



**Queensland
Government**

Intrapartum Record

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Facility:

Model of care:		Blood group:	Hb: Date:	Allergies:	
Gravida:	Para:	EDD: <input type="checkbox"/> Dates <input type="checkbox"/> Scan / /	Gestation:		Placental position:

Support person(s):

Confirmed consent: Konakion IMI Oral No Hep B Yes No Oxytocic in 3rd stage Yes No

Importance of skin to skin contact discussed Yes No

Antenatal Risk Factors / Management Plan (eg. pathology, GDM, social worker, high BMI)

Risk Factor	Management Plan	Initial
GBS positive <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
BMI: <input type="checkbox"/> BMI greater than 35		

Risk management discussed with woman Birth preferences reviewed and discussed with woman

Baseline Intrapartum Observations

Date:	Time:	Temperature:	BP:	Pulse	FHR:	Liquor:	Urinalysis:
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Abdominal examination:	Comments (e.g. contractions):
Fundus:	
Lie:	
Presentation:	
Position:	
Engagement:	

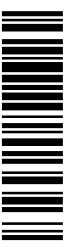
Commencement of established labour:	Spontaneous rupture of membranes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial:
Date: / / Time: :	Date: / / Time: :	

Signature Log Anyone writing in these notes should record their name, signature and initials here

Name (print)	Designation	Signature	Initials	Name (print)	Designation	Signature	Initials

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v3.00 - 12/2011
Mat. no.: 10211798



SW247

INTRAPARTUM RECORD

Partogram

(Affix identification label here)

Date:

URN:
 Family name:
 Given name(s):
 Address:
 Date of birth: Sex: M F I

Record FH on time line; all other observations to the left of the time line.

Time (hrs)																							
Fetal heart rate x Auscultation ● External ○ Internal	180																				180		
	160																					160	
	140																					140	
	120																					120	
	100																					100	
	80																						80
	60																						60
Maternal observations Temp. Pulse Liquor C Clear P Pink B Blood stained M Meconium Urinalysis / Void	Temp.																						
	Pulse																						
	BP																						
	Liquor																						
BGL / other:																							
Fetal scalp lactate / pH Contractions Frequency (in 10min) ■ Strong ▨ Moderate ▤ Mild Duration	5																					5	
	4																					4	
	3																					3	
	2																					2	
Cervicograph X Dilatation ○ Abdominal descent (# / 5) ● Station Consider Alert and Action lines from 4cm dilated when active labour established	1																					1	
	10																					10	
	9																					9	
	8																					8	
	7																					5/5	
	6																					4/5	
	5																					3/5	
	4																					2/5	
	3																					1/5	
	2																					0/5	
Oxytocin mL / hr mU / min																							
Pain relief, medications, IV fluids and other comments																							
Bath temperature																							
Initials																							

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Intrapartum Assessments

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Date					
Time					
Indication					
Abdominal Palpation	Fundus				
	Lie				
	Presentation				
	Attitude				
	Position				
	Engagement				
Vaginal Examination	Dilatation				
	Effacement (cm)				
	Consistency				
	Application				
	Membranes/Liquor				
	Presenting part				
	Station				
	Caput				
	Moulding				
	Position				
FHR post VE					
Comments and plan					
Initial					

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Birth Attendeess	Print names:	Designation:
Birth accoucher:		
Midwife:		
Witness:		
Medical officer:		
Other:		
Other:		

(Affix identification label here)

URN: _____

Family name: _____

Given name(s): _____

Address: _____

Date of birth: _____ Sex: M F I

Birth Summary

Labour: <input type="checkbox"/> Spontaneous <input type="checkbox"/> Induced <input type="checkbox"/> Augmented	Membranes ruptured: <input type="checkbox"/> SROM <input type="checkbox"/> ARM Date/Time: _____ Total: _____ _____ hrs _____ mins																				
Mode of birth: _____	Length of labour: <table border="1"> <thead> <tr> <th></th> <th>Date</th> <th>Time</th> <th>Duration</th> </tr> </thead> <tbody> <tr> <td>Onset of labour</td> <td>_____</td> <td>_____</td> <td>1st stage: _____</td> </tr> <tr> <td>Cervix fully dilated</td> <td>_____</td> <td>_____</td> <td>2nd stage: _____</td> </tr> <tr> <td>Baby born</td> <td>_____</td> <td>_____</td> <td>3rd stage: _____</td> </tr> <tr> <td>Placenta delivered</td> <td>_____</td> <td>_____</td> <td>Total: _____</td> </tr> </tbody> </table>		Date	Time	Duration	Onset of labour	_____	_____	1st stage: _____	Cervix fully dilated	_____	_____	2nd stage: _____	Baby born	_____	_____	3rd stage: _____	Placenta delivered	_____	_____	Total: _____
	Date	Time	Duration																		
Onset of labour	_____	_____	1st stage: _____																		
Cervix fully dilated	_____	_____	2nd stage: _____																		
Baby born	_____	_____	3rd stage: _____																		
Placenta delivered	_____	_____	Total: _____																		
Presentation: _____ Induction indication/method: _____ Liquor: <input type="checkbox"/> Clear <input type="checkbox"/> Meconium Pain relief: <input type="checkbox"/> Nil <input type="checkbox"/> N ₂ O and O ₂ <input type="checkbox"/> Narcotic <input type="checkbox"/> Epidural <input type="checkbox"/> Sterile water <input type="checkbox"/> Spinal <input type="checkbox"/> GA <input type="checkbox"/> Non-pharmalogical (specify): _____	Active pushing: Time of onset: _____ : _____ Duration: _____ Maternal position at birth: _____																				

Third Stage

Birth mode: <input type="checkbox"/> Modified active management <input type="checkbox"/> Active management <input type="checkbox"/> Manual removal <input type="checkbox"/> Physiological	Cord blood collected? <input type="checkbox"/> Yes <input type="checkbox"/> No																								
Placenta: <input type="checkbox"/> Appears complete <input type="checkbox"/> Incomplete	Blood loss: Measured: _____ mL Estimated: _____ mL Total: _____ mL																								
Comments: _____	Oxytocic: <table border="1"> <thead> <tr> <th></th> <th>Time</th> <th>Dose</th> <th>Route</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		Time	Dose	Route	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Time	Dose	Route																						
_____	_____	_____	_____																						
_____	_____	_____	_____																						
_____	_____	_____	_____																						
_____	_____	_____	_____																						
_____	_____	_____	_____																						
Membranes: Appears complete? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ragged																									
Cord: <input type="checkbox"/> Vessels: _____ pH: <input type="checkbox"/> Venous: _____ <input type="checkbox"/> Arterial: _____ BE: <input type="checkbox"/> Venous: _____ <input type="checkbox"/> Arterial: _____																									

Perineal Assessment

Intact 1° tear 2° tear 3° tear 4° tear

Episiotomy Type: _____ Indication: _____

Repair required? Yes No Comments: _____ Signature: _____

Newborn summary

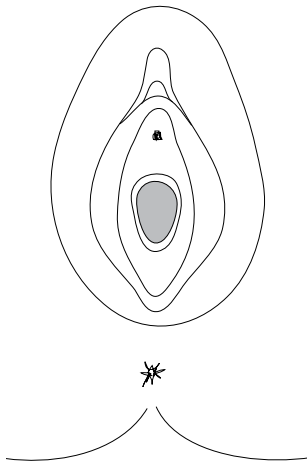
Baby's URN: _____ ID checked: <input type="checkbox"/> Yes <input type="checkbox"/> No ID attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Date and time of birth: _____ / _____ / _____ : _____ Born: <input type="checkbox"/> Alive <input type="checkbox"/> Stillborn <input type="checkbox"/> Macerated Apgar score: 1 min: _____ 5 mins: _____ Morphologically normal: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate Measurements: Weight: _____ g Length: _____ cm Head circumference: _____ cm Konakion given: <input type="checkbox"/> Yes <input type="checkbox"/> No Hep B given: <input type="checkbox"/> Yes <input type="checkbox"/> No Skin to skin contact for at least one hour: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If no, duration: _____ Fed: <input type="checkbox"/> Yes, breast <input type="checkbox"/> Yes, artificial <input type="checkbox"/> No <input type="checkbox"/> N/A
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Perineum Repair

Label trauma on diagram and include descriptions of repair.

Document suture material and anaesthetic used.

Document PR examination and consider PR analgesia.



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Signature:

Count

	1st	Final	Correct: <input type="checkbox"/> Yes <input type="checkbox"/> No
Swabs	Signature 1:
Needles	Signature 2:
Instruments	Pack insitu: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Removed

Mother's Post Partum Observations

Date										
Time										
Temperature	40									
	39									
	38									
	37									
	36									
	35									
	200									
BP = Y ^	180									
	160									
Pulse = •	140									
	120									
	100									
	80									
	60									
	40									
	Fundus									
	Loss									
Bladder / Void										
Perineum										
Comments (e.g. respiration rate)										
Initial										

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Facility:

DATE & TIME

Document all communication, including telephone communication.

Add signature, printed name, staff category, date and time to all entries

MAKE ALL NOTES CONCISE AND RELEVANT

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