



**Queensland
Government**

Birth Record
 Birthing Assessment
 (Additional Page)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

- Every person documenting in this assessment **must** provide their name, signature and initials in the signature log on the *Birthing Record* form (page 1).
- File this form within the *Birthing Record* form.
- Tick the next empty tick box in the *Birthing Record* under Assessment 4 (page 5).
- Record the tick box number in the Additional page number box to the right (e.g. 1, 2, 3 or 4).
- Write the Assessment number sequence in the space available below.

**Additional
page number:**

Assessment: **Assessment:**

Confirmed consent for this assessment
 Verbal consent for vaginal examination obtained:
 Yes Declined

Examiner (name): _____ Designation: _____

Signature: _____ Chaperone (if present): _____

Confirmed consent for this assessment
 Verbal consent for vaginal examination obtained:
 Yes Declined

Examiner (name): _____ Designation: _____

Signature: _____ Chaperone (if present): _____

If there is a change in examiner, proceed to the next Assessment box.

If there is a change in examiner, proceed to the next Assessment box.

Date: ____ / ____ / ____ Time: ____ : ____

Date: ____ / ____ / ____ Time: ____ : ____

Fundus: _____

Fundus: _____

Lie: _____

Lie: _____

Presentation: _____

Presentation: _____

Attitude: _____

Attitude: _____

Position: _____

Position: _____

Engagement: _____

Engagement: _____

Pre-IOL CTG: Reviewed by (name): _____
 Yes Reviewed by (name): _____

Pre-IOL CTG: Reviewed by (name): _____
 Yes Reviewed by (name): _____

Post-IOL CTG: Reviewed by (name): _____
 Yes Reviewed by (name): _____

Post-IOL CTG: Reviewed by (name): _____
 Yes Reviewed by (name): _____

Bishop score	0	1	2	3
Dilatation (cm)	<input type="checkbox"/> <1	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> >4
Length (cm)	<input type="checkbox"/> ≥3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> <1
Station	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1, 0	<input type="checkbox"/> +1, +2
Consistency	<input type="checkbox"/> Firm	<input type="checkbox"/> Medium	<input type="checkbox"/> Soft	
Position	<input type="checkbox"/> Posterior	<input type="checkbox"/> Mid	<input type="checkbox"/> Anterior	
Total				

Bishop score	0	1	2	3
Dilatation (cm)	<input type="checkbox"/> <1	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> >4
Length (cm)	<input type="checkbox"/> ≥3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> <1
Station	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1, 0	<input type="checkbox"/> +1, +2
Consistency	<input type="checkbox"/> Firm	<input type="checkbox"/> Medium	<input type="checkbox"/> Soft	
Position	<input type="checkbox"/> Posterior	<input type="checkbox"/> Mid	<input type="checkbox"/> Anterior	
Total				

Treatment: _____

Treatment: _____

Plan: _____

Plan: _____

Comments: _____

Comments: _____

DO NOT WRITE IN THIS BINDING MARGIN

BIRTHING RECORD





**Queensland
Government**

Birth Record
Birth Assessment
(Additional Page)

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Assessment:

Assessment:

Confirmed consent for this assessment

Verbal consent for vaginal examination obtained:

Yes Declined

Examiner (name):

Designation:

Signature:

Chaperone (if present):

If there is a change in examiner, proceed to the next Assessment box.

Date: / / Time: :

Fundus:

Lie:

Presentation:

Attitude:

Position:

Engagement:

Pre-IOL CTG:

Reviewed by (name):

Yes

Reviewed by (name):

Post-IOL CTG: Reviewed by (name):

Yes

Reviewed by (name):

Bishop score

0

1

2

3

Dilatation (cm)

<1

1-2

3-4

>4

Length (cm)

≥3

2

1

<1

Station

-3

-2

-1, 0

+1, +2

Consistency

Firm

Medium

Soft

Position

Posterior

Mid

Anterior

Total

Treatment:

Plan:

Comments:

Confirmed consent for this assessment

Verbal consent for vaginal examination obtained:

Yes Declined

Examiner (name):

Designation:

Signature:

Chaperone (if present):

If there is a change in examiner, a *Birth Record Assessment (Additional Page) (SW1200a)* is available from Winc.

Date: / / Time: :

Fundus:

Lie:

Presentation:

Attitude:

Position:

Engagement:

Pre-IOL CTG:

Reviewed by (name):

Yes

Reviewed by (name):

Post-IOL CTG: Reviewed by (name):

Yes

Reviewed by (name):

Bishop score

0

1

2

3

Dilatation (cm)

<1

1-2

3-4

>4

Length (cm)

≥3

2

1

<1

Station

-3

-2

-1, 0

+1, +2

Consistency

Firm

Medium

Soft

Position

Posterior

Mid

Anterior

Total

Treatment:

Plan:

Comments:

DO NOT WRITE IN THIS BINDING MARGIN