

## BNG: Labour and Birth Elective CS

**Bolded Underlined texts are compulsory fields Circle Response where able**

Reminder: Electronic summaries of previous events in BadgerNet-can be found in RCP and 3M.

<u>Full Name</u>  <u>NHI</u>  <u>Or attach Patient Label</u>	This form must be handed to the Ward Clerk or Receptionist on Completion/Discharge for Data Entry in BadgerNet after the Outage. <b>DO NOT SEND TO CHARTVIEW</b>
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<b>ONSET OF LABOUR TAB</b>	
<u>Onset of Labour:</u>	Caesarean Section Before Labour (including failed IOL)
<b>BIRTH TAB</b>	
<u>Number of Babies Born this Pregnancy:</u>	
<u>Baby 1 of * ___</u>	<b>Baby 1 NHI:</b>
<u>Include this birth in the births, deaths, and marriages submission:</u> Yes / No	
<u>Birth Outcome:</u> Livebirth / Antepartum Stillbirth / Intrapartum Stillbirth / Indeterminate Stillbirth	
<u>Date and Time of Birth</u>	
<u>Type of Birth</u>	CS
<u>Place of Birth</u>	Hospital / Home / BBA / Birthing Unit
<u>Location of birth/Unit responsible for birth:</u> Auckland City Hospital / Other	
<u>Resuscitation</u>	Not Required / Yes / Failed Attempt / Unknown
<b>*CREATE/UPDATE BABIES</b>	
<b>POST BIRTH TAB</b>	
<u>Placenta Birthed</u>	Date and Time Unknown
<u>Main Placental Birth Method</u>	Controlled Cord Traction / Maternal Effort / Physiological Manual Removal / Removed at CS
<u>Other Placental Birth Methods</u>	Controlled Cord Traction / Maternal Effort / Physiological Manual Removal / Removed at CS
<u>Labour Care</u>	<b>One to One Care During Labour:</b> Yes / No / Not applicable <b>Same Midwife During Labour:</b> Yes / No / Not applicable
<u>Skin to Skin Discussions</u>	<u>Topics Discussed</u> Yes / No <b>*Must be completed to Trigger data entry for Baby Post Birth</b>

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POST-BIRTH		
Placenta	Appears Complete / Appears Incomplete / Unsure / Other	
Membranes	Appears Complete / Appears Incomplete / Unsure / Other	
Placenta Kept by Family: No / Yes		
Cord Blood - Baby 1	Number of Cord Vessels:	
Cord Problems	None / Cord round neck / True knot Other:	
Cord Blood Tests:		
Cord Test Notes:		
*BLOOD LOSS RECORD		
Blood Loss Details	Date and time of blood loss	
Operative Blood Loss	Yes	
Blood loss (estimated) mls	Blood loss (measured) mls	
Summary of analgesia and anaesthesia given during labour and birth:		
Have the lifestyle questions at birth been completed No / Yes		
Current Smoking Status	No / Current smoker Gave up < 4/52 / Gave up 1 year / Gave up > 1 year	
Number Smoked Per Day	Less than 1 / 1 to 9 / 10 to 20 / > 20 / Unknown	
POST DELIVERY OBSERVATIONS		
Temperature	degrees C	
Heart Rate BPM:	Respirations RPM:	Oxygen Saturation %:
Blood Pressure: Systolic:	Blood Pressure: Diastolic:	
Intravenous Infusion	No / Yes	
MATERNAL PROBLEMS POST BIRTH:		
*Postnatal Management Plan		
*RUPTURE OF MEMBRANES - BABY 1 (Separate Note)		
Baby 1 Membranes Ruptured	Date/Time	
Baby 1 Liquor State at RoM	Absent / Clear Meconium - thin Particulate matter / Meconium - thick Blood stained / Purulent matter Malodorous Other:	
Baby 1 Liquor volume at RoM	Normal / Absent / Minimal / Excessive / Not known Other:	