



Baby's name ..... Sex .....

Baby's address .....

Postcode .....

Date of birth ..... / ..... / ..... Time of birth .....

Unit No. .... NHS No. ....

Mother's name ..... Mother's unit/NHS number .....

Other carers name .....

Parent's contact numbers  
☎ ..... ☎ .....

**First feed summary**

**Initial skin-to-skin contact** Yes  No  Length of contact ( ) Reason ended ( )

**Type of first feed** Breast  Bottle  Person initiating feed ( ) Time feed initiated ( )

Help offered with feed Yes  No  Duration of breast feed / amount taken by bottle ( )

Date ( / / ) Time ( ) Signature\* ( )

Comments ( )

**Second Feed** Date ( / / ) Time ( ) Signature\* ( )

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

	Discussed	Supervised	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 20 for identification