

Patient Label Here



Labour - Birth Encounter

ADMISSION TAB

Demographics: Per patient label OR

Mother Family Name: _____ Given Name: _____

Maternal Date of Birth: dd/ mmm /yyyy Chart Number : _____ OHIP: _____

Address: _____ Postal Code: _____ Phone: _____

No Fixed address

Estimated Date of Birth (EDB): dd/ mmm /yyyy

Primary Language: One English French Other (specify): _____ Unknown

Maternal Admission to Hospital

Admission date: dd/ mmm /yyyy Admission Time: _____

Admission Healthcare Provider: One Obstetrician

Family Physician Midwife Nurse Practitioner (APN/CNS)

Other

Maternal Transfer from: One No transfer Hospital

Home birth/MW care Nursing station Birthing Center

Other unit same hospital Other

If transfer:

Maternal Transfer from Hospital (name): _____

Maternal transfer from Birth Centre (name): _____

Reason for Maternal Transfer From: One Fetal health concern Lack of nursing coverage Lack of physician coverage Maternal medical/obstetrical problem

No beds available Organization evacuation Birth outside of hospital prior to admission Care closer to home Condition improved Other Unknown

HISTORY TAB

Pre-existing Health Conditions (Outside of Pregnancy): (List) _____ Unknown

Mental Health Concerns: None Anxiety Depression History of Postpartum Depression Addiction Bipolar Schizophrenia Other Unknown

Domestic/Intimate Partner Violence: One No Disclosure Disclosure Unable to ask

Obstetrical History: Gravida (G): _____ # of Previous Term Pregnancies (T): _____ # of Previous Preterm Pregnancies (P): _____ # of Previous Abortions (A): _____
of Living Children (L): _____ # of Previous Stillbirths (S): _____ # of Previous Vaginal Births: _____ # of Previous C/S Births: _____ # of Previous VBACs: _____

Parity: Auto calculates

PREGNANCY TAB

Maternal Height: _____ (in, ft & in, cm) Unknown **Pre-pregnancy weight:** _____ (lb/kg) Unknown **Pre-pregnancy BMI:** *Calculates*

Maternal Weight at end of Pregnancy: _____ (lb/kg) Unknown Declined weight check **Maternal Weight Gain at end of Pregnancy:** *Calculates*

Number of fetuses: _____

Conception type: Spontaneous Intrauterine Insemination alone
 Intrauterine Insemination (IUI) with ovulation induction but no IVF
 Ovulation induction without IVF (i.e. Clomid, FSH)
 IVF IVF ICSI Surrogate Vaginal insemination Unknown

Estimated Date of Birth (EDB): dd/mmm/yyyy

EDB determined by: One Last Menstrual Period First trimester dating ultrasound Second trimester ultrasound Assisted reproductive technology
 Obstetrical clinical estimate (includes S-F height) Unknown

First Trimester Visit: One Yes No Unknown

Antenatal Health Care Provider: None Obstetrician Family Physician Midwife Nurse Nurse Practitioner (APN/CNS) Other Unknown

Prenatal Education: One Yes - In-person prenatal education only Yes - Online prenatal education only Yes - Combination of in-person and online prenatal education Yes - Unknown method of education delivery No - Patient/client did not receive prenatal education Unknown if patient/client received prenatal education

Folic Acid Use: One None Pre-conception only During pregnancy only Pre-conception and during pregnancy Unknown

Was prenatal genetic screening offered, as indicated on the OPR?

One Yes, screening was offered No, screening was not offered
 Counsellor and declined screening Unknown if screening was offered – no access to the OPR Unknown if screening was offered – other reason

Intention to Breastfeed: One Yes, intends to exclusively breastfeed
 Yes, intends to combination feed (use breast milk and breast milk substitute)
 No, does not intend to breastfeed Mother unsure Unknown, intent not collected

Smoking at First Trimester Visit: One None < 10 cigarettes/day 10-20/day >20/day Amount unknown Unknown

Resides with smoker at first trimester visit: One Yes No Unknown

Smoking at time of labour/admission: One None < 10 cigarettes/day 10-20/day >20/day Amount unknown Unknown

Resides with smoker at time of labour/admission: One Yes No Unknown

Alcohol Exposure in Pregnancy: One None < 1 drink/month 1 drink/month 2-3 drinks/month 1 drink/week More than 1 drink/week

Episodic excessive drinking (binging) Exposure prior to pregnancy confirmed, amount unknown Unknown

Cannabis Exposure in Pregnancy: One Yes No Unknown

Drug and Substance Exposure in Pregnancy: None Amphetamines Cocaine Gas/Glue Hallucinogens Opioids Other Unknown

Antenatal Exposure to Medication: None

OTC/Vitamins/Homeopathic: Prenatal Vitamins (including folic acid) Probiotics Anti-emetics (OTC) Antihistamines (OTC) Herbal or homeopathic remedies Other over the counter medications

Prescribed Medications: Amphetamines Antibiotics (NOT for GBS prophylaxis)

Anticonvulsants (NOT for preeclampsia) Anti-emetics Antihistamines
 Antihypertensives Anti-inflammatory Antiretrovirals Anti-rheumatic Antiviral
 Cardiovascular Chemotherapeutic Agents Gastrointestinal agents /protein pump inhibitors/H2 blockers General anaesthetic Insulin Metformin Opioids Opioid agonist therapy (Select appropriate option): Methadone Buprenorphine monoproduct (Subutex) Buprenorphine – naloxone (Suboxone) Slow-release morphine for opioid use disorder Psychotropics Selective Serotonin Reuptake Inhibitors Thyroid medications
 Other prescription Unknown prescription or OTC exposure

Infection & Pregnancy: None C-Difficile Chlamydia

Gonorrhea Group B Streptococcus Hepatitis A
 Hepatitis B Hepatitis C Herpes Simplex Virus HIV HPV
 Seasonal Influenza Syphilis Trichomonas
 Methicillin-resistant staphylococcus aureus (MRSA)
 Suspected Chorioamnionitis Urinary Tract Infection (UTI)
 Viruses-other Other infections Unknown

GBS Screening Results (35-37 wks): One Not Done Done, negative result Done, positive result Done, result unknown Unknown if screened

GBS Screening Date (if done): dd/mmm/yyyy

Reason GBS Screening Not Done: One Previous baby with GBS disease Previous GBS screening done in this pregnancy Urine positive for GBS
 Declined Screening Other Unknown

Progesterone taken daily for spontaneous preterm birth prevention, any time after 16 weeks gestation Yes No Unknown
 (Do NOT include if progesterone is used only in first trimester)

ASA (aspirin) taken daily for preeclampsia prevention, any time after 12 weeks' gestation Yes No Unknown
 (Do NOT include if aspirin is used only in first trimester)

Diabetes and Pregnancy: One None Gestational - Insulin Gestational - No Insulin Gestational - Insulin status unknown
 Type 1 Type 2 Insulin Type 2 No Insulin Type unknown Declined Testing Unknown

Hypertensive Disorders of Pregnancy: One None Gestational Hypertension Preeclampsia Pre-existing Hypertension with superimposed preeclampsia
 Eclampsia HELLP syndrome Unknown

Complications of Pregnancy, not including Hypertension or Diabetes: None Unknown

Complications of Pregnancy – Fetal: Anomaly(ies) Isoimmunization/Alloimmunization Intrauterine Growth Restriction (IUGR) Oligohydramnios
 Polyhydramnios Other

Complications of Pregnancy - Maternal: Anemia unresponsive to therapy Antepartum bleeding (persistent and unexplained) Cancer – diagnosed in this pregnancy
 Haematology – Gestational Thrombocytopenia Hyperemesis Gravidarum (Requiring Hospital Admission) Liver/Gallbladder – Intrahepatic Cholestasis of Pregnancy
 Liver/Gallbladder – Acute Fatty Liver of Pregnancy Neurology – Epilepsy/Seizures – Seizure occurred during current pregnancy
 Prelabour rupture of membranes(PROM) Preterm labour prior to this admission Preterm pre-labour rupture of membranes (PPROM) Pulmonary – asthma occurred during current pregnancy Other

Complications of Pregnancy – Placental: Placenta accreta Placenta increta Placenta percreta Placenta Previa Placental abruption Other

INTRAPARTUM TAB

Type of Labour: One Spontaneous Induced No Labour

Group B Strep Antibiotics One

Yes No Declined antibiotics Unknown

Antenatal Steroids: One

None 1 dose < 24 hours (before the time of birth)

2 doses: Last dose < 24 hours (before the birth)

2 doses: Last Dose > 24 hours (from the time of the last dose to the time of birth)

Unknown

Fetal Surveillance: Admission EFM Strip Auscultation

Intrapartum EFM (external) Intrapartum EFM (internal)

No Monitoring Unknown

IF SPONTANEOUS LABOUR: Augmentation: None Amniotomy Oxytocin Unknown

IF INDUCED LABOUR:

All Indications for Induction of Labour: Fetal Indications: Atypical or abnormal fetal surveillance Fetal anomaly/ies Fetal Demise

Isoimmunization/alloimmunization IUGR Macrosomia Multiple gestation Other fetal complication Post dates Termination of pregnancy

Maternal Indications: Cholestasis of Pregnancy Diabetes Hx of precipitous delivery Oligohydramnios Other obstetrical complications/concerns

Polyhydramnios Preeclampsia/Hypertension Pre-existing maternal medical conditions Pregnant individual age \geq 40 Pre-labour rupture of membranes (PROM) Preterm Pre-labor rupture of membranes (PPROM)

Other Indications: Accommodates care provider/organization Distance from birth hospital/safety precaution Maternal request Unknown

Primary Indication for Induction of Labour: _____

Bishop Score: Circle 0 1 2 3 4 5 6 7 8 9 10 11 12 13 Unknown

Cervical Ripening: None Balloon/Mechanical Method (i.e. Foley Catheter) Laminaria/artificial tent Prostaglandin Unknown

Methods of Induction: None Amniotomy Oxytocin Prostaglandin Sweeping Membranes Unknown

ALL LABOUR TYPES - SPONTANEOUS, INDUCED AND NO LABOUR

Maternal Outcome (prior to birth): One No Transfer Transfer to other organization Transfer to ICU/CCU

Transfer to other non-obstetrical unit, same hospital Maternal Death—Not Related to Pregnancy or Birth Maternal Death—Related to Pregnancy or Birth

** If Transfer to Other Organization: Maternal Transfer to [hospital name]:* _____

** If Transfer to Other Hospital, ICU/CCU, or Other Non-Obstetrical Unit, same hospital:*

Reason for Maternal Transfer: One Fetal Health Concern Lack of Nursing Coverage Lack of Physician Coverage Maternal medical/obstetrical problem

No beds available Organization evacuation Other Unknown

Maternal Transfer Date : dd/ mmm /yyyy **Maternal Transfer Time:** _____

IF TRANSFERRED:

Pharmacologic Pain Management: None Nitrous oxide Opioids Epidural Spinal Spinal-epidural combination

Pudendal Unknown

Labour and Birth Complications: None Atypical or abnormal fetal surveillance Meconium Cord prolapse Shoulder dystocia Fever >38.5 C

Non-progressive first stage of labour Non-progressive second stage of labour Placental abruption

Uterine rupture Uterine dehiscence Retained placenta-manual removal Retained placenta-surgical removal Postpartum hemorrhage Uterine atony

Perineal hematoma Amniotic fluid embolism Pulmonary embolism Hysterectomy Other Unknown

BIRTH TAB

Type of Birth: One Spontaneous vaginal Assisted vaginal Induced or spontaneous labour Caesarean Section No labour Caesarean Section

Presentation Type: Cephalic: One Vertex Brow Face Compound Cephalic type unknown

Breech: One Frank Complete Footling Compound Breech type unknown

Transverse/Malpresentation Unknown

Forceps/Vacuum: One None Vacuum Forceps Vacuum and Forceps Unknown

IF TYPE OF BIRTH = SPONTANEOUS VAGINAL, ASSISTED VAGINAL, INDUCED OR SPONTANEOUS LABOUR CAESAREAN SECTION:

Episiotomy: One None Medio-lateral Midline Unknown

Perineal Laceration: One None 1st degree 2nd degree 3rd degree 4th degree Cervical tear Other Unknown

Date Fully Dilated: dd/mmm/yyyy **Time Fully Dilated:** _____ Unknown

Date Started Pushing : dd/ mmm/yyyy **Time Started Pushing:** _____

FOR WOMEN WHO HAVE HAD A PREVIOUS CAESAREAN SECTION:

Vaginal Birth After Caesarean (VBAC):

Was VBAC ever planned during this pregnancy? One Yes No Unknown

Eligible for VBAC at onset of labour: One Yes No Declined Unknown

Attempted VBAC: One Yes No Unknown

IF TYPE OF BIRTH = A SPONTANEOUS OR INDUCED CAESAREAN SECTION:

If C/S, dilatation (cm): _____ Not Examined Unknown

If C/S, Type: One Planned (as scheduled) Planned (not as scheduled) Unplanned

If C/S, stage: One First stage Second Stage Perimortem No labour Unknown

IF TYPE OF BIRTH = SPONTANEOUS OR INDUCED CAESAREAN SECTION OR NO LABOUR – CESAREAN SECTION:**All indications for C/S :**

Fetal: Anomaly(ies) Atypical or Abnormal Fetal Surveillance Cord prolapse Intrauterine Growth Restriction (IUGR) Macrosomia
 Malposition/Malpresentation Other Fetal Indication

Maternal: Cholestasis of pregnancy Failed forceps/vacuum Failed induction Gestational hypertension HIV – Human immunodeficiency Virus HSV – Herpes Simplex Virus Hypertensive Disorders of Pregnancy - Eclampsia HELLP Preeclampsia Maternal Health condition(s) Multiple gestation
 Non-progressive first stage of labour Non-progressive second stage of labour Obesity Other Obstetrical complication Placenta Increta/Acreta/Percreta Placenta previa Placental abruption Prelabor rupture of membranes(PROM) in women with a planned c/section Preterm pre-labor rupture of membranes (PPROM) in women with planned c/section Previous C/S Previous T incision/classical incision/uterine surgery Previous uterine rupture Suspected chorioamnionitis Uterine rupture Declined VBAC VBAC - Failed Attempt VBAC - Not Eligible

Other: Accommodates care provider/organization Maternal request Unknown

Primary indication for C/S: _____

Anesthesia for C/S: One Epidural Spinal General Unknown

IF TYPE OF BIRTH = NO LABOUR – CESAREAN SECTION:

If C/S Type: One Planned (as scheduled) Planned (not as scheduled) Unplanned

ALL TYPES OF BIRTH – SPONTANEOUS VAGINAL, ASSISTED VAGINAL, INDUCED OR SPONTANEOUS LABOUR C/S, NO LABOUR C/S:

Labour and/or Birth Complications: None Atypical or abnormal fetal surveillance Meconium Cord prolapse Shoulder dystocia Fever > 38.5 C
 Non-progressive first stage of labour Non-progressive second stage of labour Placental abruption Uterine rupture Uterine dehiscence Retained placenta-manual removal Retained placenta-surgical removal Postpartum hemorrhage Uterine atony Perineal hematoma Amniotic fluid embolism
 Pulmonary embolism Hysterectomy Other Unknown

Intrapartum Medications Administered: None Magnesium Sulfate for preeclampsia Magnesium Sulfate for fetal neuroprotection Antibiotics (not for GBS)
 Antihypertensives Anti-emetics Antipyretics (example: acetaminophen) Diuretics Insulin Tocolytics (Magnesium sulfate/indomethecine/nifedipine/ritodrine etc) Other Unknown

Pharmacologic Pain Management: None Nitrous oxide Opioids Epidural Spinal Spinal-epidural combination
 Pudendal Unknown

Supportive Care: None 1:1 Supportive care by clinical staff/care provider Breathing exercises Hypnobirthing/guided imagery Massage
 Shower Sterile water/saline injections Support partner or doula TENS Tub Other Unknown

Newborn DOB: dd/mmm/yyyy **Time of Birth:** _____

Time Waiting, Time Pushing, Total Second Stage and Maternal Age at time of birth: Calculates

Birth Location: One Hospital Home Birth Center Clinic (midwifery) Nursing Station Other Ontario location Outside of Ontario

Birth Location Hospital: _____

Birth Centre Name: _____

Healthcare Provider Who Caught/Delivered Baby: One Family Physician Registered Midwife Obstetrician Resident Surgeon Registered Nurse
 Nurse Practitioner (CNS/NP) Aboriginal Midwife Midwifery Student Unattended (None) Other Health Care Provider Unknown

ID of Healthcare Provider Attending Birth (if used): _____

Other Care Providers Present at time of Labour and/or Birth: Family Physician Obstetrician Surgeon Registered Midwife Midwifery Student
 Aboriginal Midwife Registered Nurse Nursing Student Medical Student Pediatrician Neonatologist Respiratory Therapist
 Clinical Nurse Specialist/Nurse Practitioner Doula Other Care Provider None Unknown

OUTCOME TAB

Pregnancy Outcome (Complete for each fetus if multiple pregnancy): One

Live birth Stillbirth ≥ 20 wks or ≥ 500 gms – Spontaneous - occurred during **antepartum** period Stillbirth ≥ 20 wks or ≥ 500 gms – Spontaneous - occurred during **intrapartum** period Stillbirth ≥ 20 wks or ≥ 500 gms /Termination Pregnancy loss < 20 wks and < 500 gms/Spontaneous miscarriage
 Pregnancy loss < 20 wks and < 500 gms/Termination

Gestational age at birth: Auto-calculates

Maternal Birth Outcome: One No Transfer Transfer to other organization Transfer to ICU/CCU

Transfer to other non-obstetrical unit, same hospital Maternal Death—Not Related to Pregnancy or Birth Maternal Death—Related to Pregnancy or Birth

* **If Transfer to Other Hospital: Maternal Transfer to** [hospital name]: _____

*** If Transfer to Other Hospital, ICU/CCU, or Other Non-Obstetrical Unit, same hospital:**

Reason for Maternal Transfer To: One Fetal Health Concern Lack of Nursing Coverage Lack of Physician Coverage Maternal medical/obstetrical problem No beds available Organization evacuation Care Closer to Home Other Unknown

Maternal Transfer Date : dd/mmm/yyyy **Maternal Transfer Time:** _____ **OR** **Maternal Discharge Date:** dd/ mmm /yyyy **Discharge Time:** _____

Admission to birth duration (Hours): *Auto-calculates*