

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: Yes No unknown
Delayed Cord Clamping Duration: Minutes _____ Seconds _____

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: Requires higher level of care Requires further investigation Post Resuscitation Observation 4 hours or less (no interventions) 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 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: March 2018 (reflecting April 2018 enhancements)