

Department of Midwifery: Waterbirth Audit Tool

1. Mother's PHN: _____ 2. Date of waterbirth: _____

3. In what facility did the waterbirth occur?

- BCWH
- SPH
- Home
- Other

4. What was the length of:

- a. active labour? ____ hours and ____ minutes
- b. second stage? ____ hours and ____ minutes

5. Were there complications of the birth requiring the woman to exit the tub AFTER the birth of the head and BEFORE the birth of the body (i.e. shoulder dystocia or tight nuchal cord)?

- No
- Yes (please elaborate) _____

6. What were the one-minute and five-minute APGAR scores?

One-minute: _____ Five-minute: _____

7. What newborn resuscitative efforts were required following birth? Please describe in detail:

8. Was the baby admitted to the IN or NICU following birth? If so, please describe reason for admission and length of stay:

9. Name of RM attending: _____

Once completed, please return to fax: 604.875.3261. Thank you.