

Patient Label Here



Birth Child Encounter

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 – 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 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 Results Pending Unsatisfactory Specimen Unknown **Arterial Cord Blood pH:** _____
Arterial Cord Blood Base Excess/Deficit: _____
Venous cord blood test status: One Done Not Done Results Pending Unsatisfactory Specimen Unknown **Venous Cord Blood pH:** 1
Venous Cord Blood Base Excess/Deficit: _____

Infant Early attachment: One

- Yes - skin-to-skin contact with birth mother uninterrupted for at least 1 hour within the first 2 hours post-birth
- Yes - skin-to-skin contact with birth mother for less than 1 hour within the first 2 hours post-birth
- Yes - skin-to-skin contact with a person other than the birth mother within the first 2 hours post-birth
- No skin-to-skin contact within the first 2 hours post-birth
- Unknown if skin-to-skin positioning took place

If "no skin-to-skin contact within the first 2 hours post-birth" is selected, please complete the following:

Reason for no skin-to-skin (select all that apply):

- Maternal medical indications
- Newborn medical indications
- Maternal choice
- Reason unknown

Breastfeeding behaviours observed in the first 2 hours post-birth

Baby positioned to breastfeed: Yes No Unknown

If yes, please complete the following:

Baby breastfeeding behaviours observed:

- Rooting or nuzzling or licking
- Latching
- Sucking
- Swallowing
- None
- Unknown

Neonatal Birth Complications: Caput succedaneum Cephalohematoma Clavicular fracture Fracture – other Facial nerve injury Brachial plexus injury Palsy – other Birth Injury Other Unknown

Newborn Congenital Anomalies Identified: None Suspected or Confirmed

Newborn Congenital Anomalies Suspected: Specify: _____

Newborn Congenital Anomalies Confirmed: Specify: _____