			Baby 2		
	None	Basic	Advanced	None	Basic	Advanced
IPPV : Face mask	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ETT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T- Piece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intubated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age intubated (mins)						
Drugs						
Name						
Grade						

Paediatrician - discussion with parents re : resuscitation Yes No

Initial Examination

	Baby 1	Baby 2
Head circumference (HC, cm)	32cms	
Temperature (°C) / Route	36.8 C	
Identification / security labels	X2 labels	
Physical examination at birth completed as per Trust guideline	NAD	
Signature*	A Midwife	

Contact & Feeding

Skin-to-skin	Yes		No		Comments	Baby 1		Baby 2	
	Offered	Accepted	Declined	Time		Time	Duration (mins)	Duration (mins)	
Offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			11.38			
Accepted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1hr 20 mins			
Declined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Type of feed	Breast		<input checked="" type="checkbox"/>						
	Formula		<input type="checkbox"/>						
Feed offered	Method		breast						
	Time feed started		12.05						
	Duration of feed		20 mins						

Vitamin K

	Baby 1		Baby 2	
	Yes	No	Yes	No
Consent obtained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Route	I.M			
Requires further dose	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Neonatal Comments/Risks

Prolonged rupture of membranes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Meconium present at birth	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Shoulder Dystocia	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Traumatic/difficult delivery	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Risk of hypoglycaemia	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Rhesus Negative	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
NEWS chart commenced	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Plans for Transfer after Birth

Transfer to:	Date and time of transfer	Signature *
Mother <input type="text" value="Home"/>	<input type="text" value="1 4 0 7 1 7"/> <input type="text" value="1 7 3 0"/>	A Midwife
Handover of care tool (as per trust guideline) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A		Handover to - (name) <input type="text" value="M Midwife"/>
Baby(ies) <input type="text" value="Home"/>	<input type="text" value="1 4 0 7 1 7"/> <input type="text" value="1 7 3 0"/>	A Midwife
Handover of care tool (as per trust guideline) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A		Handover to - (name) <input type="text" value="M Midwife"/>
Comments Care transferred to community midwifery team - Anna and baby well on transfer		