

# Labour/Birth Encounter + Midwifery tab



Patient Label Here

## ADMISSION TAB

### DEMOGRAPHICS: Per patient label *or*

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Maternal Date of Birth: dd / mm / yyyy

Chart Number/Client ID: \_\_\_\_\_ OHIP: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

No Fixed Address

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

### Primary Language: *(Select One)*

English    French    Unknown

Other (specify): \_\_\_\_\_

### MATERNAL ADMISSION TO HOSPITAL

Admission date: dd / mm / yyyy Admission Time: \_\_\_\_\_

### Admission by Healthcare Provider: *(Select One)*

Obstetrician    Family Physician    Midwife

Nurse Practitioner (APN/CNS)    Other

### Maternal Transfer from: *(Select One)*

No transfer    Hospital    Planned Home or Clinic Birth

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: *(Select 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

Other    Unknown

# Labour/Birth Encounter + Midwifery tab

## HISTORY TAB

**Pre-existing Health Conditions (Outside of Pregnancy):**  
*(List All)* \_\_\_\_\_

**Mental Health Concerns:** *(Select All That Apply)*

- None  Anxiety  Depression
- History of Postpartum Depression  Addiction  Bipolar
- Schizophrenia  Other  Unknown

**Domestic/Intimate Partner Violence:** *(Select 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:** \_\_\_\_\_

**Is the pregnant person a gestational carrier?** *(Select One)*

- Yes  No  Unknown

**Estimated Date of Birth (EDB):** dd / mm / yyyy

**Conception type:** *(Select One)*

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

# Labour/Birth Encounter + Midwifery tab

**EDB determined by:** *(Select 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:** *(Select One)*  Yes  No  Unknown

**Antenatal Health Care Provider:**  None

- Obstetrician  Family Physician  Midwife  Nurse
- Nurse Practitioner (APN/CNS)  Other  Unknown

**Prenatal Education:** *(Select 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

**Was prenatal genetic screening offered, as indicated on the OPR?:** *(Select One)*

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

**Folic Acid Use:** *(Select One)*  None  Pre-conception only

- During pregnancy only
- Pre-conception and during pregnancy  Unknown

**Intention to Breastfeed:** *(Select 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:** *(Select One)*

- None  < 10 cigarettes/day  10-20/day
- >20/day  Amount unknown  Unknown

**Resides with smoker at first trimester visit:** *(Select One)*

- Yes  No  Unknown

# Labour/Birth Encounter + Midwifery tab

## Smoking at time of labour/admission: *(Select One)*

- None       < 10 cigarettes/day       10-20/day  
 >20/day       Amount unknown       Unknown

## Resides with smoker at time of labour/admission:

- (Select One)*     Yes     No     Unknown

## Alcohol Exposure in Pregnancy: *(Select 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: *(Select One)*

- Never       Less than 1 day per month  
 1 day per month       2-3 days per month  
 1-2 days per week       3-4 days per week  
 5-6 days per week       Daily  
 Some use, but frequency unknown       Usage unknown

## Drug and Substance Exposure in Pregnancy:

- (Select All That Apply)*     None     Amphetamines  
 Cocaine     Gas/Glue     Hallucinogens     Opioids  
 Other     Unknown

## ANTENATAL EXPOSURE TO MEDICATION:

- (Select All That Apply)*       None

## OTC/Vitamins/Homeopathic:

- Prenatal Vitamins (including folic acid)  
 Probiotics     Iron Supplements  
 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 / Proton Pump Inhibitors / H2 blockers  
 General anaesthetic     Insulin     Metformin     Opioids

# Labour/Birth Encounter + Midwifery tab

## Opioid Agonist Therapy:

- Methadone       Buprenorphine monoprodukt (Subutex)
- Buprenorphine – naloxone (Suboxone)
- Slow-release morphine for opioid use disorder

## Other Medications:

- Psychotropics       Selective Serotonin Reuptake Inhibitors
- Thyroid medications       Other prescription
- Unknown prescription or OTC exposure

## INFECTION & PREGNANCY: *(Select All That Apply)*

- None    C-Difficile    Chlamydia    Covid-19    Gonorrhea
- Group B Streptococcus (bacteriuria)    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

## If Yes To Covid Infection:

Date of positive COVID-19 Diagnosis: dd/mm/yyyy

Was the patient hospitalized due to COVID-19 specifically?

- Yes       No       Unknown

## GBS Screening Results (35–37 wks): *(Select One)*

- Not Done    Done, negative result    Done, positive result
- Done, result unknown    Unknown if screened

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

## Reason GBS Screening Not Done: *(Select 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)*

# Labour/Birth Encounter + Midwifery tab

## BLOOD TYPING AND IMMUNOGLOBULIN

### Blood group and type of pregnant individual, ABO/Rh(D):

(Select One)  Not collected/unknown

O+  O-  A+  A-  B+  B-  AB+  AB-

### What was the antibody screen result?:

Negative  Positive  Unknown

### For Rh(D) negative patients, was Rh(D) immunoglobulin (RhIG/Rhogam/WinRho) given in pregnancy?:

No  Yes, 1 dose  Yes, 2 doses

Yes, 3 or more doses

Yes, number of doses unknown

Unknown

### Date of Rh(D) Immunoglobulin Dose

(latest prior to birth): dd/mm/yyyy

## DIABETES AND PREGNANCY: (Select One)

None  Gestational - Insulin  Gestational - No Insulin

Gestational - Insulin status unknown  Type 1

Type 2 Insulin  Type 2 No Insulin

Type 2 Insulin Usage Unknown  Type Unknown

Declined Testing  Unknown

## HYPERTENSIVE DISORDERS OF PREGNANCY: (Select One)

None  Gestational Hypertension  Preeclampsia

Pre-existing Hypertension with superimposed preeclampsia

Eclampsia  HELLP syndrome  Unknown

## COMPLICATIONS OF PREGNANCY, NOT INCLUDING HYPERTENSION OR DIABETES: (Select All That Apply)

**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

# Labour/Birth Encounter + Midwifery tab

## 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
- 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

### Antenatal Steroids: *(Select 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: *(Select All That Apply)*

- Admission EFM Strip                       Auscultation
- Intrapartum EFM (external)               Intrapartum EFM (internal)
- No Monitoring                                 Unknown

### Group B Strep Antibiotics: *(Select One)*

- Yes    No    Declined antibiotics    Unknown

### Initial cervical dilation (cm) upon hospital admission for labour and birth:

# Labour/Birth Encounter + Midwifery tab

## Type of Labour: *(Select One)*

- Active labour achieved without any intervention
- Induced labour in latent phase
- Induced labour prior to onset of contractions ("cold induction")
- No labour or latent phase

## Cervical ripening/induction methods: *(Select All That Apply)*

- None  Prostaglandin (PGE2)
- Mechanical (Foley catheter)  Laminaria tents
- Misoprostol (PGE1)  Other  Unknown

Was oxytocin used any time before birth?  Yes  No

Cervical dilation at start of oxytocin: \_\_\_\_\_

Start date of oxytocin: \_\_\_\_\_

Start time of oxytocin: \_\_\_\_\_  Unknown

## Membrane Rupture: *(Select One)*

- Artificial rupture of membranes
- Spontaneous rupture of membranes  Unknown

Date of Membrane Rupture: \_\_\_\_\_

Time of Membrane Rupture: \_\_\_\_\_

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## STAGES OF LABOUR

### First Stage

Date of latent phase onset: \_\_\_\_\_

Time of latent phase onset: \_\_\_\_\_

Unknown

Date of active phase onset: \_\_\_\_\_

Time of active phase onset: \_\_\_\_\_

Unknown

### Second Stage

Date fully dilated: \_\_\_\_\_

Time fully dilated: \_\_\_\_\_

Unknown

Date started pushing: \_\_\_\_\_

Time started pushing: \_\_\_\_\_

Unknown

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# Labour/Birth Encounter + Midwifery tab

## IF INDUCED LABOUR:

*All Indications for Induction of Labour: (Select All That Apply)*

### Fetal Indications:

- Atypical or abnormal fetal surveillance
- Fetal anomaly/ies    Intrauterine Fetal Death (IUFD)
- Isoimmunization/alloimmunization    IUGR    Macrosomia
- Multiple gestation    Other fetal complication    Post dates
- Termination of pregnancy

### Maternal Indications:

- Abnormal Biomarkers (eg. PAPP\_A, PIGF, and HCG)
- Cholestasis of Pregnancy
- Diabetes    Elevated BMI
- Hx of Precipitous Birth
- Hx of Previous of Intrauterine Fetal Death
- In-vitro fertilization (IVF)    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)
- Prolonged Latent Phase Labour

## 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

## ALL LABOUR TYPES - SPONTANEOUS, INDUCED AND NO LABOUR

**Maternal Outcome (prior to birth):** *(Select 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]: \_\_\_\_\_

# Labour/Birth Encounter + Midwifery tab

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

**Reason for Maternal Transfer:** *(Select 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 / mm / yyyy

**Maternal Transfer Time:** \_\_\_\_\_

*\* If Transferred:*

**Pharmacologic Pain Management:** *(Select All That Apply)*

- None
- Nitrous oxide
- Opioids
- Epidural
- Spinal
- Spinal-epidural combination
- Pudendal
- Unknown

**Labour and Birth Complications:** *(Select All That Apply)*

- 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:** *(Select One)*  Vaginal Birth  Cesarean Birth

**PRESENTATION TYPE** *(Select One)*

**Cephalic:**  Vertex  Brow  Face  
 Compound  Cephalic type unknown

**Breech:**  Frank  Complete  Incomplete  
 Footling  Compound  Breech type unknown

**Other:**  Transverse/Malpresentation  Unknown

**Newborn DOB:** dd / mm / yyyy

Time of birth: \_\_\_\_\_

**Forceps/Vacuum used vaginally:** *(Select One)*  None

Vacuum  Forceps  Vacuum and Forceps  Unknown

**Episiotomy:** *(Select One)*

None  Medio-lateral  Midline  Unknown

**Perineal Laceration:** *(Select All That Apply)*  None

1st degree  2nd degree  3rd degree  4th degree  
 Cervical tear  Other  Unknown

# Labour/Birth Encounter + Midwifery tab

- Birth Location:** *(Select One)*  Hospital  Home  
 Birth Centre  Clinic (Midwifery)  Nursing Station  
 Other Ontario location  Outside of Ontario

**Birth Hospital name:** \_\_\_\_\_

**Date placenta delivered:** dd / mm / yyyy

**Time placenta delivered:** \_\_\_\_\_

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## IF CESAREAN BIRTH:

**Type of Cesarean birth:** *(Select One)*

- Planned (as scheduled)  Planned (not as scheduled)  
 Unplanned

**Dilation at Cesarean Birth (cm):** \_\_\_\_\_

**Anesthesia for Cesarean birth:** *(Select One)*

- Epidural  Spinal  Spinal-Epidural Combination  
 General  Other  Unknown

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## ALL INDICATIONS FOR CESAREAN BIRTH:

*(Select All That Apply)*

- 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 hypertensio  
 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 pregnant individuals with a planned cesarean birth  
 Preterm pre–labor rupture of membranes (PPROM) in pregnant individuals with a planned cesarean birth  
 Previous cesarean birth  
 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

# Labour/Birth Encounter + Midwifery tab

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**Primary indication for Cesarean birth:** \_\_\_\_\_

**Labour and/or Birth Complications:** *(Select All That Apply)*

- 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:** *(Select All That Apply)*

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

**Pharmacologic Pain Management:** *(Select All That Apply)*

- None
- Nitrous oxide    Opioids    Epidural    Spinal
- Spinal-epidural combination    Pudendal    Unknown

**Supportive Care:** *(Select All That Apply)*

- 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

**Healthcare Provider Who Caught/Delivered Baby:** *(Select 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:** *(Optional Field)*

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# Labour/Birth Encounter + Midwifery tab

## Other Care Providers Present at time of Labour

**and/or Birth:** *(Select All That Apply)*

- Family Physician    Obstetrician
- Surgeon    Registered Midwife    Resident
- Anesthesiologist    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):** *(Select One)*

- Live birth
- Stillbirth  $\geq 20$  wks or  $\geq 500$  gms – Spontaneous - occurred during antepartum period
- Stillbirth  $\geq 20$  wks or  $\geq 500$  gms – Spontaneous - occurred during intrapartum period
- Stillbirth  $\geq 20$  wks or  $\geq 500$  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:** *(Select 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]:**

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**\*IF TRANSFER TO OTHER HOSPITAL, ICU/CCU, OR OTHER NON-OBSTETRICAL UNIT, SAME HOSPITAL:**

**Reason for Maternal Transfer To:** *(Select 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 / mm / yyyy

**Maternal Transfer Time:** \_\_\_\_\_ *or*

**Maternal Discharge Date:** dd / mm / yyyy

**Discharge Time:** \_\_\_\_\_

# Labour/Birth Encounter + Midwifery tab

## MIDWIFERY TAB

**Was care of client transferred back to Midwifery during intrapartum?\***  Yes  No

\*If there was transfer of care (w/o a return to care) in a previous encounter

## INTRAPARTUM

**Began Intrapartum Period intending to give birth at:**

(Select One)  Hospital  Home  Birth Centre

Clinic (Midwifery)  Other  Nursing Station

Undecided

**Actual Location of Labour:** (Select One)

Hospital  Home  Birth Centre  Clinic (Midwifery)

Other  Nursing Station

**Birth Centre of Labour:** (Select One)

(select only if labour at Birth Centre)

Ottawa Birth and Wellness Centre

Toronto Birth Centre, Inc.

**Was there unplanned Maternal transport to hospital at any part of the labour?** (Select one)  Yes  No  Unknown

**Prior to birth, when was the maternal transport to hospital?**

(Select one)  First stage  Second stage

**Reason(s) for Transport:** (Select all that apply)

Fetal well-being concerns  Pain management

Prolonged labour  Maternal request

Neonatal condition/complication  Provider preference

Other maternal condition/complication

Other fetal condition/complication

**Primary Reason for Transport:** \_\_\_\_\_

**Did EMS attend the labour?** (Select one)

Yes  No  Unknown

**Was EMS used to transport to hospital prior to birth?**

(Select one)  Yes  No  Unknown

**Barrier to Transport:** (Select all that apply)

None  Delayed arrival time of EMS

Delayed Departure of EMS  Delay on route  Other

**Did midwife attend client at home at any point during labour?** (Select one)

Yes  No  Unknown

# Labour/Birth Encounter + Midwifery tab

## FOR BIRTHS THAT TOOK PLACE AT HOME:

**Initial cervical dilation (cm) upon midwife's arrival at the home to attend labour and birth (home births only):**

*(indicate cm)* \_\_\_\_\_

**Time of first midwife's arrival to home to attend labour and birth:** \_\_\_\_\_

**Date of first midwife's arrival to home to attend labour and birth:** dd / mm / yyyy

**Time of last midwife's departure from the home following birth:** \_\_\_\_\_

**Date of last midwife's departure from the home following birth:** dd / mm / yyyy

**Other care providers present at time of labour and/or birth:**

*(Select all that apply)*  RN  OB  FP

Aboriginal midwife  Midwifery student

Nursing student  Medical student  Other

## BIRTH AND IMMEDIATE POSTPARTUM

*\*If there was transfer of care (w/o a return to care) in a previous encounter:*

**Was care of client transferred back to Midwifery during birth?**  Yes  No

**Was there unplanned Maternal transport to hospital at any part of the birth or immediate postpartum?**

Yes  No  Unknown

**Reason(s) for Transport:** *(Select all that apply)*

Fetal well-being concerns  Pain Management

Prolonged labour  Maternal request

Neonatal condition/complication  Provider preference

Other maternal condition/complication

Other fetal condition/complication

**Primary Reason for Transport:** *(indicate)*

**Did EMS attend the actual location of labour at any part of the birth or immediate postpartum?**

Yes  No  Unknown

**Was EMS used to transport to hospital?**

Yes  No  Unknown

**Barrier to Transport:** *(Select all that apply)*

None  Delayed arrival time of EMS

Delayed Departure of EMS  Delay on route  Other

# Labour/Birth Encounter + Midwifery tab

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## IF VAGINAL BIRTH:

### Maternal Position at Time of Birth: *(Select one)*

- Supine
- Semi-fowler's
- Lateral
- Standing
- Squatting
- Kneeling
- All-fours
- Lithotomy
- McRoberts
- Birth Stool
- Other
- Unknown

## IF SPONTANEOUS VAGINAL BIRTH:

Was the baby born in the water?  Yes  No  Unknown

Was this a planned water birth?  Yes  No  Unknown

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## IF VAGINAL BIRTH:

### Components of third stage management employed (unrelated to corrective measures for bleeding):

*(Select all that apply)*

- None
- Breastfeeding
- Controlled cord traction
- Early cord clamping
- Prophylactic uterotonic
- Unknown – Midwife was NOT most responsible provider during birth
- Unknown – Other

Was there a known midwife or midwifery student at the birth?  Yes  No  Unknown

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Were there any labour/birth consults, transfers of care, from the onset of active labour to approximately 1-hour post-birth?  Yes  No

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Reason(s) for labour/birth consultation/transfer of care?

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# Labour/Birth Encounter + Midwifery tab

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Labour/Birth Consult with Physician?  Yes  No

IF YES:

Was rationale for consult only because of hospital/physician protocol, and not because of midwifery judgement or scope of practice?  Yes  No

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Labour/Birth Transfer of Care?:  Yes  No

IF YES:

Was rationale for transfer of care only because of hospital/physician protocol, and not because of midwifery judgement or scope of practice?  Yes  No

AND:

Was the transfer of care returned anytime from onset of active labour to approximately 1 hour post-birth?

Yes  No

Was the client discharged from midwifery care during intrapartum / immediate postpartum? *(Select yes to discharge client from Midwifery Care and/or bill for Course of Care)*  Yes  No