

Baby alerts

Part of the assessment at each postnatal contact is to identify any additional needs your baby may have, e.g. physical, medical or developmental. In this way you can receive information about choices relating to your baby's general health and screening tests, enabling you to discuss healthy lifestyles for your baby and assess which additional services you might need to be offered.

The baby alerts below can be used by your midwife or other carers to help identify your baby's risk of developing problems in the postnatal period. The management of any problems or special features can then be documented by those health professionals on the management plan on page 3.

- | | |
|---|---|
| <p>1 Prematurity: < 37 weeks gestation</p> <p>2 Small birthweight for age: < 10th customised centile</p> <p>3 Infection: spots, eyes, urinary</p> <p>4 Mother with diabetes</p> <p>5 Large birthweight for age: > 90th customised centile</p> <p>6 Difficult delivery</p> <p>7 Maternal temperature in labour: > 37.5° C</p> | <p>8 Rhesus incompatibility</p> <p>9 Mother on Warfarin or anticonvulsants</p> <p>10 Prolonged rupture of membranes: > 24 hours</p> <p>11 Positive for GBS ** (mother or baby)</p> <p>12 Delayed feeding</p> <p>13 Low temperature</p> <p>14 Required resuscitation</p> |
|---|---|

< = less than; > = greater than ** Group B Haemolytic Streptococcus

None identified at delivery

Key to risk

If an increased risk is identified for your baby from the prompts below, then you and your carers can be alerted to any symptoms as they develop. If your baby has one or more risk factors for any of these conditions, it does not necessarily mean that your baby is likely to develop a problem. They are prompts for your carers to initiate further investigations, treatment or referral, if necessary. Should you have concerns about any of these, contact your midwife.

Infection 1 2 3 6 7 8 10 11

Low blood sugar 1 2 3 4 5 12 13 14

Prolonged jaundice 1 2 3 6 8 12

Vitamin K deficiency bleeding 1 6 9

For more information on important symptoms, see pages 16 and 20.

First baby assessment To be completed prior to: leaving a home birth, early transfer home or on admission to postnatal ward.

Date <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	Time <input style="width: 80px;" type="text"/>	Temp <input style="width: 80px;" type="text"/>	Where seen <input style="width: 150px;" type="text"/>	Feeding method <input style="width: 100px;" type="text"/>	
Are there any concerns about the following:		No <input type="checkbox"/> Yes <input type="checkbox"/>	Comments	Transitional care No <input type="checkbox"/> Yes <input type="checkbox"/>	
A. Birth weight (g) <input style="width: 100px;" type="text"/>		<input type="checkbox"/> <input type="checkbox"/>			
B. Activity, tone Movement, reflexes		<input type="checkbox"/> <input type="checkbox"/>			
C. Colour Pale, jaundiced		<input type="checkbox"/> <input type="checkbox"/>			
D. Eyes Stickiness, redness, discharge, swelling		<input type="checkbox"/> <input type="checkbox"/>			
E. Mouth Thrush		<input type="checkbox"/> <input type="checkbox"/>			
F. Cord Bleeding, redness, swelling, irritation, odour, on/off		<input type="checkbox"/> <input type="checkbox"/>			
G. Skin Spots, rashes, dryness		<input type="checkbox"/> <input type="checkbox"/>			
H. Head Bruising, moulding, caput		<input type="checkbox"/> <input type="checkbox"/>			
I. Urinary output Urates		<input type="checkbox"/> <input type="checkbox"/>			
J. Stools Meconium, green, mucous		<input type="checkbox"/> <input type="checkbox"/>			
K. Sleeping Position, bed sharing, smoking		<input type="checkbox"/> <input type="checkbox"/>			Key to risk reviewed above No <input type="checkbox"/> Yes <input type="checkbox"/>
L. Security information Labels, security tags, staff identification		<input type="checkbox"/> <input type="checkbox"/>			Management plan initiated (page 3) No <input type="checkbox"/> Yes <input type="checkbox"/>
Vitamin K administered No <input type="checkbox"/> Yes <input type="checkbox"/>		Dose <input style="width: 50px;" type="text"/>			Route <input style="width: 50px;" type="text"/>
Signature* <input style="width: 150px;" type="text"/>					

Name <input style="width: 95%;" type="text"/>
Unit No <input style="width: 95%;" type="text"/>



