

BNG: Labour and Birth

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. DO NOT SEND TO CHARTVIEW
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ONSET OF LABOUR TAB		
Onset of Contractions Date and Time:		
<u>Onset of Labour:</u> Spontaneous / Induced – Successful / Caesarean Section Before Labour (including failed IOL)		
Expected pregnancy Loss	Yes / No	*Bereavement Pathway
FIRST STAGE TAB		
<u>Labour Established</u>	<u>Date and Time</u>	Unknown
Augmented (Stage 1) Yes / No	Labour Augmentation Method: ARM / Oxytocin / ARM and Oxytocin	
Reason Labour Augmented	None / Pre-Labour rupture of membranes / Delay in 1st stage of labour Other:	
<u>ARM Performed</u>	<u>Date and Time:</u>	<u>Dilation cm</u>
Oxytocin Commenced	Date and Time:	Dilation cm
Oxytocin Stopped	Date and Time:	Dilation cm
*COMPLETE RUPTURE OF MEMBRANES (See below)		
<u>1st Stage Outcome</u>	Progressed to 2nd Stage / C Section	<u>Dilation Before CS</u>
SECOND STAGE TAB		
Cervix Fully Dilated	Date and Time	Unknown
Active Pushing Commenced	Date and Time	Same time as fully dilated Unknown
Augmented (Stage 2) Yes / No	Labour Augmentation Method: ARM / Oxytocin / ARM and Oxytocin	
Reason Labour Augmented:		
ARM Performed	Date and Time	Dilation cm
Oxytocin Commenced	Date and Time	Dilation cm
Oxytocin Stopped	Date and Time	Unknown
*COMPLETE RUPTURE OF MEMBRANES IF NOT ALREADY COMPLETED (See below)		
Instrumental birth to be attempted	Yes / No	*Complete Fetal Instrumental/Operative Birth Details if Yes
<u>Second Stage Outcome</u>	Vaginal Birth	C Section

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BIRTH TAB	
Number of Babies Born this Pregnancy:	
Vaginal Birth after Caesarean	Yes / No / N/A / Not known
Baby 1 of * ___	Baby 1 NHI:
Include this birth in the births, deaths, and marriages submission: Yes / No	
Birth Outcome: Livebirth / Antepartum Stillbirth / Intrapartum Stillbirth / Indeterminate Stillbirth	
<u>Date and Time of Birth</u>	
<u>Date and Time of Death</u>	
Gestation weeks days	<i>Auto populates in BNG</i>
<u>Type of Birth</u>	Spontaneous Cephalic / CS / Ventouse / Forceps / Breech
<u>Type of Breech Birth</u>	Spontaneous Assisted - without forceps / Assisted - with forceps
<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
<u>Shoulder Dystocia</u>	No Yes Unknown
*CREATE/UPDATE BABIES	
POST BIRTH TAB	
3rd Stage Methods Discussed and Consent Gained:	Yes / No
Oxytocic Drug Given:	IV / IM
Time Oxytocic drug given:	
Repeat Oxytocic Drug Given:	IV / IM
Time repeat Oxytocic drug given:	
Placenta Birthed	Date and Time Unknown
Main Placental Birth Method	Controlled Cord Traction / Maternal Effort / Physiological Manual Removal / Removed at CS
Other Placental Birth Methods	Controlled Cord Traction / Maternal Effort / Physiological Manual Removal / Removed at CS
Labour Care	One to One Care During Labour: Yes / No / Not applicable Same Midwife During Labour: Yes / No / Not applicable
Skin to Skin Discussions	<u>Topics Discussed</u> Yes / No *Must be completed to Trigger data entry for Baby Post Birth
*EPISIOTOMY, TEARS AND PERINEAL TRAUMA	
<u>Intact Perineum:</u> Yes / No	<u>PR Examination Performed:</u> Yes / No
<u>Were all four components of the OASI Care Bundle applied to this birth?</u> Yes / No	

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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 / No	
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	
*RUPTURE OF MEMBRANES - BABY 1		
Baby 1 Membranes Ruptured	Date/Time	Unknown
Baby 1 Method of Membrane Rupture	Spontaneous / Hind-water rupture / ARM / At Caesarean Section	
Baby 1 Reason for ARM	To induce labour / To augment labour / To facilitate birth of the baby Other:	
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:	

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POST DELIVERY OBSERVATIONS		
Temperature	degrees C	
Heart Rate BPM:	Respirations RPM:	Oxygen Saturation %:
Blood Pressure: Systolic:	Blood Pressure: Diastolic:	
Intravenous Infusion	No / Yes	

NOTES
<p>First Stage Notes:</p> <p>Maternal Problems First Stage:</p>
<p>Second Stage Notes:</p> <p>Maternal Problems Second Stage:</p>
<p>Third Stage Notes:</p> <p>Maternal Problems Third Stage:</p>
<p>Maternal Problems Post Birth:</p> <p>*Postnatal Management Plan</p>

*INSTRUMENTAL BIRTH	
Instrumental birth to be attempted	Yes / No
<p>Examination prior to Instrumental Birth:</p> <p>Cervix Fully Dilated: Yes / No</p> <p><i>Presentation / Lie / Position / Dilation etc.</i></p>	
<p>Additional Notes:</p>	