BC Labour Partogram
(PSBC 2315)

Guide for completion

Perinatal Services BC
Provincial Health Services Authority

August 2023

A note on gender inclusion and the language of this document

This document uses gender inclusive language as health care providers play a critical role in creating a supportive environment that meets the needs of transgender and gender non-conforming (TGNC) people. Breastfeeding is traditionally understood to involve an individual of the female sex and gender identity (cisgender) who also identifies as a woman and mother. However, it is important to recognize that there are individuals in a parenting and human-milk-feeding relationship with a child who may not self-identify as such. Health care providers may prefer to use the term "chestfeeding" rather than breastfeeding in these cases.

Territory Acknowledgement

We respectfully acknowledge that the document "BC Labour Partogram — Guide to Completion" was developed at Perinatal Services BC on the unceded, traditional and ancestral territories of the Coast Salish People, specifically the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish) and səl̓ílwətaɬ (Tsleil-waututh) Nations who have cared for and nurtured the lands and waters around us for all time. We give thanks for the opportunity to live, work and support care here.

© 2023 Perinatal Services BC

Suggested Citation: Perinatal Services BC. (August 2023).
BC Labour Partogram (PSBC 2315). Vancouver, BC.

All rights reserved. No part of this publication may be reproduced for commercial purposes without prior written permission from Perinatal Services BC. Requests for permission should be directed to:

Perinatal Services BC
Suite 260 1770 West 7th Avenue
Vancouver, BC V6J 4Y6

T: 604-877-2121
F: 604-872-1987
psbc@phsa.ca
www.perinatalservicesbc.ca

Table of Contents

1. **Summary of Changes** . . . 2
2. **Introduction** . . . 9
3. **Clinical Practice Resources** . . . 13
4. **Completion of the Form** . . . 13
   - **Section 1:** Demographics and Background . . . 13
   - **Section 2:** Vaginal Exam . . . 15
   - **Section 3:** Contractions . . . 17
   - **Section 4:** Fetal Assessment . . . 18
   - **Section 5:** Meds/Treatments . . . 19
   - **Section 6:** Maternal Assessment . . . 20
   - **Section 7:** Regional Analgesia . . . 21
   - **Section 8:** IV (Intravenous) Starts . . . 23
   - **Section 9:** Intake and Output . . . 23
   - **Section 10:** Active First Stage and Passive Second Stage Variance Record/Progress Notes . . . 24
   - **Section 11:** Active Second Stage . . . 24
   - **Section 12:** Contractions . . . 25
   - **Section 13:** Fetal Assessment . . . 25
   - **Section 14:** Meds . . . 27
   - **Section 15:** PV Flow . . . 27
   - **Section 16:** Descent . . . 27
   - **Section 17:** Maternal Assessment . . . 28
   - **Section 18:** Regional Analgesia . . . 29
   - **Section 19:** Active Second Stage Variance Record/Progress Notes . . . 31
   - **Section 20:** Assisted Vaginal Birth Summary . . . 31
   - **Section 21:** Birth . . . 32
   - **Section 22:** Third Stage . . . 33
   - **Section 23:** Fourth Stage . . . 34
   - **Section 24:** Third and Fourth Stage Variance Record/Progress Notes . . . 34
5. **References** . . . 35
   - **Appendix 1:** Labour Partogram . . . 35
   - **Appendix 2:** Obtaining Copies of the BC Labour Partogram . . . 43
6. **Notes** . . . 44

1. Summary of Changes

This document provides an overview of the key changes to the British Columbia (BC) Labour Partogram. It presents the fields as they appear on the 2010 version of the record, as well as the updated fields on the 2023 version. A description of what the change is and why it was made is also provided.

Previous Version of Labour Partogram (2010)	Revised Version of Labour Partogram (2023)	Type of Field Change	Rationale for Change
Section 1. Patient Information			
Support person(s)	Support person(s) and doula documentation space moved to section 1	Change/ addition	Support person(s) moved to section 1 with addition of space for doula, both placed under the addressograph for easier visibility of names.
G, T, P, A, L	G, Para, T, P, A, L	Change	This field was changed to add parity to the patient's obstetric history (Gravida, Para, Term, Preterm, Abortion, Living).
Last ate	N/A	Deletion	These fields were removed in accordance with the SOGC recommendation that women who are at low risk of requiring general anesthesia should have the choice to eat or drink as desired or tolerated in labour.
Last drank	N/A	Deletion	
Gestation age wks	Gestation age wks, days	Change	This field was changed to include space to document the gestational age of the pregnancy with greater precision (weeks and days).
N/A	Pre-pregnant BMI	Addition	This field was added to document the pregnant person's pre-pregnancy body mass index.
Mec noted	N/A	Deletion	This field was deleted to avoid duplication as meconium can be documented in the "Amniotic fluid colour" field.
Section 2. Cervical Dilation			
Risk factors/concerns in section 1	Risk factors/concerns moved to section 2 of partogram	Change	This field was moved to section 2 to offer more space to document risk factors/concerns and easier to locate information.
N/A	Induction of Labour	Addition	This field was added to document whether labour had been induced (Yes/No).
N/A	Start date of induction (dd/mm/yyyy)	Addition	This field was added to document the start date of the induction of labour (if applicable).
N/A	Reason(s) and method(s) of induction	Addition	This field was added to document the reason(s) and method(s) used for the induction of labour.

Previous Version of Labour Partogram (2010)	Revised Version of Labour Partogram (2023)	Type of Field Change	Rationale for Change
Section 3. Contractions			
Fetal Assessment	Contractions	Change	Section 3 now Contractions. Contractions were moved to section 3 above fetal assessment (section 4) to better reflect recommended systematic approach, assessing uterine activity/uterine environment first, then fetal assessment, followed by classification.
N/A	Intrauterine pressure catheter [MVU]	Addition	This field was added to document the pressure of contractions (in Montevideo units, MVU) as measured using an intrauterine pressure catheter.
Section 4. Fetal Assessment			
Contractions	Fetal Assessment	Change	Section 4 now Fetal Assessment.
Section 5. Meds/Treatments			
IV Oxytocin in section 4	IV Oxytocin in section 5	Change	This field was moved to medication area for documentation, and was changed from being featured on both pages 2 and 3 of the Partogram (hours 1–6 and 7–12) to being included only on page 2, in order to avoid duplicate documentation.
Section 6. Maternal Assessment			
Temp	Temperature	Change	Temperature documentation moved to own line rather than the graphic chart to improve the readability of both.
Non-pharmacologic	Comfort measures	Change	This name of this field changed from “non-pharmacologic” to “comfort measures” to document the use of massage, TENS, hydrotherapy, etc. (see legend) for pain management.
Urine/Blood sugar	Urine	Change	The format of these fields was changed to document urine and blood sugar in separate sections, in 30 minute intervals.
	Blood sugar [mmol/L]	Change	
Sections 3–7 Legend			
First stage/passive 2nd stage legend combined and moved to page 5			

Previous Version of Labour Partogram (2010)	Revised Version of Labour Partogram (2023)	Type of Field Change	Rationale for Change
Section 7. Regional Analgesia			
N/A	Continuous infusion rate	Addition	To document current continuous infusion rate
Type and timing of analgesia (Epidural, Spinal, Combined, PCEA, 1st Bolus at, Continuous infusion at, Shift/total infused)	Type and timing of analgesia (Epidural, Spinal, Combined, PCEA, 1st Bolus at, Continuous infusion at, Shift/total infused)	Change	These fields were changed from being featured on both pages 2 and 3 of the Partogram (hours 1–6 and 7–12) to being included only on page 2, in order to avoid duplicate documentation.
Dr. Called at, Dr. Arrived at	Dr. Called at, Dr. Arrived at	Change	
Bolus/Rate	# Bolus attempts/given	Change	For further clarity on what to document in this section # bolus attempts by patient compared to # bolus given to patient
Section 8. IV Starts			
IV Starts (Section 9)	IV Starts	Change	This section was moved to an earlier page in the Partogram (prior to First Stage Variance Record) to better reflect the continuum of care.
Section 9. Intake and Output			
Intake and Output (section 10)	Intake and Output	Change	This section was moved to an earlier page in the Partogram (prior to First Stage Variance Record) to better reflect the continuum of care.
Section 10. Active First Stage Variance Record / Progress Notes			
Variance Record / Progress Notes (Section 8)	Active First Stage and Passive Second Stage Variance Record / Progress Notes	Change	This field was expanded to provide additional room for notes and renamed to create separate variance records for each stage of labour. The title was changed to Active First Stage and Passive Second Stage Variance Record/ Progress Notes to support documentation prior to the active second stage.
Legend	Legend	Change	Legend for first stage and passive second stage was moved from below graphic chart to end of variance record to consolidate legend in one place and allow for formatting space, new additions
Legend	Legend	Addition	Addition of MVU = Montevideo units under contractions.
Legend	Legend	Addition	Addition of PS = Psychosocial support under comfort measures.
Regional Analgesia	Regional Analgesia	Change	Regional analgesia scale changed to document R/L motor block using Obstetrical Modified Bromage Score for more sensitive scale and addition of step test (important for mobile epidural assessment).
Sedation Scale	Sedation Scale	Change	Sedation scale changed to Pasero Opioid-Induced Sedation Scale (POSS) to reflect common practice in BC.

Previous Version of Labour Partogram (2010)	Revised Version of Labour Partogram (2023)	Type of Field Change	Rationale for Change
Section 11. Second Stage			
Second stage (section 12)	Second stage (section 11)	Change	Moved to align with previous partogram section changes and to better reflect the continuum of care. Section number changed based on changes to previous section numbering of partogram.
MD/RM notified at; Arrived at	N/A	Removed	Format changes and avoid duplicate charting, document this information in notes section if applicable.
FHR mode; fetal assessment ausc, ext, FECG	N/A	Removed/ Changed	This field was removed for documentation of FHS method into graphic chart in section 12 and section 13.
Section 12. Contractions			
Second stage, section 12 & 13 (second stage) added to match section 3 & 4 (First stage/Passive 2nd stage)			
N/A	Frequency [in 10 min]/Intensity	Addition	These fields were added as part of new documentation format for the second stage of labour. Contractions are now recorded in the second stage of labour using the same table style as in the first stage.
N/A	Duration [in sec]	Addition	
N/A	Resting tone [F, S, mmHg]	Addition	
Section 13. Fetal Assessment			
N/A	Fetal heart rate	Change	This field was changed to improve ease of documentation for fetal heart rate in 5 minute intervals, with shaded areas to delineate 15 minute time periods to improve readability and completeness of documentation. The fetal health assessment section for the active second stage of labour was updated to align with 2020 SOGC fetal health surveillance guidelines.
N/A	Rhythm [R, I] / Variability	Addition	The fetal health assessment section for the active second stage of labour was updated to align with 2020 SOGC fetal health surveillance guidelines. Fetal assessment is now recorded in the second stage of labour using the same table style as in the first stage.
N/A	Accelerations	Addition	
N/A	Decelerations	Addition	
N/A	Classification [N, ATYP, ABN]	Addition	
Section 14. Meds			
N/A	IV Oxytocin	Addition	To document IV oxytocin during 2nd stage in same format as first stage.
N/A	Medications	Addition	To document other medications given during 2nd stage (e.g., penicillin G).

Previous Version of Labour Partogram (2010)	Revised Version of Labour Partogram (2023)	Type of Field Change	Rationale for Change
Section 15. PV Flow			
N/A	Amniotic fluid	Addition	This field was added as part of new documentation format for the second stage of labour. Amniotic fluid is now recorded in the second stage of labour in 30 minute intervals.
N/A	Blood/Show	Addition	This field was added as part of new documentation format for the second stage of labour. Blood/show is now recorded in the second stage of labour in 30 minute intervals.
Section 16. Descent			
N/A	Station	Addition	This field was added to document fetal station in 30 minute intervals during the second stage of labour.
Section 17. Maternal Assessment			
N/A	Blood pressure and pulse	Addition	These fields were added as part of new documentation format for the second stage of labour. Maternal assessment is now recorded in the second stage of labour using the same table style as in the first stage.
N/A	Temperature	Addition	
N/A	RR/O_2 Sat	Addition	
N/A	Comfort measures	Addition	
N/A	Activity/position	Addition	
N/A	Urine	Addition	
N/A	Blood sugar [mmol/L]	Addition	
Section 18. Regional Analgesia			
N/A	Type and timing of analgesia (Epidural, Spinal, Combined, PCEA, 1st Bolus at, Continuous infusion at, Shift/total infused)	Addition	These fields were added as part of new documentation format for the second stage of labour. Regional analgesia is now recorded in the second stage of labour using the same table style as in the first stage.
N/A	# Bolus attempts/given	Addition	
N/A	Continuous Infusion Rate	Addition	
N/A	R/L sensory	Addition	
N/A	R/L motor	Addition	
N/A	Pain/Sedation Scale	Addition	

Previous Version of Labour Partogram (2010)	Revised Version of Labour Partogram (2023)	Type of Field Change	Rationale for Change
Section 19. Active Second Stage Variance Record/Progress Notes			
Variance Record/ Progress Notes	Active Second Stage Variance Record/ Progress Notes	Change	This field was expanded to provide additional room for notes and renamed to create separate variance records for each stage of labour.
Section 20. Assisted Vaginal Birth			
Minor changes only			
Section 21. Birth			
N/A	Birth of head (date, time)	Addition	This field was added to document the birth of the head of the baby separately from the birth of the body and to assist in the documentation of shoulder dystocia.
Date of birth, time of birth	Birth of baby (date, time)	Change	This field was changed to a table format for documenting time and date of birth, and was moved from the beginning of the section stage of labour in version 1583 to the Birth section of the new form.
N/A	Skin-to-skin initiated	Addition	This field was added to document the start date and time of first skin-to-skin contact following birth.
N/A	Skin-to-skin discontinued	Addition	This field was added to document the end date and time of initial skin-to-skin contact following birth.
Oxytocin (given at, IM/IV)	Oxytocin, Carbetocin (given at, not given, IV/IM)	Change	This field was changed to document the use of oxytocin or carbetocin, rather than oxytocin only. The field was also moved from the second stage of labour in version 1583 to the Birth section of the new form.
N/A	Other (given at, not given, IV/IM)	Addition	This field was added to document the use of other uterotonic drugs (besides oxytocin and carbetocin) following birth.
N/A	Deferred cord clamping	Addition	This field was added to document if umbilical cord clamping was deferred (delayed) following birth.
N/A	Cord clamped at (sec of age)	Addition	This field was added to document the time (in seconds of age) of umbilical cord clamping.

Previous Version of Labour Partogram (2010)	Revised Version of Labour Partogram (2023)	Type of Field Change	Rationale for Change
Section 22. Third Stage			
Skin-to-skin contact at	Skin-to-skin contact	Change	This field was changed to document skin-to-skin contact during the third stage as a yes/no question. The timing of skin-to-skin initiation and discontinuation is now documented in section 20 (Birth).
Section 23. Fourth Stage			
N/A	Maternal Vital Signs	Addition	This section was added to document maternal vital signs (blood pressure, pulse, respiration, fundal tone, fundal height, lochia amount) every 15 minutes during the first hour of the fourth stage. If additional vital signs or other variances should be documented in section 23 (Third and Fourth Stage Variance Record/Progress Notes).
Section 24. Third and Fourth Stage Variance Record/Progress Notes			
Variance Record/ Progress Notes	Third and Fourth Stage Variance Record/ Progress Notes	Change	This field was expanded to provide additional room for notes/variances during the 3rd and 4th stage.
N/A	Patient transferred to	Addition	This section was added to indicate transfer to other care location (i.e., postpartum floor, OR, etc.) if applicable.
N/A	Legend	Addition	This field was added for legend reference to sections 23 and 24 Fourth Stage.

2. Introduction

Perinatal Services BC (PSBC) has the provincial mandate to develop a suite of standardized clinical forms that represent best practice in perinatal care, and act as a clinical documentation and communication tool for recording patient care. It is also within PSBC's mandate to collect and analyse perinatal data in an effort to evaluate provincial perinatal health outcomes and improve health service delivery and health system functioning. In order to assist in meeting this objective, specific fields on the perinatal forms are collected as part of the British Columbia Perinatal Data Registry (BCPDR).

The BC Labour Partogram is a revised form developed to facilitate the assessment and documentation of pertinent information about labour and birth in a structured, logical and standardized manner. Its main purpose is to facilitate consistent and complete documentation, communication, and continuity of care among health care providers and provides a guide for evidence-based intrapartum care. The form was updated in order to ensure that it is evidence-based and aligned with current clinical guidelines, standards and best practices. A number of guidelines from the Society of Obstetricians and Gynaecologists of Canada (SOGC) informed the content revisions of the form, along with other national, provincial and local policies and standards, and/or expert opinion. Other changes improve the format and flow of the form in an effort to make it more user-friendly and support complete and accurate clinical documentation.

A Shared Commitment to Reconciliation with Indigenous Peoples

In Plain Sight (IPS): Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care shared truth, that the health system is often viewed as an unsafe environment by Indigenous women and that Indigenous women often report the experience of unique forms of racism, disrespectful and discourteous treatment within the health care system. This has resulted in a loss of trust and fear. This has also resulted in mainstream health-care systems, adversely impacting individual and collective experiences of childbirth for many Indigenous women. The First Nations Health Authority, Sacred and Strong: upholding our Matriarchal Roles shared truth that the western or mainstream perinatal health services and practices have historically placed an emphasis on physical aspects of care and often minimize the more holistic approaches of Indigenous Peoples, which includes emotional, mental, and spiritual health considerations.

The IPS Report, The Final Report of the Truth and Reconciliation Commission; Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, the Report of the Royal Commission on Aboriginal Peoples and Taanishi Kiya Métis Public Health Surveillance Program Baseline Report have proven that the basic rights of Indigenous peoples have not been respected, and that the health-care system continues to perpetuate Indigenous-specific racism, resulting in harm, neglect, misdiagnosis, and even death of Indigenous Peoples.

In response to this, the British Columbia government passed the Declaration on the Rights of Indigenous Peoples Act (DRIPA) that aims to respect the human rights of Indigenous Peoples, In line with these reports the Health Standards Organization (HSO) has released the BC Cultural Safety and Humility Standard, that helps governing body members and organizational leaders identify, measure, and achieve culturally safe systems and services that better respond to the health and wellness priorities of Indigenous peoples and communities, regardless of where they are located.

The HSO standard is aligned with the IPS Report: *Recommendation 8 and is complimentary to the Indigenous Cultural Safety, Cultural Humility and Anti-racism* standard implemented by the BC College of Nurses and Midwives (BCCNM), and the College of Physicians and Surgeons of British Columbia. The purpose of these practice standards are to set out clear expectations for how registrants are to provide culturally safe and anti-racist care for Indigenous patients.

Perinatal Services B.C. offers actionable frameworks and principles for culturally safe, humble, and trauma-informed health care, in the practice resource: Honouring Indigenous Women's and Families' Pregnancy Journeys. This resource offers providers the opportunity to meet their standards, as well, to unlearn and learn how to come alongside Indigenous Peoples in a good way. By embracing the teachings from this resource, providers will have an ability to ensure clinical perinatal care is provided in a way that might establish trust and demonstrate respect towards Indigenous Peoples, upholding their autonomy and right to self-determination.

Within this practice resource the four R's framework for cross-cultural dialogue is offered as a tool for health-care providers working with Indigenous clients. It places the onus on health-care providers to accommodate the unique needs of the individual. The practice resource also describes the six key principles which support culturally safe, humble, trauma-informed perinatal care. As Auntie Lucy shared in her reflection: *"When these principles are practised, individuals and families feel safe and are open to asking questions about their care. Practicing these principles will bring balance to the relationship of the patient and health-care provider. This, in turn, will improve the perinatal health outcomes of Indigenous women and families. It is a time to honour and celebrate birthing together."* It is imperative within the perinatal health-care system, that providers give back space and opportunity for Indigenous peoples to experience a positive delivery, where their physical, mental, emotional, and spiritual health is respected, supported and cared for.

In closing, we call upon maternity health-care providers, to respond to one of the many Missing and Murdered Indigenous Women and Girls call to justice, 15.4: *Using what you have learned and some of the resources suggested, become a strong ally. Being a strong ally involves more than just tolerance; it means actively working to break down barriers and to support others in every relationship and encounter in which you participate.*

Guiding Principles

The BC Labour Partogram is designed for use in conjunction with the BC Perinatal Triage and Assessment Record (PSBC 1910) and Postpartum and Newborn clinical perinatal forms.

Several key principles guided the design and development:

- Be applicable for all maternity sites offering different levels of perinatal care
- Be usable from active labour admission or oxytocin induction through birth to end of the fourth stage
- Incorporate relevant intrapartum assessment and interventions
- Be adaptable to charting by exception or variance charting
- Be usable for both fetal monitoring methods, intermittent auscultation, and continuous electronic fetal monitoring
- Minimize double charting or need for narrative notes on several forms
- Utilize standardized terminology and abbreviations
- Focus on support for normal labour and birth process
- Facilitate early recognition, timely communication and intervention for changes in labour progress and/or maternal/fetal conditions
- Seamless integration of maternal postpartum and newborn documentation as much as possible
- Support use by multidisciplinary care providers
- Facilitate data collection for BC Perinatal Data Registry
- To support electronic documentation builds and revisions

General Guidelines

- The BC Perinatal Triage and Assessment (PTA) Record provides the admission history and complements documentation on the Labour Partogram
- Initiate Labour Partogram when the pregnant individual is admitted:
  - In active labour
  - For an oxytocin induction
- Assess relevant history and pregnancy information by:
  - Interviewing the pregnant individual
  - Reviewing the:
    - Antenatal Record Part 1 and 2
    - BC PTA Record
    - Other relevant medical documentation
- Perform a physical and psychosocial assessment
- For any identified variances:
  - Document in the Variance Record/Progress Notes
  - Communicate with the primary care provider (PCP) or designate using a standardized communication tool, such as SBAR (situation-background-assessment-recommendation)
- Document agreed upon plan of care and interventions
- Evaluate individual response to care interventions
- A blank space indicates that the action or assessment was not performed
- When more than one Labour Partogram is required, the time will be continuous
- For Variance(s) — Using an asterisk * in any space when further details about assessment, interventions or communication have been documented in the Variance Record/Progress Notes.
- If additional variance charting is required without need for additional graphic record, use the BC Variance Record/Progress Notes (PSBC 1594). If additional graphic record is required, use another BC Labour Partogram, number successive partograms (e.g. 2, 3 etc).
- Follow documentation standards of practice specific to local/region, Health Authority, or professional college(s).

The following sections provide descriptive information on the items on the Labour Partogram

- The term “document” instructs to write out the requested information in the space provided
- The term “indicate” instructs to check (√) the box provided

3. Clinical Practice Resources

[DST January 2021 — Intrapartum Fetal Health Surveillance.pdf (perinatalservicesbc.ca)]

4. Completion of the Form

Place the patient **addressograph/ label** in the dedicated space in the upper right corner of each page of the partogram. If the addressograph or label is not available, record the pregnant individual's **surname, given name, address, phone number,** and **Personal Health Number** in the same space.

Section 1: Demographics and Background

Item	Description
Partogram number	When more than one Labour Partogram is required, number successive partogram e.g. 1, 2…
Gravida	Document the total number of prior and present pregnancies regardless of gestational age, type, time, outcome or method of termination. Twins or multiples are counted as one pregnancy. A blighted ovum and hydatidiform mole are classified as a gravida.
Para	Document the total number of previous pregnancies resulting in live births occurring at greater than 20+0 weeks gestation.
Term	Document the total number of previous pregnancies with birth (livebirth or stillbirth) occurring at greater than or equal to 37+0 weeks gestation. **Note:** *A previous multiple pregnancy delivered at term should be counted as "1 term". If a previous multiple pregnancy resulted in one baby being delivered at term and another baby being delivered preterm, the pregnancy should be counted as "1 term" and "1 preterm".*
Preterm	Document the total number of previous pregnancies with birth (livebirth or stillbirth) occurring between 20 – 36+6 weeks gestation. **Note:** *Late terminations should contribute to the total number of previous preterm pregnancies.* **Note:** *A previous multiple pregnancy delivered preterm should be counted as "1 preterm". If a previous multiple pregnancy resulted in one baby being delivered at term and another baby being delivered preterm, the pregnancy should be counted as "1 term" and "1 preterm".*

Item	Description
Abortion	Document the total number of previous terminations of pregnancies (livebirth or fetal demise prior to 20 weeks gestation) ending prior to 20 completed weeks gestation and weighing less than 500 grams.
Living	Document the total number of children, who are presently living, the pregnant individual has given birth to. Does not include current pregnancy. **Note:** *A previous multiple pregnancy should be counted per living child (i.e., twin pregnancy = 2, triplet pregnancy = 3, etc.)*
Admission	Document the admission date and time.
EDD (Expected Date of Delivery)	Document the expected date of delivery based on dating obstetric ultrasound scan (between 8 and 12 weeks of gestation). A certain last menstrual period (LMP) may be substituted if dating ultrasound is not available.
Regular contractions	Document the date and time of onset of regular contractions.
Gestational age ____ wks ____ days	Document the number of weeks and days gestation based on dating obstetric ultrasound scan (between 8 and 12 weeks of gestation). A certain last menstrual period (LMP) may be substituted if dating ultrasound is not available.
SROM (Spontaneous rupture of membranes) **ARM (Artificial rupture of membranes)**	Indicate either SROM or ARM. Document the date and time.
Membranes intact	Indicate if the membranes are intact — at the time of completing this section.
Amniotic fluid colour	Document the colour of the amniotic fluid (when the SROM or ARM took place) as: ▪ Clear ▪ Meconium stained ▪ Bloody
Current weight _____kg/lb	Document the pregnant individual's current weight in kilograms (preferably).
Pre-pregnant BMI (Body Mass Index)	Document the pregnant individual's pre-pregnancy BMI.
ABO (Blood) group Rh	Document the pregnant individual's ABO and Rh blood typing.

Item	Description
GBS (Group B Streptococcus) results)	Indicate the pregnant individual's GBS screening status as positive, negative, unknown. Information can be obtained from Antenatal Record Part 2 or laboratory results report.
Support person(s)	Record name(s) of support person(s).
Doula	If applicable, record the name of the pregnant individual's doula.
Allergies	Indicate if the pregnant individual has allergies, specify and document adverse reactions.
Medications	Indicate if the pregnant individual is taking any medications; list the medications.

Section 2: Vaginal Exam

Item	Description
Date/time	Record date and time. Time columns are divided into hourly intervals.
Hour	Denote the number of hours since the pregnant individual's admission. The Labour Partogram provides for 12 hours of documentation. The graph is drawn to a scale of 1:1 i.e. on the left side, each square represents 1 cm of dilatation; along the top, each square represents 1 hour.
Cervical dilatation	Using a "•" indicate the dilatation of the cervix (from 0 – 10cms) from vaginal examination (VE). Graph cervical dilatation finding in the column representing the appropriate hour. For example: ▪ Admission VE at 0800 found pregnant individual 3 cm dilated ▪ Next VE at 1200, 7 cm dilated — findings will be graphed 4 columns to the right of the 0800 exam
Station	Using an "X" (-3 to +3) indicate the descent of the presenting part, graph the finding in the same column as the cervical dilatation.
Cervical length	Document the length of the cervix in cm

Item	Description
Cervix position/ consistency	Document the position of the cervix as: ▪ A = Anterior ▪ M = Mid ▪ P = Posterior Document the consistency of the cervix as: ▪ S = Soft ▪ Med = Medium ▪ F = Firm
Presenting part position	Document position of the presenting part as: ▪ L = Left ▪ R = Right ▪ O = Occiput ▪ S = Sacral ▪ A = Anterior ▪ T = Transverse (lateral) ▪ P = Posterior
Moulding/caput	Document M = Moulding or C = Caput if this is felt during the VE.

Amniotic fluid	Document if there is visible amniotic fluid as:
	▪ Amount
	    ▪ Ø = Absent
	    ▪ Sc = Scant
	    ▪ Mod = Moderate
	    ▪ L = Large
	▪ Colour
	    ▪ CL = Clear
	    ▪ BL = Bloody
	    ▪ Mec = Meconium

Blood/show	Document if blood or show is present, record as: ▪ Sc = Scant ▪ Mod = Moderate ▪ L = Large

Item	Description
Examiner	Record the name of the person performing the VE.
Risk factors/concerns	Indicate if the pregnant individual has risk factors or concerns. List any risk factors that may influence the management or outcome of this labour and birth.
Birth plan	Review and document the pregnant individual's birth plan.
Induction of Labour	Indicate if labour has been induced. Document start date of induction (dd/mm/yyyy), reason(s), and method(s) of induction.

Section 3: Contractions

Item	Description
Frequency [in 10 min]	Document the frequency of contractions — the time from the beginning of one contraction to the beginning of the next). For the purpose of the Labour Partogram document the number of contractions in 10 minutes. (For example: 4 per 10 minutes)
Intensity	Document the intensity of the contractions — strength of contraction assessed by palpation and asking the pregnant individual what type of pain they are feeling: ▪ M = Mild ▪ Mod = Moderate ▪ S = Strong
Duration [in sec]	Document the duration of contractions – length of time in seconds the contraction lasts, from the beginning to the end. (i.e. 45 – 60 sec).
Resting tone	▪ S = Soft ▪ F = Firm ▪ _____ mmHg (IUPC)
Intrauterine pressure catheter [MVU]	Document the strength of uterine contractions in Montevideo units (MVU).

Section 4: Fetal Assessment

Item	Description
Date **Time** **Hour**	▪ Record date and time of assessments/interventions. ▪ **For time:** the two-page flow sheet (p.2 and 3) provide enough space for 12 hours of documentation. The 12 hours are divided into 15 minutes intervals; the heavier lines represent hourly division. Thus, the columns indicate :00, :15, :30, :45 minutes. Begin the first box at the hour the pregnant individual is admitted. For instance if the admission time is at 0915, label the second column as 0915, and begin documentation.
FHR	The normal baseline FHR is between 110 – 160 bpm. If the FHR is outside the normal range (a variance) the darker dotted lines trigger an alert to perform further assessments that include primary care provider (PCP) notification. ▪ For intermittent auscultation (AUSC), use a "•" to document the baseline FHR. ▪ For external EFM, use an "X" to document baseline FHR. ▪ For FECG, use an "O" to document baseline FHR.
Rhythm [R,I]/ Variability	If using IA (Intermittent Auscultation), document the rhythm of the FH as: ▪ R = Regular ▪ I = Irregular If using EFM, document the variability of the FH: ▪ ø = Absent (undetectable) ▪ ↓ = Minimal (≤ 5 bpm) ▪ + = Moderate (6 – 25 bpm) ▪ ↑ = Marked (> 25 bpm)
Accelerations	Document accelerations as: ▪ √ = Present/Spontaneous ▪ ø = Absent/Not heard ▪ SS = Present/Scalp stimulation

Item	Description
Decelerations	Document decelerations as: ▪ √ = Present ▪ ø = Absent/Not heard If using EFM, document type of decelerations: ▪ E = Early ▪ V = Variable* ▪ L = Late* ▪ P = Prolonged* Describe decelerations in terms of ↓ ____ bpm x ____ sec/min, any other defining features of the deceleration (e.g., uncomplicated or complicated variable features), and any interventions/response in Variance Record/Progress Notes. Terms also used to describe decelerations may be periodic, episodic, repetitive, reoccurring or recurrent, and prolonged.
Classification	Classify the EFM FHR tracing as: ▪ N (Normal) ▪ ATYP (Atypical) ▪ ABN (Abnormal) Describe specific interventions for atypical or abnormal findings in the Variance Record/Progress Notes.

Section 5: Meds/Treatments

Item	Description
IV Oxytocin **____ I.U./ ____ ml.**	Document the oxytocin dosage of the prepared IV solution. Indicate if the oxytocin use is for the purpose of augmentation or induction of labour. Document the time and dose in Mu/min in the appropriate columns.

Meds (dose/route/time)
Treatments
	Document any medications, procedures or treatments. For example:
	▪ Medications — write the name of the medication, dose, route and frequency — if the same dosage is given indicate by initials in the appropriate time column
	▪ Treatments may include (but are not limited to):
	    ▪ Administration of oxygen
	    ▪ Fetal scalp blood sampling

Section 6: Maternal Assessment

Item	Description
Blood pressure	On the appropriate line, use the symbol "v" to indicate the pregnant individual's systolic blood pressure and the symbol "^" to indicate the pregnant individual's diastolic blood pressure.
Pulse	Use the symbol "•", to indicate the individual's pulse.
Temperature	Document temperature in degrees Celsius.
RR/O_2 Sat	Document as relevant, the respiratory rate (counted for one minute) and oxygen saturation as measured by the O_2 saturation monitor.
Comfort measures	Document the comfort measures used to support the labouring individual. Comfort measures may include: ▪ M = Massage ▪ BB = Birthing ball ▪ T = TENS ▪ CP = Counter pressure ▪ HT = Hydrotherapy ▪ AT = Aromatherapy
Activity/Position	▪ Sit = Sitting ▪ Std = Standing ▪ RL = Right lateral ▪ LL = Left lateral ▪ SU = Supine ▪ LI = Lithotomy ▪ SF = Semi-Fowler's ▪ AMB = Ambulating ▪ BB = Birthing ball ▪ HK = Hands & knees ▪ KC = Knee-chest ▪ Sq = Squatting ▪ TR = Trendelenberg

Item	Description

Urine	Document the results of the urine test as:
	▪ Protein
	  ▪ Neg (Negative), Trace, 1+, 2+, 3+
	▪ K (Ketones)
	  ▪ Neg (Negative), Trace, 1+, 2+, 3+
	  Note: Check Protein and Ketone test strips for specific values equivalent to 1+, 2+, 3+
	▪ V = Voided
	▪ I&O = In and out catheter
	▪ FC = Foley catheter inserted

Blood Sugar	Document the results of the blood sugar from the glucometer testing in mmol/L (if performed).

Section 7: Regional Analgesia

Item	Description
Epidural, Spinal, Combined, PCEA	Indicate the type of regional analgesic used: ▪ Epidural ▪ Spinal ▪ Combined ▪ PCEA (Patient controlled epidural analgesia)
1st Bolus at	Document the time the regional analgesic initial bolus was administered.
Continuous infusion at	Document the time the regional analgesic continuous infusion commenced.
Shift/total infused _____ mL	Document the amount of regional anesthetic infused at the end of a shift or when the infusion is discontinued.
Dr __________ called at _____ h Arrived at _____ h	Document the time the physician (anesthesiologist) was called and the time they arrived.
# of Bolus attempts/given	Document the number of bolus attempts over the number of bolus given.
Continuous Infusion Rate	Document current continuous infusion rate.

<table>
<tr><th>Item</th><th>Description</th></tr>
<tr><td>R/L sensory</td><td>Document the right and left sensory levels testing with ice for numbness and indicate where ice does not feel cold as:
<table>
<tr><th>Dermatome Level</th><th>Anatomical Landmark</th></tr>
<tr><td>T4</td><td>Nipple Level</td></tr>
<tr><td>T6</td><td>Xiphisternum</td></tr>
<tr><td>T8</td><td>Subcostal Margin (Optimal)</td></tr>
<tr><td>T10</td><td>Umbilicus</td></tr>
<tr><td>T12</td><td>Suprapubic Level</td></tr>
<tr><td>L2</td><td>Anterior Thigh</td></tr>
</table></td></tr>
<tr><td>R/L motor</td><td>Document the right and left motor block levels as:
▪ 1 = Able to do the "Step Test"
▪ 2 = No detectable weakness (can straight leg raise against resistance)
▪ 3 = Detectable weakness (unable to straight leg raise)
▪ 4 = Partial motor block (able to move/flex knees)
▪ 5 = Almost complete motor block (can move feet only)
▪ 6 = Complete motor block (unable to move feet or legs)
Adapted from SHOP form Postpartum Mobility Assessments Following Regional Anesthesia (BC Women's, 2022)
OB Mobile Labour Epidural/CSE Analgesia (BC Women's, 2021)
Mobile Epidural or Combined Spinal Epidural Analgesia: Care and Assessments in Labour (BC Women's, 2021)</td></tr>
<tr><td>Pain/Sedation Scale</td><td>Document the:
▪ Pain Scale from 0–10
    ▪ 0 = No pain
    ▪ 10 = Worst pain possible
▪ Sedation Scale as:
    ▪ S = Sleep, easy to arouse
    ▪ 1 = Awake and alert
    ▪ 2 = Slightly drowsy, easily aroused
    ▪ 3 = Frequently drowsy
    ▪ 4 = Somnolent, minimal — no response
Adapted from Pasero, C (2012). Opioid-induced sedation and respiratory depression: Evidence-based monitoring guidelines.
McCaffery, M., Pasero, C. (1999). Pain: clinical manual, 2nd edition. St Louis: Mosby, p. 164-299.</td></tr>
<tr><td>Initials</td><td>Provide legible initials.</td></tr>
</table>

Section 8: IV (Intravenous) Starts

Item	Description
IV Starts	Indicate the time, needle size, and site of IV initiation. Provide legible initials.

Section 9: Intake and Output

Item	Description
Intake **Time Started, IV Solution, Vol Start, Vol Abs**	Document: ▪ Time the IV or oral fluids were initiated ▪ Time and type of IV solution used ▪ Time and volume of IV solutions started ▪ Time and volume of IV absorbed
Vol Left	Document the time and amount of IV solution left at: ▪ The end of the shift ▪ End of 3rd stage ▪ Transfer
Time Stopped	Document the time the IV solution was stopped. ▪ Amount in bag absorbed
Oral	Document amount (in mls) of oral fluids ingested, if required.
Total IV Absorbed	At the end of the shift, when the IV is removed and at the end of the 3rd stage of labour or if the individual is transferred from care document the total amount of IV absorbed.
Total Oral	At the end of the shift, at the end of the 3rd stage of labour or if the individual is transferred from care document the total amount of oral intake, if required.
12 Hour Intake	Document the total 12 hour intake.
Output **Time, Urine, Emesis, Blood**	Document the time and amount (in ml) of: ▪ Urine output ▪ Emesis ▪ Passage of blood

Item	Description
Totals	Document the total output: ▪ At the end of the shift ▪ End of 3rd stage ▪ Transfer
12 Hour Output	Document the total 12 hour output.
Previous cumulative balance (+/-)	Carry over and record previous intake and output balance e.g. from a previous labour partogram. Fluid balance = Total intake minus Total output; value may be negative or positive.
12 Hour Balance	Total current fluid balance from the partogram.
Total cumulative balance	Previous cumulative balance minus 12 hour balance.

Section 10: Active First Stage and Passive Second Stage Variance Record/Progress Notes

Item	Description
Date/Time	Record date and exact time.
Focus	Indicate the reason or focus of documentation.
Progress Notes	Document in a chronological order any pertinent information, variances, nursing actions, responses or evaluation obtained during the maternal/fetal assessment.

Section 11: Active Second Stage

Item	Description
Full dilatation at	Document the date and time the pregnant individual became fully dilated.
Active pushing started at	Document the date and time the pregnant individual commenced active pushing.
If applicable, IUPC removed Foley removed	Indicate if applicable and document the time when the: ▪ IUPC was removed ▪ Foley catheter was removed

Section 12: Contractions

Item	Description
Frequency [in 10 min]/ Intensity	Document the frequency of contractions — the time from the beginning of one contraction to the beginning of the next). For the purpose of the Labour Partogram document the number of contractions in 10 minutes. (For example: 4 per 10 minutes)
Intensity	Document the intensity of the contractions — strength of contraction assessed by palpation and asking the pregnant individual what type of pain they are feeling: ▪ M = Mild ▪ Mod = Moderate ▪ S = Strong
Duration [in sec]	Document the duration of contractions — length of time in seconds the contraction lasts, from the beginning to the end. (i.e. 45 – 60 sec).
Resting tone	▪ S = Soft ▪ F = Firm ▪ _____ mmHg (IUPC)

Section 13: Fetal Assessment

Item	Description
Date **Time** **Hour**	▪ Record date and time of assessments/interventions. ▪ **For time:** the second stage flow sheet (p.6) provides enough space for 3 hours of documentation. The 3 hours are divided into 5 minute intervals; the shaded columns represent 15 minute divisions. ▪ **For Hour:** Indicate the number of hours since the start of the active second stage.
FHR	The normal baseline FHR is between 110 – 160 bpm. If the FHR is outside the normal range (a variance) the darker dotted lines trigger an alert to perform further assessments that include primary care provider (PCP) notification. ▪ For intermittent auscultation (AUSC), use a "•" to document the baseline FHR. ▪ For external EFM, use an "X" to document baseline FHR. ▪ For FECG, use an "O" to document baseline FHR.

Item	Description
Rhythm [R,I]/ Variability	If using IA (Intermittent Auscultation), document the rhythm of the FH as: ▪ R = Regular ▪ I = Irregular If using EFM, document the variability of the FH: ▪ ø = Absent (undetectable) ▪ ↓ = Minimal (≤ 5 bpm) ▪ + = Moderate (6 – 25 bpm) ▪ ↑ = Marked (> 25 bpm)
Accelerations	Document accelerations as: ▪ √ = Present/Spontaneous ▪ ø = Absent/Not heard ▪ SS = Present/Scalp stimulation
Decelerations	Document decelerations as: ▪ √ = Present ▪ ø = Absent/Not heard If using EFM, document type of decelerations: ▪ E = Early ▪ V = Variable* ▪ L = Late* ▪ P = Prolonged* Describe decelerations in terms of ↓ _____ bpm x _____ sec/min, any other defining features of the deceleration (e.g., uncomplicated or complicated variable features), and any interventions/response in Variance Record/ Progress Notes. Terms also used to describe decelerations may be periodic, episodic, repetitive, reoccurring or recurrent, and prolonged.
Classification	Classify the EFM FHR tracing as: ▪ N (Normal) ▪ ATYP (Atypical) ▪ ABN (Abnormal) Describe specific interventions for atypical or abnormal findings in the Variance Record/Progress Notes.

Section 14: Meds

Item	Description
IV Oxytocin **____ I.U./ ____ ml.**	Document the oxytocin dosage of the prepared IV solution. Indicate if the oxytocin use is for the purpose of augmentation or induction of labour. Document the time and dose in Mu/min in the appropriate columns.

Section 15: PV Flow

Item	Description

Amniotic Fluid	Document if there is visible amniotic fluid as:
	▪ Amount
	  ▪ Ø = Absent
	  ▪ Sc = Scant
	  ▪ Mod = Moderate
	  ▪ L = Large
	▪ Colour
	  ▪ CL = Clear
	  ▪ BL = Bloody
	  ▪ Mec = Meconium

Blood/Show	Document if blood or show is present, record as: ▪ Sc = Scant ▪ Mod = Moderate ▪ L = Large

Section 16: Descent

Item	Description
Station	Document the descent of the presenting part (-3 to +3).

Section 17: Maternal Assessment

Item	Description
Blood pressure	On the appropriate line, use the symbol "v" to indicate the pregnant individual's systolic blood pressure and the symbol "^" to indicate the pregnant individual's diastolic blood pressure.
Pulse	Use the symbol "•", to indicate the individual's pulse.
Temperature	Document temperature in degrees Celsius.
RR/O_2 Sat	Document as relevant, the respiratory rate (counted for one minute) and oxygen saturation as measured by the O_2 saturation monitor.
Comfort measures	Document the comfort measures used to support the labouring individual. Comfort measures may include: ▪ M = Massage ▪ BB = Birthing ball ▪ T = TENS ▪ CP = Counter pressure ▪ HT = Hydrotherapy ▪ AT = Aromatherapy
Activity/Position	▪ Sit = Sitting ▪ Std = Standing ▪ RL = Right lateral ▪ LL = Left lateral ▪ SU = Supine ▪ LI = Lithotomy ▪ SF = Semi-Fowler's ▪ AMB = Ambulating ▪ BB = Birthing ball ▪ HK = Hands & knees ▪ KC = Knee-chest ▪ SQ = Squatting ▪ TR = Trendelenberg

Item	Description

Urine	Document the results of the urine test as:
	▪ Protein
	  ▪ Neg (Negative), Trace, 1+, 2+, 3+
	▪ K (Ketones)
	  ▪ Neg (Negative), Trace, 1+, 2+, 3+
	  Note: Check Protein and Ketone test strips for specific values equivalent to 1+, 2+, 3+
	▪ V = Voided
	▪ I&O = In and out catheter
	▪ FC = Foley catheter inserted

Blood Sugar	Document the results of the blood sugar from the glucometer testing in mmol/L (if performed).

Section 18: Regional Analgesia

Item	Description
Epidural, Spinal, Combined, PCEA	Indicate the type of regional analgesic used: ▪ Epidural ▪ Spinal ▪ Combined ▪ PCEA (Patient controlled epidural analgesia)
1st Bolus at	Document the time the regional analgesic initial bolus was administered.
Continuous infusion at	Document the time the regional analgesic continuous infusion commenced.
Shift/total infused _____ mL	Document the amount of regional anesthetic infused at the end of a shift or when the infusion is discontinued.
Dr __________ called at _____ h Arrived at _____ h	Document the time the physician (anesthesiologist) was called and the time s/he arrived.
# of Bolus attempts/given	Document the number of bolus attempts over the number of bolus given.

<table>
<tr><th>Item</th><th>Description</th></tr>
<tr><td>R/L sensory</td><td>Document the right and left sensory levels testing with ice for numbness and indicate where ice does not feel cold as:
<table><tr><th>Dermatome Level</th><th>Anatomical Landmark</th></tr><tr><td>T4</td><td>Nipple Level</td></tr><tr><td>T6</td><td>Xiphisternum</td></tr><tr><td>T8</td><td>Subcostal Margin (Optimal)</td></tr><tr><td>T10</td><td>Umbilicus</td></tr><tr><td>T12</td><td>Suprapubic Level</td></tr><tr><td>L2</td><td>Anterior Thigh</td></tr></table></td></tr>
<tr><td>R/L motor</td><td>Document the right and left motor block levels as:
1 = Able to do the "Step Test"
2 = No detectable weakness (can straight leg raise against resistance)
3 = Detectable weakness (unable to straight leg raise)
4 = Partial motor block (able to move/flex knees)
5 = Almost complete motor block (can move feet only)
6 = Complete motor block (unable to move feet or legs)
Adapted from SHOP form "Postpartum Mobility Assessments Following Regional Anesthesia" (BC Women's, 2022)</td></tr>
<tr><td>Pain/Sedation Scale</td><td>Document the:
Pain Scale from 0–10
0 = No pain
10 = Worst pain possible
Sedation Scale as:
S = Sleep, easy to arouse
1 = Awake and alert
2 = Slightly drowsy, easily aroused
3 = Frequently drowsy
4 = Somnolent, minimal — no response
Adapted from Pasero, C (2012). Opioid-induced sedation and respiratory depression: Evidence-based monitoring guidelines.
McCaffery, M., Pasero, C. (1999). Pain: clinical manual, 2nd edition. St Louis: Mosby, p. 164-299.</td></tr>
<tr><td>Initials</td><td>Provide legible initials.</td></tr>
</table>

Section 19: Active Second Stage Variance Record/Progress Notes

Item	Description
Date/Time	Record date and exact time.
Focus	Indicate the reason or focus of documentation.
Progress Notes	Document in a chronological order any pertinent information, variances, nursing actions, responses or evaluation obtained during the maternal/fetal assessment.

Section 20: Assisted Vaginal Birth Summary

Item	Description
Assisted Vaginal Birth Summary	Indicate if an assisted vaginal birth was required.
Analgesia/Anesthesia	Document analgesia/anesthesia used during assisted vaginal birth.
Bladder emptied _____ ml at _____	For an assisted vaginal birth, ensure bladder is emptied, and document: ▪ Amount of urine in ml ▪ Time
Forceps	Indicate if forceps assisted birth was performed and document the: ▪ Type of forceps ▪ Time forceps was applied ▪ Time forceps was removed ▪ If forceps delivery unsuccessful

Item	Description
Vacuum	For vacuum assisted birth indicate: ▪ Type of vacuum ▪ Time vacuum was applied ▪ Time vacuum was removed ▪ Number of pop-offs (recommended maximum pop-offs is < 3) ▪ If vacuum delivery unsuccessful **When to Halt** ▪ 3 pulls, over 3 contractions, no progress ▪ 3 pop offs, without obvious cause ▪ 20 minutes elapsed time and delivery is still not imminent
Comment	Document any pertinent comments pertaining to the assisted vaginal birth (excludes documentation of variance).
Completed by	Provide signature of person completing this section.

Section 21: Birth

Item	Description
Birth of head	Document the date and time when the baby's head has completely emerged.
Birth of baby	Document the exact date and time of the birth. When the baby has completely emerged, birth is complete, and the second stage of labour ends.
Skin-to-skin initiated	Document the date and time maternal/newborn skin-to-skin was initiated.
Skin-to-skin discontinued	Document the date and time maternal/newborn skin-to-skin was discontinued.
Oxytocin, Carbetocin, Other	Indicate if Oxytocin or Carbetocin was given, document: ▪ Time ▪ Dose ▪ Route (IM, IV) ▪ By whom
Deferred cord clamping	Indicate if cord clamping was deferred and document the age of the newborn (in seconds) when the cord was clamped.

Section 22: Third Stage

Item	Description
Time of placenta delivery	Document the exact time the placenta delivered, marking the end of the 3rd stage of labour.
Cord gases collected	Indicate if venous and/or arterial cord blood sample were collected.
Skin-to-skin contact	Indicate if maternal/newborn skin-to-skin contact was initiated.
To breast	Indicate if the newborn went to the breast and if not, provide a reason.
If Third Stage 3rd prolonged Maternal Vital Signs (VS)	Document the maternal vital signs including BP, P, R. Provide legible initials.
Manual removal of placenta	Indicate if there was a manual removal of placenta and if so, indicate if the procedure took place in the LDR and document the type of analgesia given. If the procedure took place in the OR, document time to OR.
Comment	Document any pertinent comments pertaining to the third stage (excludes documentation of variance).
Completed by	Provide signature of person completing this section.

Section 23: Fourth Stage

Item	Description
Temperature	Document temperature in degrees Celsius.
Maternal Vital Signs (VS)	Document the maternal vital signs including time, temperature, BP, P, R, fundal tone, fundal height, and lochia amount.

Section 24: Third and Fourth Stage Variance Record/Progress Notes

Item	Description
Date/Time	Record date and exact time.
Focus	Indicate the reason or focus of documentation.
Progress Notes	Document in a chronological order any pertinent information, variances, nursing actions, responses or evaluation obtained during the maternal/fetal assessment.

5. References

Appendix 1 — Labour Partogram

British Columbia Labour Partogram

1

Partogram #	Date (dd/mm/yyyy)	Time	G ___ Para ___ T ___ P ___ A ___ L ___
Admission			EDD (dd/mm/yyyy)
Regular contractions			Gestation age ______ wks ______ days
☐ SROM			☐ Membranes intact
☐ ARM			Amniotic fluid colour
ABO group ________ Rh ________			Current weight ____ kg/lb | Pre-pregnant BMI ____
			GBS results ☐ Pos ☐ Neg ☐ Unk

☐ Support person(s) ________ ☐ Doula ________

Allergies ☐ NKA ☐ Yes

Medications ☐ No ☐ Yes

2

Date (dd/mm/yyyy) / Time	Hour	1	2	3	4	5	6	7	8	9	10	11	12	STATION (x)
CERVICAL DILATATION in cm (•)	10													
	9													
	8													-3
	7													-2
	6													-1
	5													0
	4													+1
	3													+2
	2													+3
	1													
Cervical length														
Cx position/ consistency														
Presenting part position														
Moulding/ caput														
Amniotic fluid														
Blood/show														
Examiner														

Risk factors / concerns
☐ No ☐ Yes (specify)

Induction of labour
☐ No ☐ Yes

Start date of induction (dd/mm/yyyy)

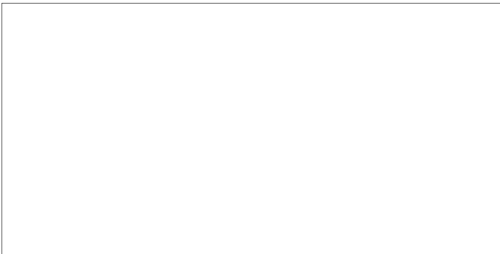
Reason(s) & method(s) of induction

Birth plan

Legend (For any variance * = see Variance Record/Progress Notes)

Vaginal examination	Consistency	Presenting part position	Moulding/caput	Amniotic fluid	Blood/show
Cervical length = in cm	**S** = Soft	**L** = Left	**M** = Moulding	**ø** = Absent	**Sc** = Scant
Position of cervix	**Med** = Medium	**R** = Right	**C** = Caput	**Sc** = Scant	**Mod** = Moderate
A = Anterior	**F** = Firm	**O** = Occiput		**Mod** = Moderate	**L** = Large
M = Mid		**S** = Sacral		**L** = Large	
P = Posterior		**A** = Anterior		**CL** = Clear	
		T = Tranverse (lateral)		**BL** = Bloody	
		P = Posterior		**Mec** = Meconium	

PSBC 2315 AUGUST 2023 ©PERINATAL SERVICES BC PAGE 1 OF 8



Section	Date (dd/mm/yyyy) / Hour / Time	1	2	3	4	5	6
3 CONTRAC-TIONS	Frequency [in 10 min]						
	Intensity						
	Duration [in sec]						
	Resting tone [F, S, mmHg]						
	Intrauterine pressure catheter [MVU]						
4 FETAL ASSESSMENT	AUSC ● / EXT **x** / FECG **o** — 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50						
	Rhythm [R, I]/Variability						
	Accelerations						
	Decelerations						
	Classification [N, ATYP, ABN]						
5 MEDS/TREATMENTS	IV Oxytocin ______ I.U./______ mL — Time						
	☐ Augmentation ☐ Induction — Milliunits/minute						
6 MATERNAL ASSESSMENT	Blood pressure: Systolic v, Diastolic ^; Pulse ● — 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50						
	Temperature						
	RR/O_2 Sat						
	Comfort measures						
	Activity/Position						
	Urine						
	Blood sugar [mmol/L]						
7 REGIONAL ANALG.	☐ Epidural ☐ Spinal ☐ Combined ☐ PCEA 1st Bolus at ______ h Continuous infusion at ______ h Shift/total infused ______ mL						
	Dr. — # Bolus Attempts/Given						
	Called at — Continuous infusion rate						
	______ h — R/L sensory						
	Arrived at — R/L motor						
	______ h — Pain/Sedation Scale						
	Initials						

PSBC 2315 AUGUST 2023 ©PERINATAL SERVICES BC PAGE 2 OF 8

Guide for Completion

7	8	9	10	11	12	Hour / Time	Date (dd/mm/yyyy)
						Frequency [in 10 min]	CONTRAC-TIONS
						Intensity	
						Duration [in sec]	
						Resting tone [F, S, mmHg]	
						Intrauterine pressure catheter [MVU]	
						200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50 — AUSC ●, EXT x, FECG o	FETAL ASSESSMENT
						Rhythm [R, I]/Variability	
						Accelerations	
						Decelerations	
						Classification [N, ATYP, ABN]	
						Time / IV Oxytocin / Milliunits/minute	MEDS/TREATMENTS
						190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50 — Blood pressure: Systolic v, Diastolic ^; Pulse ●	MATERNAL ASSESSMENT
						Temperature	
						RR/O_2 Sat	
						Comfort measures	
						Activity/Position	
						Urine	
						Blood sugar [mmol/L]	
							REGIONAL ANALG.
						# Bolus Attempts/Given	
						Continuous infusion rate	
						R/L sensory	
						R/L motor	
						Pain/Sedation Scale	
						Initials	

PSBC 2315 AUGUST 2023 ©PERINATAL SERVICES BC PAGE 3 OF 8

8 IV Starts

Time	Needle size	Site	Initial	Time	Needle size	Site	Initial	Time	Needle size	Site	Initial

9 Intake and Output (☐ See separate Intake and Output Record)

INTAKE							OUTPUT			
Time Started	IV Solution	Vol Start	Vol Abs	Vol Left	Time Stopped	Oral	Time	Urine	Emesis	Blood
		TOTAL IV ABSORBED		TOTAL ORAL			TOTALS			
		12 HOUR INTAKE					12 HR. OUTPUT			
	Prev. cumulative balance (±)	+	12 hour balance (±)		=		Total cumulative balance (±)			

10

Date (dd/mm/yyyy)	Time	Focus	Active First Stage and Passive Second Stage Variance Record / Progress Notes

PSBC 2315 AUGUST 2023 ©PERINATAL SERVICES BC PAGE 4 OF 8

10

Date (dd/mm/yyyy)	Time	Focus	Active First Stage and Passive Second Stage Variance Record / Progress Notes

Legend (For any variance * = see Variance Record / Progress Notes)

FETAL ASSESSMENT

Rhythm (for IA)
- **R** = Regular
- **I** = Irregular

Variability (for EFM)
- **ø** = Absent (undetectable)
- ↓ = Minimal (≤ 5 bpm)
- **+** = Moderate (6–25 bpm)
- ↑ = Marked (> 25 bpm)

Accelerations
- ✔ = Present / Spontaneous
- **ø** = Absent / Not heard
- **SS** = Present / Scalp Stimulation

Decelerations
- ✔ = Present
- **ø** = Absent / Not heard

Decelerations (cont'd)
- **E** = Early
- **V** = Variable*
- **L** = Late*
- **P** = Prolonged*

* Charting includes:
↓ _____ bpm x _____ sec/min

Classification
- **N** = Normal
- **ATYP** = Atypical
- **ABN** = Abnormal

CONTRACTIONS

Intensity
- **M** = Mild
- **Mod** = Moderate
- **S** = Strong

Resting Tone
- **S** = Soft **F** = Firm
- _____ mmHg (IUPC)

MVU = Montevideo Units

Comfort measures
- **M** = Massage
- **BB** = Birthing ball
- **T** = Tens
- **CP** = Counter pressure
- **HT** = Hydrotherapy
- **AT** = Aromatherapy
- **PS** = Psychosocial support

MATERNAL ASSESSMENT

Activity/Position
- **Sit** = Sitting
- **Std** = Standing
- **RL** = Right lateral
- **LL** = Left lateral
- **SU** = Supine
- **LI** = Lithotomy
- **AMB** = Ambulating
- **HK** = Hands & knees
- **KC** = Knee-chest
- **SQ** = Squatting
- **TR** = Trendelenberg
- **SF** = Semi-Fowler's

Urine
- **P** = Protein
- **K** = Ketones
- **V** = Void
- **I&O** = In and out catheter
- **FC** = Foley catheter inserted

REGIONAL ANALGESIA
- **R/L sensory** = Right/Left sensory level testing
- **R/L motor** = Right/Left motor block
- **1** = Able to do the "Step Test"
- **2** = No detectable weakness (can straight leg raise against resistance)
- **3** = Detectable weakness (unable to straight leg raise)
- **4** = Partial motor block (able to move/flex knees)
- **5** = Almost complete motor block (can move feet only)
- **6** = Complete motor block (unable to move feet or legs)

Pain Scale (0–10)
- **0** = No pain
- ↓
- **10** = Worst pain possible

Sedation Scale
- **S** = Sleep, easy to arouse
- **1** = Awake and alert
- **2** = Slightly drowsy, easily aroused
- **3** = Frequently drowsy
- **4** = Somnolent, minimal–no response

PSBC 2315 AUGUST 2023 ©PERINATAL SERVICES BC PAGE 5 OF 8

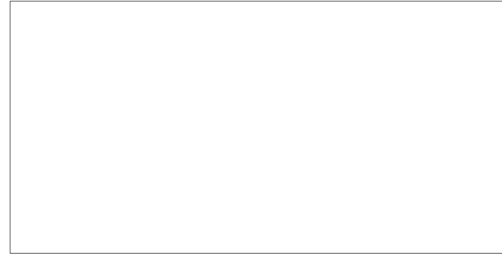
Active Second Stage

SECOND STAGE	Date (dd/mm/yyyy)	Time
Full dilatation at		
Active pushing started at		
☐ IUPC removed ______ h		
☐ Foley removed ______ h		

11

Date	Hour / Time	1	2	3
12 CONTRACTIONS	Frequency **[in 10 min]**			
	Intensity			
	Duration **[in sec]**			
	Resting tone **[F, S, mmHg]**			
13 FETAL ASSESSMENT	AUSC ● EXT **x** FECG **o** 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50			
	Rhythm **[R, I]**/Variability			
	Accelerations			
	Decelerations			
	Classification **[N, ATYP, ABN]**			
14 MEDS	IV Oxytocin — Time			
	IV Oxytocin — Milliunits/minute			
15 PV FLOW	Amniotic fluid			
	Blood/Show			
16 DESCENT	Station			
17 MATERNAL ASSESSMENT	Blood pressure Systolic ∨ Diastolic ∧ Pulse ● 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50			
	Temperature			
	RR/O_2 Sat			
	Comfort measures			
	Activity/Position			
	Urine			
	Blood sugar **[mmol/L]**			
18 REGIONAL ANALG.	☐ Epidural ☐ Spinal ☐ Combined ☐ PCEA 1st Bolus at ______ h Continuous infusion at ______ h Shift/total infused ______ mL			
Dr. Called at ______ h Arrived at ______ h	# Bolus Attempts/Given			
	Continuous infusion rate			
	R/L sensory			
	R/L motor			
	Pain/Sedation Scale			
	Initials			

PSBC 2315 AUGUST 2023 ©PERINATAL SERVICES BC PAGE 6 OF 8



19

Date (dd/mm/yyyy)	Time	Focus	Active Second Stage Variance Record / Progress Notes

20 ☐ **Assisted Vaginal Birth Summary**

Analgesia/anesthesia ______ Bladder emptied ______ mL at ______ h

☐ Forceps, type ______ Forceps on at ______ h Forceps off at ______ h

☐ Vacuum, type ______ Vacuum on at ______ h Vacuum off at ______ h No. of pop-offs (recommended max ≤ 3) ______

☐ Forceps unsuccessful ☐ Vacuum unsuccessful Comment ______

Comment ______ Completed by ______

21

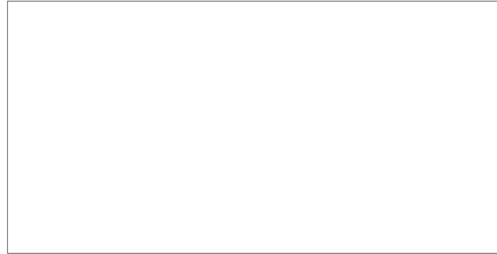
BIRTH	Date (dd/mm/yyyy)	Time
Birth of head		
Birth of baby		
Skin-to-skin initiated		
Skin-to-skin discontinued		

☐ Oxytocin ☐ Carbetocin given at ______ h Dose ______ ☐ IM ☐ IV ☐ Not given

☐ Other ______ given at ______ h Dose ______ ☐ IM ☐ IV

Deferred cord clamping ☐ Yes ☐ No Cord clamped at ______ (sec) of age

PSBC 2315 AUGUST 2023 ©PERINATAL SERVICES BC PAGE 7 OF 8



22 Third Stage Time of placenta delivery ________ h   Cord gases collected ☐ Venous ☐ Arterial ☐ Not collected ☐ Cord blood collected

Skin-to-skin contact ☐ Yes ☐ No   To breast ☐ Yes ☐ No, reason ________

If Third Stage prolonged   Maternal VS: Time ________ h BP ________ P ________ R ________

Time ________ h BP ________ P ________ R ________

☐ Manual removal of placenta   Location ☐ LDR   Time to OR ______ h

Analgesia ________

Comment ________   Completed by ________

23 Fourth Stage

Maternal VS:

Time ____ h Temp ____ h BP ____ P ____ R ____ Fundal Tone ____ Fundal Height ____ Lochia amount ____ Initials ____

Time ____ h Temp ____ h BP ____ P ____ R ____ Fundal Tone ____ Fundal Height ____ Lochia amount ____ Initials ____

Time ____ h Temp ____ h BP ____ P ____ R ____ Fundal Tone ____ Fundal Height ____ Lochia amount ____ Initials ____

Time ____ h Temp ____ h BP ____ P ____ R ____ Fundal Tone ____ Fundal Height ____ Lochia amount ____ Initials ____

24

Date (dd/mm/yyyy)	Time	Focus	Third and Fourth Stage Variance Record / Progress Notes

Transferred to: ________   Date/time: ________

☐ See Progress Notes   Initials: ________

Legend (For any variance * = see Variance Record / Progress Notes)

Fundal Tone	Fundal Height	Lochia amount
F = Firm ***M** = Firm with massage ***B** = Boggy	**0** = Umbilicus ↑ = Above 0 ↓ = Below 0	**Sc** = Scant **L** = Light **M** = Moderate ***H** = Heavy ***CL** = Clots

PSBC 2315 AUGUST 2023 ©PERINATAL SERVICES BC   PAGE 8 OF 8

Appendix 2 — Obtaining Copies of the BC Labour Partogram

For sites wishing to order forms or to obtain ordering information, please refer to the PSBC website:

www.perinatalservicesbc.ca/health-professionals/forms

If you have any questions or feedback about any of the PSBC perinatal forms, please email psbc@phsa.ca or call 604-877-2121.

6. Notes

Notes

Perinatal Services BC
Provincial Health Services Authority

© 2023 Perinatal Services BC

Suggested Citation: Perinatal Services BC. (August 2023).
BC Labour Partogram (PSBC 2315). Vancouver, BC.

All rights reserved. No part of this publication may be reproduced for commercial purposes without prior written permission from Perinatal Services BC. Requests for permission should be directed to:

Perinatal Services BC
Suite 260 1770 West 7th Avenue
Vancouver, BC V6J 4Y6

T: 604-877-2121
F: 604-872-1987
psbc@phsa.ca
www.perinatalservicesbc.ca