SUMMARY of BIRTH

To be completed by midwife present at birth

Para +

Name

Address

☎

Postcode **Date of birth** / /

Unit No. **NHS No.**

Unit /Place of birth

GP

Health visitor

	Baby 1	Baby 2
Name		
Unit no.		
NHS no.		
DOB		
Time		
Sex		
Gestation		
Birth weight		
Mode of delivery		
Outcome		
Apgars		
Duration of labour	h	m

Third stage management **EBL** **Perineum**

Comments e.g.labour onset, prolonged rupture of membranes

Date / / **Signature*** **Title**

MATERNAL DISCHARGE SUMMARY from Midwifery Care

To be completed by midwife at discharge to Health Visitor/ GP.

Perineum

Blood test results

Blood group Last Hb

Contraception Not discussed ☐ Leaflet given ☐

Chosen method

Appointment date/time Where

Investigations / immunisations

Date	BN	Site	Signed*
Anti D ☐			
MMR ☐			

Mental health

During the last month have you often been bothered by:

	No	Yes
Feeling down, depressed or hopeless?	☐	☐
Having little interest or pleasure in doing things?	☐	☐
Are these something you feel you need or want help with?	☐	☐

Details of any postnatal problems

6-8 week postnatal check arranged ☐ Yes ☐ No

	Baby 1	Baby 2
Method of feeding at discharge		
Discharge weight (g)		

Smoke free household ☐ Yes ☐ No

Comments

Date / / **Signature*** **Title**

Top copy to HEALTH VISITOR; second copy to GP

*** Signatures must be listed on page 18 for identification**