



Baby's name \_\_\_\_\_

Baby's address \_\_\_\_\_

Postcode \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Time of birth \_\_\_\_\_

Unit No. \_\_\_\_\_      NHS No. \_\_\_\_\_

Mother's name \_\_\_\_\_      Mother's unit/NHS number \_\_\_\_\_

Mother's contact numbers \_\_\_\_\_

NHS number barcode

**First feed summary**

**Skin-to-skin contact after birth**      Time feed initiated \_\_\_\_\_      Person initiating feed \_\_\_\_\_      **Help offered with first feed**  
 Yes       No       Yes       No

Length of contact \_\_\_\_\_      Reason ended \_\_\_\_\_      **Type of feed**  
 Breast       Bottle       Amount \_\_\_\_\_

Midwife assessment of feed prior to: leaving after home birth / early transfer home from hospital / transfer to postnatal ward

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Time \_\_\_\_\_      Signature\* \_\_\_\_\_

**Baby care** If you need help with any of the following aspects of baby care, please let your midwife know.

	Demonstration	Supervision	Comments	Signature*
Changing / top and tail / handling	<input type="checkbox"/>	<input type="checkbox"/>		
Bathing	<input type="checkbox"/>	<input type="checkbox"/>		
Cord care	<input type="checkbox"/>	<input type="checkbox"/>		
Eye care	<input type="checkbox"/>	<input type="checkbox"/>		

**Contacts** If different to mother's

Named midwife \_\_\_\_\_ ☎

9am - 5pm contact ☎ \_\_\_\_\_      24 hr contact ☎ \_\_\_\_\_

GP name \_\_\_\_\_ ☎

Health centre / surgery \_\_\_\_\_ ☎

Health visitor \_\_\_\_\_ ☎

Social worker \_\_\_\_\_ ☎

\* Signatures must be listed on page 24 for identification