

Patient Label Here



### Birth Child Encounter - Birth Tab

Date of birth: dd / mmm / yyyy Time of Birth: \_\_\_\_\_ Sex: Female Male Ambiguous Unknown

**Birth Location:** One Hospital Home Birth Centre Nursing Station Other

**If Birth Centre.....Name:** \_\_\_\_\_  
**If Birth Hospital... Name:** \_\_\_\_\_

**Type of Birth:** One Spontaneous vaginal Assisted vaginal  
(forceps/vacuum) Induced or spontaneous labour - C/S No labour - C/S

**Presentation Type :** \_\_\_\_\_

**Birth Order: (Indicate birth order of each baby)** Singleton = A Circle A B C D  
\*Complete separate *Birth Child Encounter* for each child

**Forceps/Vacuum:** None Vacuum Vacuum and Forceps Unknown

**Apgar 1:** \_\_\_\_\_ Unknown **Apgar 5:** \_\_\_\_\_ Unknown **Apgar 10:** \_\_\_\_\_ Unknown

**Delayed Cord Clamping(>30 secs):** yes no unknown

**Neonatal Resuscitation:** None FFO2 CPAP + Air CPAP + O2 PPV + air PPV + O2 Intubation for tracheal suction Intubation for PPV Laryngeal Mask Airway (LMA)  
Chest compression Epinephrine Narcan/Naloxone Volume Expander Unknown

**Birth Outcome:** Live Birth **Stillbirth at > 20 wks or > 500 gms:** Termination Spontaneous – occurred during antepartum period Spontaneous – occurred during intrapartum period

**Neonatal death:** No Yes Yes - with termination of pregnancy If yes, date: dd/mmm/yyyy Time of death: \_\_\_\_\_ Age at neonatal death: \_\_\_\_\_Days

**Birth Weight:** \_\_\_\_\_gms Birth Weight Unknown GA at Birth: \_\_\_\_\_ weeks \_\_\_\_\_ days Head Circumference at Birth\_\_\_\_\_

**Neonatal Transfer to NICU/SCN:** No transfer NICU/SCN other hospital NICU/SCN same hospital **If NICU/SCN other hospital - Neonatal Transfer to Hospital:** Name: \_\_\_\_\_

**Reason for Neonatal Transfer:** Bed needed for sicker baby Condition improved Lack of physician coverage Lack of RN coverage No bed available Requires further investigation  
Requires higher level of care Care closer to home Other Unknown

**Neonatal transfer to NICU/SCN Date:** dd / mmm / yyyy **Neonatal Transfer to NICU/SCN Time:** \_\_\_\_\_

**Arterial cord blood test status:** One Done Not Done Unsatisfactory Specimen Unknown Arterial Cord Blood pH: \_\_\_\_\_ Arterial Cord Blood Base Excess/Deficit: \_\_\_\_\_

**Venous cord blood test status:** One Done Not Done Unsatisfactory Specimen Unknown Venous Cord Blood pH: \_\_\_\_\_ Venous Cord Blood Base Excess/Deficit \_\_\_\_\_

**Infant Early attachment/feeding initiation (multi-select):** Skin-to-skin contact uninterrupted for at least 1 hour, within the first 2 hours post-birth

Skin-to-skin contact with interruptions, within the first 2 hours post-birth Skin-to-skin with person other than birth mother Opportunity to latch in first hour Opportunity to latch in the 2nd hour  
Latch achieved Transfer to NICU/SCN No attempt at breastfeeding or skin-to-skin contact within the first 2 hours post birth Unknown

**Neonatal Birth Complications:** Caput succedaneum Cephalohematoma Clavicular fracture Facial nerve injury Brachial plexus injury Birth Injury Other Unknown

**Newborn Congenital Anomalies Identified:** None Suspected or Confirmed Newborn Congenital Anomalies Suspected: Specify: \_\_\_\_\_

Newborn Congenital Anomalies Confirmed: Specify: \_\_\_\_\_

Version Date: February 2017 (reflecting April 2017 enhancements)