

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

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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

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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

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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)

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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

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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:

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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: _____

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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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 ≥ 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

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- 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: _____

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

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

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)*

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 >= 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: *(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]:

***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):

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

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

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

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

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

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