

Intrapartum Record W/O Partogram and 2nd Stage Observations Review 2018

Version 1.0



History of the Intrapartum Record

- 2008 Southern Queensland Maternity and Neonatal Clinical Network funded project to develop a standardised record that would be used in all southern area birthing facilities
- Statewide Maternity and Neonatal Clinical Network (SWMNCN) Forum October 2009, clinicians identified the need to standardise the Intrapartum record
- Original Workgroup commissioned in March 2010

Review Process

- Commissioned by SWMNCN April 2015 to review Intrapartum Record
- National consensus statement – essential elements and responding to clinical deterioration
- Meets Standard 9.3 of the National Safety and Quality Health Service Standards
- Coronial recommendations
- Patient Safety Data

Review Process and Changes

- The record has been developed over the last 2.5 years
- 16 Maternity Sites trialled the record
- Endorsed at the SWMNCN meeting in May 2018
- In total 140 change requests have been received which have been incorporated into the record
- The Intrapartum Record is now called the Intrapartum Record W/O Partogram and 2nd Stage Observations
- Maternal and Fetal observations have been removed to facilitate optimal human factors designed observation charts
- Partogram is exactly the same as the previous Partogram for the first stage of labour but now facilitates graphical, colour coded documentation of maternal and fetal heart rate observations as well as mandating escalation of abnormal maternal and fetal heart rate during labour to meet Standard 9.3
- The Second Stage observation form has been redesigned and shows a vertical graphical representation of the maternal and fetal heart rates on page one to facilitate visual recognition and response to clinical deterioration.

Review Process

- Governance through the Statewide Maternity and Neonatal Clinical Network
- Provided clinical lead for workgroup chair
- Endorsement of final documents
- Establishment of workgroup through an Expression of Interest from clinicians across the state representing tertiary, regional and rural sites
- Literature Reviews to review evidence base
- Compliance with relevant standards and practice as appropriate
- Involvement of Human Factors Experts
- Trial at 18 Maternity Sites
- Thank you to the many clinicians and others who have provided valuable time into the review of this record.

Changes to Intrapartum

Queensland Government (After identification label here)

Intrapartum Record

Facility: _____

Model of care: _____ Blood group: _____ Hb: _____ Date: _____ Allergies: _____

Gravida: _____ Para: _____ EDD: Dates Scan _____ Gestation: _____ Placental position: _____

Support person(s): _____

Confirmed consent: Konakion IM/Oral No Hep B Yes No Oxytocin 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		
BMI: _____ <input type="checkbox"/> BMI greater than 35		

Risk management discussed Birth preferences discussed with woman

Baseline Intrapartum

Date: _____ Time: _____ Temperature: _____ Pulse: _____ FHR: _____ Uterine: _____ Urinalysis: _____

Abdominal examination: _____ Comments (e.g. contractions): _____

Fundus: _____

Lie: _____

Presentation: _____

Position: _____

Engagement: _____

Commencement of established labour: _____ Spontaneous rupture of membranes? Yes 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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Queensland Government (After identification label here)

Intrapartum Record
(without Partogram and 2nd stage observations)

Facility: _____

Model of care: _____ Allergies: _____ Skin-to-skin contact: _____ Importance discussed: Yes No

Gravida: _____ Para: _____ EDD: Dates Scan _____ Gestation: _____ Placental position: _____

Support person(s): _____

Confirmed consent: Vitamin K: IM/Oral No Hep B: Yes No Oxytocin in 3rd stage: Yes No

Bloods / Alerts: Serology: Hep B: Yes +ve -ve No Hep C: Yes +ve -ve No HIV: Yes +ve -ve No Syphilis: Yes +ve -ve No Rubella status: Immune Not immune

Alerts: _____

Birth preferences: Discussed: Yes No

Risk Factors / Management Plan

Risk Factors	Management Plan	Initials
GBS positive: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Weight (36 weeks): _____ kg Date: / /		
Current BMI (36 weeks): _____ Date: / /		
Antenatal VTE score: _____		
Risk identified: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Diabetes: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type: _____		
Abnormal ultrasound finding: Date: / /		
<input type="checkbox"/> Yes (see report) <input type="checkbox"/> No		
PPH risk: <input type="checkbox"/> Yes <input type="checkbox"/> No		
3rd / 4th degree tear: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, type: _____		
Other risks: _____		

Plan discussed with woman

Risk Screen Tick as appropriate. Implement interventions (if required). Document in medical record

Falls Risk

- Nil risk factors identified on admission
- Impaired mobility on admission
- History of falls during pregnancy
- Medications (e.g. epidural, sedation, narcotic)
- Environment (e.g. bath, shower, birth hall)
- Impaired mobility
- Hypotension, blood loss

Pressure Injury Risk

- Nil risk factors identified on admission
- Skin inspection completed
- Impaired mobility
- Epidural
- Long labour (greater than 12 hours)

Signature Log Every person documenting in this record must provide their name, signature and initials below

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

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Changes to Intrapartum

Partogram (After identification label here)

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

Date: _____

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

Time (hrs)	
180	
160	
140	
120	
100	
80	
60	

Fetal heart rate

X Auscultation
 • External
 O Internal

Maternal observations

Temp. _____
 Pulse _____
 Liquor _____
 C Cervix _____
 P Perineum _____
 B Blood stained _____
 M Meconium _____
 Urinary / Void _____

BGL / other: _____

Fetal scalp

Stimulate / pit _____

Contractions

Frequency _____
 Strength _____
 Duration _____

Cervicograph

X Dilatation _____
 O Abnormal descent (M/D) _____
 • Station _____

Consider Alert and Action lines from 4cm dilated when active labour established

Oxytoom

mL / hr _____
 mU / min _____

Pain relief, medications, IV fluids and other comments

Bath temperature

Initials _____

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DO NOT WRITE IN THIS BINDING MARGIN

(After identification label here)

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

Second Stage Observations

Date / Time	Maternal FH	Maternal Pulse	Comments (e.g. obs, progress)	Initials	Time	Maternal FH	Maternal Pulse	Comments (e.g. obs, progress)	Initials

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Changes to Intrapartum

Intrapartum Assessments		(Affix identification label here)			
Date		URN: _____			
Time		Family name: _____			
Indication		Given name(s): _____			
Fundus		Address: _____			
Lie		Date of birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>			
Presentation					
Attitude					
Position					
Engagement					
Dilatation					
Effacement (cm)					
Consistency					
Application					
Membranes/Liquor					
Presenting part					
Station					
Caput					
Moulding					
Position					
FHR post VE					
Comments and plan					
Initials					

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Queensland Government		(Affix identification label here)			
Intrapartum Record (without Partogram and 2nd stage observations)		URN: _____			
		Family name: _____			
		Given name(s): _____			
		Address: _____			
		Date of birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>			
Intrapartum Assessments					
Date					
Time					
Indication					
Fundus					
Lie					
Attitude					
Presentation					
Position					
Engagement					
Dilatation					
Length (cm)					
Consistency					
Application					
Membranes / Liquor					
Presenting part					
Station					
Caput					
Moulding					
Position					
FHR post VE					
MHR post VE					
Comments and plan					
Initials					

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Changes to Intrapartum

Birth Attendees Print names: Designation:		(Affix identification label here)	
Birth Attoucher:		URN:	
Midwife:		Family name:	
Witness:		Given name(s):	
Medical officer:		Address:	
Other:		Date of birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
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: _____	
Mode of birth:	Length of labour: Date Time Duration	Onset of labour: _____	1st stage: _____
Presentation:	Cervix fully dilated: _____	Baby born: _____	2nd stage: _____
Induction/indication/method:	Placenta delivered: _____	Active pushing: _____	3rd stage: _____
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): _____			
Third Stage			
Birth mode: <input type="checkbox"/> Modified active management <input type="checkbox"/> Active management <input type="checkbox"/> Manual removal <input type="checkbox"/> Physiological	Placenta: <input type="checkbox"/> Appears complete <input type="checkbox"/> Incomplete	Comments:	
Membranes: <input type="checkbox"/> Appears complete? <input type="checkbox"/> Ragged	Cord: <input type="checkbox"/> Vessels: <input type="checkbox"/> Venous: <input type="checkbox"/> BE: _____		
Perineal Assessment			
<input type="checkbox"/> Intact <input type="checkbox"/> 1 st tear <input type="checkbox"/> 2 nd tear <input type="checkbox"/> 3 rd tear <input type="checkbox"/> 4 th tear			
<input type="checkbox"/> Episiotomy Type: _____ Indication: _____			
Repair required? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ Signature: _____			
Newborn summary			
Baby's URN: _____	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
ID oheoked: <input type="checkbox"/> Yes <input type="checkbox"/> No	ID attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date and time of birth: _____	Hep B given: <input type="checkbox"/> Yes <input type="checkbox"/> No
Born: <input type="checkbox"/> Alive <input type="checkbox"/> Stillborn <input type="checkbox"/> Macerated	Appar score: 1 min: _____ 5 min: _____	Morphologically normal: <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
Comments: _____	Fed: <input type="checkbox"/> Yes, breast <input type="checkbox"/> Yes, artificial <input type="checkbox"/> No <input type="checkbox"/> N/A		

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<p>Queensland Government</p> <p>Intrapartum Record (without Partogram and 2nd stage observations)</p>	(Affix identification label here)	
	URN: _____ Family name: _____ Given name(s): _____ Address: _____ Date of birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>	
Birth Attendees		
	Name (print)	Designation
Birth Attoucher		
Midwife		
Witness		
Medical Officer		
Other		
Birth Summary		
Labour: <input type="checkbox"/> Spontaneous <input type="checkbox"/> Induced <input type="checkbox"/> Augmented		
Induction/indication/method		
Rupture of Membranes: <input type="checkbox"/> SROM <input type="checkbox"/> ARM	Date: / / Time: : : Total time ruptured (hrs / mins): /	
Liquor: <input type="checkbox"/> Clear <input type="checkbox"/> Meconium <input type="checkbox"/> Blood stained <input type="checkbox"/> Offensive		
Mode of Birth / Presentation		
Length of Labour	Date Time Duration (hrs / mins)	
Onset of labour: / / : : :	1st stage: / /	
Cervix fully dilated: / / : : :	2nd stage: / /	
Head delivered: / / : : :	3rd stage: / /	
Baby born: / / : : :	Total: / /	
Cord clamped: / / : : :		
Placenta delivered: / / : : :		
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 (hrs / mins): : /		
Maternal Position at Birth		
Perineal Care: <input type="checkbox"/> Antenatal perineal massage <input type="checkbox"/> Perineal massage in labour <input type="checkbox"/> Hands on (recommended) <input type="checkbox"/> Warm compress 2nd stage <input type="checkbox"/> Hands poised		
Third Stage		
Birth Mode: <input type="checkbox"/> Modified active management <input type="checkbox"/> Active management <input type="checkbox"/> Physiological <input type="checkbox"/> Manual removal		
Placenta: <input type="checkbox"/> Appears complete <input type="checkbox"/> Incomplete	Comments: _____	
Membranes: <input type="checkbox"/> Appears complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Ragged		
Cord: <input type="checkbox"/> Vessels: <input type="checkbox"/> Venous: <input type="checkbox"/> Arterial <input type="checkbox"/> BE: _____ <input type="checkbox"/> Venous: <input type="checkbox"/> Arterial <input type="checkbox"/> Lactate: <input type="checkbox"/> Venous: <input type="checkbox"/> Arterial		
Blood Loss: Measured: _____ mL Estimated: _____ mL Total: _____ mL		
Oxytolo: Name _____ Time _____ Dose _____ Route _____		
Postnatal risk factors reviewed on page 1: <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Changes to Intrapartum

Perineal Repair

Label trauma on diagram and include descriptions of repair. Document suture material and anaesthetic used. Document PR examination and consider PR analgesia.

(Affix identification label here)

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



Count

Swabs	1st	<input type="checkbox"/> No
Needles		
Instruments		<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	180 160 140 120 100 80 60 40
Pulse	Y A •
Fundus	
Loss	
Bladder / Void	
Perineum	
Comments (e.g. respiration rate)	
Initial	

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Intrapartum Record (without Partogram and 2nd stage observations)

(Affix identification on label here)

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

Perineal Assessment

Perineal Tears Intact 1st tear 2nd tear 3rd tear 4th tear Repaired in OT: Yes No

Epiplotomy Type: _____ Indication: N/A

Perineal Repair Required Not required Declined Signature: _____ Date: / /


Labia Tear Yes No

PR Examination Completed Yes No

Perineal Check Check 1 (name): _____ Check 2 (name): _____

Perineal Repair

Label trauma on diagram and include descriptions of repair. Document suture material and anaesthetic used. Document PR examination and consider PR analgesia. Time perineal repair commenced: _____



Name: _____ Signature: _____ Date: _____

Perineal Surgical Item Count

Item Count	Initial Count	Additions	Final Count
Swabs			
Needles			
Instruments			
Number of sponges			
Correct count	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initials (two person check)	1: _____ 2: _____	1: _____ 2: _____	1: _____ 2: _____
Sponges left in situ: <input type="checkbox"/> Yes <input type="checkbox"/> No Sponge type: _____ Number: _____	If packs / sponges to remain in situ, document in Vaginal Birth Clinical Pathway		
Removed pack / sponges Date: / / Time: _____			

Newborn Summary

Baby's URN: _____

Identification Tag / Sex ID checked: Yes No ID attached: Yes No Male Female Indeterminate
 Signature 1: _____ Signature 2: _____

Date / Time of Birth: / / : : _____

Born Alive Stillborn Macerated Baby to special care: Yes No

APGAR Score 1 minute: _____ 5 minutes: _____ 10 minutes: _____

Baby Appearance Normal Abnormal Comments: _____

Measurements Weight: _____ g Length: _____ cm Head circumference: _____ cm

Medication Vitamin K given: IM Oral Not given Hep B vaccine given: Vaccine Immunoglobulin Not given

Skin-to-Skin Contact (recommendation 21 hour) Time commenced: _____ : _____ Time discontinued: _____ : _____ Not given
 Comments / Variance: _____

Feeding Breastfeed <1 hour EBM Formula / Artificial Nil / N/A

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Changes to Intrapartum

Queensland Government

Intrapartum Record

UFI: (UFI identification label here)
 Family name (Over name)
 Address
 Date of birth

Document all communication, including telephone communication.
 Add signature, printed name, staff category, date and time to all entries.
 WRITE ALL NOTES CONCISE AND RELEVANT

DATE & TIME

DO NOT WRITE IN THIS RECORD SECTION

For illustration
Not for download

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Queensland Government

Intrapartum Record (without Partogram and 2nd stage observations)

UFI: (UFI identification label here)
 Family name (Over name)
 Address
 Date of birth

Document all communication, including telephone communication.
 Add signature, printed name, staff category, date and time to all entries.
 WRITE ALL NOTES CONCISE AND RELEVANT

DATE & TIME

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Contact Details

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