

Postpartum Child Encounter + Midwifery



Patient Label Here

NEWBORN STATUS TAB

Was this baby admitted to this organization for Postpartum Care only (the birth did not occur at the admitting hospital)?

Yes No

If yes, complete all sections.

*If no, proceed to Section: **BABY'S SEX***

Admission date: dd / mm / yyyy **Admission Time:** _____

Birth Location:

- Hospital and Name of Hospital: _____
- Home Nursing Station Other Ontario location
- Birth Centre & Name of Birth Centre: _____
- Outside of Ontario

Newborn Transfer From:

- Hospital and Name of Hospital: _____
- Home Birth Midwifery (MW) Care and Name of MW Practice Group: _____
- Nursing Station
- Birth Centre and Name of Birth Centre: _____
- Other unit same hospital Other

Newborn Date of Birth: dd / mm / yyyy **Time of Birth:** _____

Type of Birth: *(Select one)* Vaginal Birth Cesarean Birth

Birth Order: *(select one)*

- A B C D E F G H I J
- Unknown

Birth Weight: _____ grams Weight Unknown

GA at Birth _____ weeks _____ days

Baby's Sex: *(select one)* Male Female

- Ambiguous genitalia Unknown

Arterial cord blood test status: *(Select one)* Done

- Results pending Not done Unsatisfactory specimen
- Unknown

Arterial Cord pH: _____

Arterial Cord Base Excess/deficit: _____

Venous cord blood test status: *(Select one)* Done

- Results pending Not done Unsatisfactory specimen
- Unknown

Venous Cord pH: _____

Venous Cord Base Excess/deficit: _____

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What is newborn/infant's blood group and type, ABO/Rh(D)? *(Select one)* Not Collected/Unknown

O+ O- A+ A- B+ B- AB+ AB-

Was glucose monitoring being done? Yes No Unknown

Was Oral Dextrose/Gel given? Yes No Unknown

Neonatal Birth Complications: *(select all that apply)*

None Brachial plexus injury Cephalohematoma

Clavicular Fracture Facial Nerve Injury

Fracture – other Palsy-other

Other birth injury Unknown

Neonatal Health Conditions: *(select all that apply)*

None Failed CCHD screening Hypoglycemia

NAS - Neonatal Abstinence Syndrome

Other Unknown

Newborn Congenital Anomalies Identified:

None Suspected or Confirmed

** Refer to addendum on the last page with pick list selections*

Newborn Congenital Anomalies Suspected:

(See Addendum) _____

Newborn Congenital Anomalies Confirmed:

(See Addendum) _____

SUMMARY TAB

Bilirubin Measured Within 72 Hours Of Birth: *(Select one)*

Yes - Transcutaneous bilirubin (TCB)

Yes - Total Serum Bilirubin (TSB)

No - Transferred Out/Discharged

No - Declined No - Reason Unknown

No - Reason Other Unknown

Hyperbilirubinemia Requiring Treatment: *(Select one)*

Yes No Unknown

Hyperbilirubinemia Treatment: *(Select all that apply)*

Phototherapy Treatment declined

Highest Serum Bilirubin >340 umol/L:

Yes No Unknown

Highest Serum Bilirubin >425 umol/L

Yes No Unknown

Pain Relief Measures During First Blood Sampling by Heel Prick: *(Select all that apply)* Breastfeeding Skin to skin

Sucrose Other No pain relief measures

No heel prick sampling

Unknown if pain relief was provided

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Neonatal/Infant Death:

No Yes Yes, with termination of pregnancy

*If yes, Neonatal/Infant Death Date: dd / mm / yyyy

Neonatal/Infant Death Time: hours / minutes

Newborn Hearing Screen Result: *(Select one)* Pass

Referral Inconclusive/no result Not done

Referred to community Unknown

Newborn Feeding from Birth to Discharge from Hospital or Birth Centre: *(Select one)* Breastmilk only

Combination of breast milk and breast milk substitute

Breast Milk Substitute - Formula only

Breast Milk Substitute - Other

NA, discharged earlier than 5 weeks

Other Unknown None

REASON FOR BREAST MILK SUBSTITUTE:

Infant Medical:

Hypoglycemia Inadequate Weight Gain

Inborn Errors of Metabolism

Significant weight loss in the presence of clinical indications

Other clinical indications

Maternal Medical:

Active herpes on breast Additional health concerns

Contraindicated maternal medication HIV infection

Severe maternal illness

Other:

Donor milk not available

Informed Parent Decision to use Any Breast Milk Substitute

Insufficient Maternal Milk Supply

Birth mother not involved in care

Not eligible for donor milk Unknown

Consent for Use of Breast Milk Substitute: *(Select one)*

Evidence that consent was obtained

No evidence of consent Unknown

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Neonatal Discharged or Transfer to: Home

Transfer to NICU other hospital and Name of other hospital:

Transfer to NICU same hospital

Transfer to Paediatric unit same hospital

Transfer to other hospital and Name of other hospital:

Child and Family Services Apprehension

Transfer to other unit, same hospital _____

Other Unknown

Reason for Newborn Transfer:

Requires higher level of care Other Unknown

Neonatal Transfer Date: dd / mm / yyyy

Neonatal Transfer Time: _____

If Discharged to Home or CAS:

Discharge Date: dd / mm / yyyy

Time: _____ **Discharge Weight:** _____ grams

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MIDWIFERY TAB

- Newborn Feeding at 3 days:** Breastmilk only
 Combination of breast milk and breast milk substitute
 Breast milk substitute -formula only
 Breast milk substitute - Other
 None Unknown

- Newborn Feeding at 10 days:** Breastmilk only
 Combination of breast milk and breast milk substitute
 Breast milk substitute -formula only
 Breast milk substitute - Other None Unknown

Newborn feeding at discharge from care, greater than 5 weeks postpartum:

- Breastmilk only
 Combination of breast milk and breast milk substitute
 Breast milk substitute - Formula only
 Breast milk substitute - Other
 None
 Not applicable, discharge earlier than 5 weeks
 Unknown

Was newborn admitted to hospital for a complication in the postpartum period, after approx. 1-hour post-birth (NOT in the immediate postpartum)? Yes No Unknown

Was newborn transported to hospital in the postpartum period, after approx. 1 hour post-birth (NOT in the immediate postpartum)? Yes No Unknown

Reason(s) for Transport: Respiratory Distress
 Other neonatal clinical indication Other

Primary Reason for Transport: *(Indicate)* _____

If YES,

Did EMS attend during postpartum (not the immediate postpartum)? Yes No Unknown

Was EMS used to transport to hospital?

Yes No Unknown

Barrier to Transport: None Delayed arrival time of EMS

Delayed Departure of EMS Delay on route Other

.....
Where there any infant consultations or transfers of care from approximately 1 hour post-birth to discharge from midwifery care? Yes No

.....
Reason(s) for consultation/transfer of care?

Infant Consultation(s) with Physician? Yes No

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If YES,

Was rationale for consult only because of hospital/physician protocol, and not because of midwifery judgement or scope of practice? Yes No

Infant Transfer of Care? Yes No

If YES,

Was rationale for transfer of care only because of hospital/physician protocol, and not because of midwifery judgement or scope of practice? Yes No

Was infant transfer of care returned anytime from approximately 1 hour post-birth to discharge from midwifery care? Yes No

ADDENDUM: Newborn Congenital Anomalies (Picklist Selections)

CENTRAL NERVOUS SYSTEM AND NEURAL TUBE DEFECTS

Absent cavum septum pellucidum (CSP) | Absent cerebellar vermis | Acrania or Anencephaly | Arachnoid cyst(s) | Arnold Chiari Malformation | Aqueductal stenosis | Corpus callosum – Agenesis (ACC) | Corpus callosum – Hypoplasia | Dandy walker malformation/variant (DWM) | Encephalocele | Enlarged cisterna magna | Holoprosencephaly | Hydrocephalus | Hypotonia, unspecified | Lissencephaly | Macrocephaly | Microcephaly | Polymicrogyria | Posterior fossa cyst | Sacral agenesis | Sacral coccygeal teratoma (SCT) | Seizures | Spina bifida with hydrocephalus | Spina bifida without hydrocephalus | Ventriculomegaly-Mild-Moderate (11-14.9 mm) | Ventriculomegaly-Severe (>15 mm) | Other – malformations of the nervous system | Other – malformations of the brain

EYE ANOMALIES

Anophthalmos | Congenital cataract | Congenital glaucoma | Microphthalmos | Other- malformations of eye

EAR, FACE, AND NECK ANOMALIES

Ears – Anotia | Ears – Microtia | Choanal atresia | Macroglossia | Micrognathia | Nose – Absent | Nose – Hypoplastic | Retrognathia | Other – malformation of ear | Other – malformation of the face and neck

THORAX ANOMALIES

Bronchopulmonary sequestration (BPS) | Congenital high airway obstruction (CHAOS) | Cystic adenomatous malformation of lung (CCAM) | Diaphragmatic hernia (CDH) | Other – congenital malformations of lung | Other – malformations of the diaphragm

CARDIOVASCULAR ANOMALIES

Aortic arch – Double | Aortic arch – Interrupted | Aortic arch – Right | Aortic atresia/Hypoplastic aortic arch | Aortic valve stenosis | Arrhythmia | Atrial isomerism (heterotaxy) – left

| Atrial isomerism (heterotaxy) – right | Atrial septal defect (ASD) | Atrioventricular septal defect (AVSD) | Cardiomegaly | Coarctation of aorta | Complete/incomplete congenital heart block | Dextrocardia | Discordant atrioventricular connection | Double inlet ventricle (Single ventricle) | Double outlet right ventricle (DORV) | Ebstein anomaly | Hypoplastic left heart (HLHS) | Hypoplastic right heart (HRHS) | Mitral valve atresia | Mitral valve insufficiency | Mitral valve stenosis | Patent ductus arteriosus (PDA) – >37 weeks | Patent/Persistent foramen ovale (PFO)/Premature closure of atrial septum | Pericardial effusion | Pulmonary valve atresia | Pulmonary valve dysplasia | Pulmonary valve stenosis | Situs inversus (cardiac and abdominal) | Tetralogy of Fallot (TOF) | Total anomalous pulmonary venous connection (TAPVC)/Partial anomalous pulmonary venous connection (PAPVC) | Transposition of great vessels (TGV) | Tricuspid atresia/stenosis | Tricuspid regurgitation | Tricuspid valve dysplasia | Truncus arteriosus (common arterial truncus) | Vascular ring | Vena cava, bilateral

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superior (SVC) | Vena cava, interrupted inferior (IVC) | Vena cava, persistent left superior (SVC) | Ventricular disproportion (RV/LV discrepancy) | Ventricular septal defect (VSD) | Other cardiac malformations

ORO-FACIAL CLEFTS

Cleft lip | Cleft palate | Cleft lip with cleft palate | Pierre Robin Sequence

GASTROINTESTINAL & ABDOMINAL ANOMALIES

Abnormal stomach (including small/absent stomach) | Biliary atresia (atresia of bile ducts) | Bowel obstruction | Duodenal atresia/stenosis | Esophageal atresia (without fistula) | Esophageal with tracheoesophageal fistula (TEF) | Tracheoesophageal fistula (TEF) without esophageal atresia | Hirschsprung disease | Imperforate anus (congenital absence, atresia, stenosis of anus) | Large intestine atresia/stenosis | Pyloric stenosis | Rectal atresia/stenosis with/without fistula | Small bowel, abnormal | Small intestine atresia/stenosis (excluding duodenum) | Umbilical hernia | Other – malformations of gastrointestinal system

ABDOMINAL WALL DEFECTS

Gastroschisis | Omphalocele (exomphalos) | Other – congenital malformations of abdominal wall

URINARY ANOMALIES

Bladder/cloacal exstrophy | Congenital hydronephrosis | Cystic kidneys – other | Duplex kidney/collecting system | Echogenic kidney | Ectopic/pelvic kidney | Lower urinary tract obstruction | Megacystis | Megaureter | Multicystic dysplastic kidney(s) | Polycystic kidney, autosomal recessive | Polycystic kidney, autosomal dominant | Posterior urethral valves (PUV) | Prune belly | Renal agenesis, unilateral | Renal agenesis, bilateral | Renal cyst | Renal Dysplasia | Ureterocoele | Other – malformations of the urinary system

GENITAL ANOMALIES

Ambiguous genitalia/indeterminate sex | Cryptorchidism/undescended >37 weeks | Epispadias | Hydrocoele | Hypospadias | Other – malformations of female genitalia | Other – malformations of male genitalia

SKELETAL & LIMB ANOMALIES

Adactyly (absent fingers/toes) | Bowed/curved long bone(s) | Club foot (talipes equinovarus) – bilateral | Club foot (talipes equinovarus) – unilateral | Congenital hip dislocation/dysplasia | Craniosynostosis | Ectrodactyly (lobster-claw/cleft hand) | Hypotonia, unspecified | Limb reduction defect – upper limb | Limb reduction defect – lower limb | Limb reduction defects of unspecified limb | Osteogenesis imperfecta | Polydactyly – hands | Polydactyly – feet | Skeletal dysplasia | Syndactyly – hands | Syndactyly – feet | Congenital malformations of the musculoskeletal system | Other – malformations of the spine & bony thorax (not including spina bifida) | Other – malformations of the limb(s)

OTHER ANOMALIES/PATTERNS/ SYNDROMES

Congenital constriction bands/amniotic bands | Intrauterine growth restriction (IUGR) <10th %tile | Noonan syndrome | Oligohydramnios | Polyhydramnios | Pierre Robin Sequence | Potter's syndrome/sequence | Other – genetic syndrome

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LYMPHATIC ANOMALIES & HYDROPS

Increased nuchal translucency (≥ 3.5 mm) | Cystic hygroma | Fetal ascites | Hydrops fetalis | Pleural effusion(s) (hydrothorax)

SKIN/HAIR/NAILS

Congenital ichthyosis | Cutis Aplasia | Epidermolysis Bullosa | Other – congenital malformations of skin | Other – congenital malformations of hair | Other – congenital malformations of nails

CHROMOSOMAL ANOMALIES

Down syndrome/Trisomy 21 | Patau syndrome/Trisomy 13 | Edwards syndrome/Trisomy 18 | Turner syndrome (45, X) | Klinefelter syndrome (47, XXY) | 47, XYY | Triple X syndrome (47, XXX) | Triploidy/polyploidy | 22q11.2 deletion syndrome/DiGeorge syndrome | Chromosome abnormality – other

TWINS

Twin-twin transfusion syndrome (TTTS) | Acardiac Twin (TRAP Sequence) | Conjoined twins | Selective Intrauterine Growth Restriction (sIUGR) | Twin anemia polycythemia (TAPS) | Other malformation(s) of twins

OTHER/UNKNOWN

Unknown | Other congenital malformations, not elsewhere classified