NHS No. | Maternity Unit

Birth Notes

First name | Surname

NHS

Address

Postcode | ☎

Date of birth (D D M M Y Y) | Unit No.

NB These notes should only be started when the mother is in established labour or is being induced

Intended place of birth

Lead Professionals

Midwife	Consultant

Lead Carers in Labour

From Date/Time	To Date/Time	Name	Post	Reason for change

Signatures

Anyone writing in these notes should record their name and signature here.

Name (print clearly)	**Post**	**Signature**	**Name** (print clearly)	**Post**	**Signature**

Next of Kin

Details as in Pregnancy Notes ☐

If details changed:

Name

☎ | Relation

Emergency Contact

Details as in Pregnancy Notes ☐

If details changed:

Name

☎ | Relation

perinatal institute
for maternal and child health

Birth Notes © - Version 21.2 Product code IPERI-11
Date of printing ????
Web: www.perinatal.org.uk E-mail: notes@perinatal.org.uk Tel: 0121 607 0101

Initial Assessment (to assist with a risk assessment at the onset of labour)

Personal & Family History	Past Medical History - including any mental health issues	Past Obstetric History - including previous baby with GBS

Current Pregnancy

Gestation at booking (wks)

No. of antenatal visits

Unbooked ☐ 5 or less ☐ 6-10 ☐ 11 or more ☐

EDD D D M M Y Y W ks D

Total number of reduced fetal movement visits

GBS screen No ☐ Yes ☐ Result

Previous baby affected by GBS No ☐ Yes ☐

IV antibiotics in labour No ☐ Yes ☐

Comments

Social or personal problems No ☐ Yes ☐

Child protection issues No ☐ Yes ☐

Details

Antepartum haemorrhage No ☐ Yes ☐

Placental site:

Hypertension/Proteinuria No ☐ Yes ☐

Smoking/Tobacco use

	No	Yes	Number
At beginning of pregnancy	☐	☐	
At end of pregnancy	☐	☐	

	Yes	Declined
Received antenatal smoking cessation services	☐	☐

Fetal Growth No antenatal problems suspected ☐

Accelerated ☐

Restricted ☐

Other (eg drugs, alcohol etc)

Plans for labour

Birth plan completed Yes ☐ No ☐ Birth plan discussed Yes ☐ Call buzzer/emergency buzzer discussed Yes ☐ NA ☐

Transfer to obstetric unit discussed (if required) Yes ☐ NA ☐ Birth partners

Comments e.g. coping strategies, management of 3rd stage

Signature* **Date/Time** D D M M Y Y H H M M

Key to abbreviations
EDD = Estimated Date of Delivery
GBS = Group B Haemolytic Streptococcus
IV = Intravenous

Initial Assessment (to assist with a risk assessment at the onset of labour)

For induction of labour, attach page 3a/b Where seen Date D D M M Y Y Time H H M M

Presenting history

Induction of labour Yes ☐ No ☐ Augmentation of labour Yes ☐ No ☐

CPE screening Yes ☐ No ☐	Signs of sepsis /infection Yes ☐ No ☐	Fetal movements Yes ☐ No ☐	Contractions Yes ☐ No ☐	Pain Yes ☐ No ☐	Vaginal loss Yes ☐ No ☐	Membranes intact Yes ☐ No ☐	Vaginal bleeding Yes ☐ No ☐

General examination

Pulse (bpm) ☐ Oedema ☐ Presentation ☐

Blood pressure ☐/☐ Urine ☐ Lie ☐

SATS ☐ Manual handling assessment ☐ Position ☐

Resps ☐ ***Weight on admission ☐ Engagement (5ths palpable) ☐

Temp ☐ Tissue viability assessment ☐ Fundal height (cm) ☐

MEOWS score ☐ Escalation required Yes ☐ No ☐

Estimated liquor Normal ☐ Oligohydramnios ☐ Polyhydramnios ☐

Estimated growth status Normal ☐ Small (<10th customised centile) ☐ Large (>90th customised centile) ☐

Comments

Contractions

Yes ☐ No ☐

No. / 10 min ☐ Strength ☐ Regularity ☐

Fetal heart

Pinard ☐ Doptone ☐

Rate (bpm) ☐ Maternal pulse (bpm) ☐ Rate (Twin 2) ☐

Duration of assessment (mins) ☐

CTG ☐

Baseline ☐ Accelerations ☐

Variability ☐ Decelerations ☐

** Normal ☐ ** Suspicious ☐ ** Pathological ☐

Comments

Vaginal Examination

Consent ☐

Chaperone offered accepted ☐ declined ☐

Lie/Presentation ☐ Ext genitalia/Show ☐

5ths palpable ☐ Position ☐

Maternal pulse prior to VE ☐

Bladder care Void prior to procedure ☐ Catheter required Yes ☐ No ☐

Membranes intact ☐ hindwater leak ☐

Forewaters: already ruptured ☐ ruptured during VE ☐

Liquor none ☐ clear ☐ blood stained ☐ light meconium ☐ thick meconium ☐

Cervix position ☐ length ☐ consistency ☐ dilatation ☐

anterior / right / left / posterior

position ☐

Presenting part ☐ station ☐ caput ☐ moulding ☐

Swab count (inc.number) ☐ Swabs correct Yes ☐ No ☐ Swab red string Yes ☐ No ☐ *Signatures ☐ ☐

Fetal heart rate after VE (bpm) ☐ Pinard ☐ Doptone ☐ Monitor ☐

Duration of assessment (mins) ☐ Maternal pulse after VE ☐

Escalation required ☐ Yes ☐ No Escalation required ☐

Signature* ☐ **Date/Time** D D M M Y Y H H M M

Agreed plan (Add identified risk factors at top of pages 10 & 11)

Signature* ☐ **Date/Time** D D M M Y Y H H M M

Affix additional sheets here, and number them 3.2, 3.3 etc

Key to abbreviations

CTG = Cardiotocograph
CPE = Carbapenemase Producing Enterobacteriaceae
MEOWS = Modified Early Obstetric Warning Score
VE = Vaginal Examination
***Re-weigh on admission if booking BMI > 30.

** Definitions

Normal CTG where all features are reassuring
Suspicious CTG where there is 1 non-reassuring feature **AND** 2 reassuring features
Pathological CTG where there is 1 abnormal feature **OR** 2 non-reassuring features

Name ☐
Unit No/ NHS No ☐

Personalised Care Plan

Pregnancy Notes reviewed Yes ☐ No ☐ If no: why

To deal with special issues/risks during labour and birth, a personalised care plan should be initiated which outlines specific treatment and care agreed between care providers and the expectant mother and her birth partner/s. This should be altered/amended as labour progresses to ensure that everyone involved in her care is aware of her individual circumstances. The plan should be reviewed at each handover of care.

Venous thromboembolism (VTE) assessment

	Yes
Any previous VTE except a single event related to major surgery	☐
Hospital Admission	☐
Single previous VTE related to major surgery	☐
High risk thrombophilia and no VTE	☐
Medical Co-morbidities e.g. cancer, heart failure, active SLE, IBD or inflammatory polyarthropathy, nephrotic syndrome, type 1 DM with nephropathy, sickle cell disease, current IVDU	☐
Any surgical procedure e.g. appendicectomy	☐
OHSS (first trimester only)	☐
Age>35 years	☐
BMI 30-39	☐
BMI ≥ 40 (= 2 risk factors)	☐
Parity 3	☐
Smoker	☐
Gross varicose veins	☐
Immobility e.g. paraplegia, PGP	☐
Current pre-eclampsia	☐
Family history of unprovoked or oestrogen-provoked VTE in first degree relative	☐
Low risk thrombophilia	☐
Multiple pregnancy	☐
IVF/ART	☐
Transient risk factors:	
Dehydration / hyperemesis	☐
Current systemic infection	☐
Long distance travel	☐

High risk
Requires antenatal prophylaxis with LMWH
Refer to Trust-nominated thrombosis in pregnancy expert team

Intermediate risk
Consider antenatal prophylaxis with LMWH
Seek Trust-nominated thrombosis in pregnancy expert team for advice

Four or more risk factors: prophylaxis from first trimester
Three risk factors: prophylaxis from 28 weeks

fewer than three risk factors

Lower risk
Mobilisation and avoidance of dehydration

Complete risk assessment and update personalised care plan as necessary **No risks identified** ☐

Signature* **Date** D D M M Y Y

Risk assessment - at the onset of labour

Pathway of care for labour Low risk ☐ High risk ☐ Type of fetal heart monitoring Intermittent auscultation ☐ Continuous monitoring ☐

Date/time	Risk factor / Special features	Care plan	Discussed with mother	Obstetrician aware	Signed *
D D M M Y Y H H M M					

Affix continuation sheets here, and number them 4.1, 4.2 etc

ART = Assisted Reproduction Technology
BMI = Body Mass Index
DM = Diabetes Mellitus
IBD = Inflammatory Bowel Disease
IVDU = Intravenous Drug User
IVF = In Vitro Fertilisation
LMWH = Low Molecular Weight Heparin
OHSS = Ovarian Hyperstimulation Syndrome
PGP = Pelvic Girdle Pain
SLE = Systemic Lupus Erythematosus

*** Signatures and initials must be listed on page 1 for identification**

Name
Unit No/ NHS No

Date/ Time	Notes	Signed*
D D M M Y Y		
H H M M		

* Signatures must be listed on page 1 for identification

Name

Unit No/ NHS No

Date/ Time	Notes	Signed*
D D M M Y Y		
H H M M		

* Signatures must be listed on page 1 for identification

Date/ Time	Notes	Signed*
D D M M Y Y		
H H M M		

* Signatures must be listed on page 1 for identification

Name	
Unit No/ NHS No	

Date/ Time	Notes	Signed*
D D M M Y Y		
H H M M		

* Signatures must be listed on page 1 for identification

Date/ Time	Notes	Signed*
D D M M Y Y		
H H M M		

* Signatures must be listed on page 1 for identification

Name	
Unit No/ NHS No	

Name	Unit no.
Maternal Preferences	

Age | + Prev. pregnancies (>24 wks + <24 wks) | / BP at booking | + Current gestation (weeks + days)

Booking BMI

Significant risk factors

Antenatal risks present No Yes | SGA or FGR on scan No Yes

Personalised care plan initiated

Medications Allergies

Intrapartum Action plans

Blood group | Haemoglobin (g/L) | Date taken D D M M Y Y

Antibodies present | Group & save | Cross match | units

Name	Unit no.
Birth Action Plans	

Paediatrician to be present | Seniority :

Date	MEOWS score onset of labour	Urine (P = protein, G = glucose, K = ketones, B = blood)	Maternal Pulse ● (bpm) / Fetal Heart Rate X (bpm)	Maternal activity-posture/ pressure area care	Liquor (I = intact, C = clear, M = meconium, B = blood)	Fifths palpable per abdomen	Position Moulding Caput	Cervical dilatation X / Station ●	Contractions No./10 min (W = weak, M = moderate, S = strong, R = regular, I = irregular)	Oxytocin rate* or pool temp (°c)	Drugs dosage	Fluids in	Fluids out	Signature (List on page 1 for identification)

Hrs	Time Hrs Mins	Temp (°c)	Resps	BP	P G K B	60 70 80 90 100 110 120 130 140 150 160 170 180			0 1 2 3 4 5 6 7 8 9 10 / +2 +1 0 -1 -2 -3 high
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

60 70 80 90 100 110 120 130 140 150 160 170 180

0 1 2 3 4 5 6 7 8 9 10

Total fluids in/out

*If contractions exceed 4:10 min, stop or reduce oxytocin and reassess in line with local protocol

Affix additional sheets here

Onset date and times: Labour D D M M Y Y H H M M | Rupture of membranes D D M M Y Y H H M M | Active 2nd stage D D M M Y Y H H M M

Date/ Time	Notes	Signed*
DDMMYY		
HHMM		

* Signatures must be listed on page 1 for identification

Date/ Time	Notes	Signed*
D D M M Y Y		
H H M M		

*** Signatures must be listed on page 1 for identification**

Name	
Unit No/ NHS No	

Date/ Time	Notes	Signed*
D D M M Y Y		
H H M M		

Affix continuation sheets here, and number them 14.1, 14.2 etc

* Signatures must be listed on page 1 for identification

Procedures (e.g. analgesia, epidural anaesthetic, fetal blood sampling, operative delivery, episiotomy, cannulation, delayed cord clamping, 3rd stage management)

Date/ Time	Procedure	Indication	Benefits and risks	Care provider should sign following discussion with mother
D D M M Y Y				Discussed with mother ☐ Consent Yes ☐ No ☐ Signed *
D D M M Y Y				Discussed with mother ☐ Consent Yes ☐ No ☐ Signed *
D D M M Y Y				Discussed with mother ☐ Consent Yes ☐ No ☐ Signed *
D D M M Y Y				Discussed with mother ☐ Consent Yes ☐ No ☐ Signed *
D D M M Y Y				Discussed with mother ☐ Consent Yes ☐ No ☐ Signed *
D D M M Y Y				Discussed with mother ☐ Consent Yes ☐ No ☐ Signed *
D D M M Y Y				Discussed with mother ☐ Consent Yes ☐ No ☐ Signed *
D D M M Y Y				Discussed with mother ☐ Consent Yes ☐ No ☐ Signed *
D D M M Y Y				Discussed with mother ☐ Consent Yes ☐ No ☐ Signed *
D D M M Y Y				Discussed with mother ☐ Consent Yes ☐ No ☐ Signed *
D D M M Y Y				Discussed with mother ☐ Consent Yes ☐ No ☐ Signed *
D D M M Y Y				Discussed with mother ☐ Consent Yes ☐ No ☐ Signed *
D D M M Y Y				Discussed with mother ☐ Consent Yes ☐ No ☐ Signed *

*** Signatures must be listed on page 1 for identification**

Name

Unit No/
NHS No

Operative details

Procedure

Ventouse ☐ Caesarean ☐ ____ Classification **

Forceps ☐ Other ____

Indication

Suspected fetal compromise ☐ Failure to progress ☐ Breech ☐

Antepartum haemorrhage ☐ Maternal request ☐ Multiple pregnancy ☐

Other ____

Pre-delivery findings

Abdominal palpation

Presentation ____

Lie ____

Position ____

Engagement (5ths palpable) ____

Vaginal examination

Consent ☐

Chaperone offered accepted ☐ declined ☐

Not performed ☐ **Presenting** part ____

Cervix position ____ station ____

consistency ____ position ____

length ____ caput ____

dilatation ____ moulding ____

Liquor

None ☐

Clear ☐

Light meconium ☐

Thick meconium ☐

Bloodstained ☐

Fetal heart

CTG performed ☐ Normal ☐

Baseline ____ Suspicious ☐

Variability ____ Pathological ☐

Accelerations ____ Predelivery FBS ☐

Decelerations ____

FBS result ____

Pre-delivery bladder care Bladder emptied Yes ☐ No ☐ Indwelling catheter Yes ☐ No ☐ Time H H M M

Delivery decision made by ____ **Consultant aware** Yes ☐ No ☐ **Consultant present** Yes ☐ No ☐

Informed consent obtained for assisted delivery Verbal ☐ Written ☐

Informed consent obtained for caesarean section Verbal ☐ Written ☐

Anaesthetic/Analgesia None ☐ Epidural ☐ Perineal infiltration ☐ Pudendal ☐ Spinal ☐ General anaesthetic ☐

Alerts/Comments (e.g. allergic reaction, difficult intubation, O_2 for 4hrs post op, dural tap observed)

Assisted delivery

Decision date and time	D D M M Y Y H H M M
Venue for procedure	
Type of instrument used	
Time instrument applied	H H M M
Duration of application	M M minutes
Rotation	
Number of pulls	
Change of instrument (Type)	
Time instrument applied	
Episiotomy performed	Yes ☐ No ☐
Liquor	
Time baby delivered	H H M M
Position at delivery	
Placenta delivered	
Cord pH	
Pre delivery swabs/ instruments correct (inc. no)	
Pre delivery swab red string/sharps (inc. no)	
Pre delivery sterility of instruments confirmed	Yes ☐ No ☐
Post delivery swabs/ instruments correct (inc. no)	
Post delivery swab red string/sharps (inc. no)	
Signatures*	

Caesarean section

Decision date and time	D D M M Y Y H H M M
Time arrived in theatre	H H M M
Prophylactic antibiotics given	Yes ☐ No ☐
Time of knife to skin	H H M M
Time of knife to uterus	H H M M
Type of uterine incision	
Liquor	
Time baby delivered	H H M M
Decision to delivery time	M M minutes
Placenta delivered	
Tubes and ovaries	
Skin closed	
Cord pH	
Time out of theatre	H H M M
Pre delivery swabs/ instruments correct (inc. no)	
Pre delivery swab red string/sharps (inc. no)	
Pre delivery sterility of instruments confirmed	Yes ☐ No ☐
Post delivery swabs/ instruments correct (inc. no)	
Post delivery swab red string/sharps (inc. no)	
Signatures*	

** **Caesarean section classification:**
1. Immediate threat to the life of the mother or fetus. **2.** Maternal or fetal compromise, not immediately life-threatening.
3. No maternal or fetal compromise but needs early delivery. **4.** Delivery timed to suit woman or Maternity Services.

* **Signatures must be listed on page 1 for identification**

Details - including surgeon's name and signature

Closure and sutures

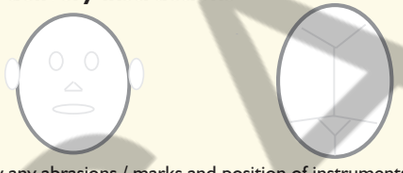
Blood loss (ml)

Measured

Estimated

Total

Post-delivery instructions



Draw any abrasions / marks and position of instruments

	Yes	No
Drains		
Urinary catheter		
Sutures for removal		
Suggest for VBAC next time		
Vaginal pack in situ		
Vaginal pack removed		
Anti-coagulation therapy		

	Yes	No
Anti-embolic stockings		
Antibiotics		
Analgesia		
Epidural catheter removed		
Follow up required		

Comments

Staff present

Surgeon

Assistant

Midwives

Anaesthetist

ODP

Paediatrician

Time called Time arrived

Others

Birth partner in theatre Yes No

Time in recovery M M M minutes

Signature*

Date/Time D D M M Y Y H H M M

Key to abbreviation: ODP = Operating Department Practitioner

*** Signatures must be listed on page 1 for identification**

Name

Unit No/
NHS No

Third Stage

Management Physiological ☐ Active (CCT) ☐ Manual removal of placenta ☐

Delayed cord clamping-duration <5 mins ☐ >5 mins ☐

Comments

Drugs Consent obtained Yes ☐ Dosage & time given

Syntometrine ☐ Ergometrine ☐ Oxytocin ☐

Haemobate ☐ Misoprostol ☐ Tranexamic acid ☐

Blood loss (ml)

Measured

Estimated

Total

Cord No. of vessels

Placenta

Apparently complete ☐

Incomplete ☐

Sent for histology ☐

Membranes

Apparently complete ☐

Ragged ☐

Incomplete ☐

Comments

Further action

Vaginal delivery pack

Pre delivery swab count (inc. no) | Swab red string correct Yes ☐ No ☐

Swab red string No. | Number of instruments

Signatures*

Post delivery swab count (inc. no) | Swab red string correct Yes ☐ No ☐

Swab red string No. | Number of instruments

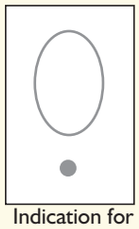
Signatures*

Perineum

No trauma identified ☐

PR performed ☐

If PR declined, reason



Trauma **

1° ☐ 3b° ☐

2° ☐ 3c° ☐

3a° ☐ 4° ☐

Labial ☐ Vaginal ☐

Cervical ☐ Episiotomy ☐

Indication for episiotomy

Pre-repair

Repair required No ☐ Yes ☐

Discussed with mother ☐ Consent obtained ☐

Catheterised ☐ Indwelling ☐

Tampon inserted ☐ number

Venue for repair (room/theatre)

Repair by

Start date and time

Sterility of instruments confirmed Yes ☐ No ☐

Swab count (inc. no) | Needle count

Swab red string correct Yes ☐ No ☐

Swab red string No.

Instruments correct Yes ☐ No ☐

Number of instruments

Count by:

Signature*

Signature*

Details of repair

Anaesthetic

Epidural ☐ None ☐

Pudendal ☐ Spinal ☐ GA ☐

Local ☐ Lignocaine (mls)

Suture material

Technique (post vaginal wall, muscle, skin, labia)

Number of instruments

Advice given

Post natal review ☐

Extent of trauma ☐ Hygiene ☐

Type of repair ☐ Diet, including fibre ☐

Pain relief ☐ Pelvic floor exercises ☐

Post repair

Finish date and time:

Haemostasis ☐ Analgesia ☐

Vaginal pack in situ ☐ Time of removal H H M M

PV examination ☐ PR examination ☐

If declined, reason

Tampon removed ☐ number

Laxatives ☐ Antibiotics ☐

Swab count (inc. no) | Needle count

Swab red string correct Yes ☐ No ☐

Swab red string No.

Instruments correct Yes ☐ No ☐

Number of instruments

Count performed by:

Signature*

Signature*

For postnatal consultant review ☐

Comment

Immediate Postnatal Observations

If further observations required commence Trust MEOWS chart

Date/Time	Temp (°c)	Pulse (bpm)	Resps	O_2 Saturation	BP	Uterus	Lochia / Blood loss	Wound / Drains	Perineum	Urine	Pain	Signature *

Epidural catheter removed Yes ☐ No ☐ N/A ☐ D D M M Y Y H H M M

Comments

** **Descriptions:**
3a = Less than 50 % of external anal sphincter (EAS) thickness torn.
3b=More than 50 % of EAS thickness torn 3c= Both EAS and internal anal sphincter (IAS) torn.
4th=Injury to perineum involving the EAS, IAS and anorectal mucosa

Key to abbreviations:
CCT = Controlled Cord Traction
MEOWS = Modified Early Obstetric Warning Score
PV = Per Vaginam PR = Per Rectum

Birth Summary - Mother - to assist with handover of care

(complete page OR attach computer printout if available)

Labour onset

- ☐ None
- ☐ Spontaneous
- ☐ Induced
- ☐ Augmented

Indication

One to one care achieved
Yes ☐ If no, reason why

Was continuity of carer achieved for labour and birth Yes ☐ No ☐

Comments

Delivery

	Baby 1	Baby 2
Normal	☐	☐
Vaginal breech	☐	☐
Ventouse	☐	☐
Forceps	☐	☐
Caesarean: 1.	☐	☐
2.	☐	☐
3.	☐	☐
4.	☐	☐

(See page 16 for classifications)

Place of Birth

Maternal Position- at delivery

Maternal complications-

relevant proforma completed ☐

Pain Relief

- ☐ None
- ☐ H_2O
- ☐ TENS
- ☐ Entonox
- ☐ Narcotics
- ☐ Pudendal
- ☐ Spinal
- ☐ Epidural
- ☐ Combined spinal/epidural

Complementary therapies:

Rupture of Membranes

Spontaneous ☐ Artificial ☐ Indication

Colour

Date Time Duration hrs /mins /

Length of Labour

	Date	Time
Onset of est. labour		
Fully dilated		
Pushing commenced		
Head delivered		
Baby delivered		
End of third stage		

Twin 2 delivered

Length (hrs/mins)	
1st stage	/
2nd stage	/
3rd stage	/
Duration of labour	/

Third Stage (See page 18 for further details)

Placenta Apparently complete ☐ Incomplete ☐

Membranes Apparently complete ☐ Incomplete ☐ Ragged ☐

Total blood loss (ml)

Comments

Birth Attendants

	Baby 1	Baby 2
Delivered by		
Midwife at delivery		
Others present (Names)		

Postnatal risk factors for thromboembolism

Previous VTE	☐	Antenatal anti-coagulation therapy	☐
High risk Thrombophilia	☐	Caesarean Section	☐
BMI ≥40	☐	Medical co morbidities	☐
Age >35	☐	BMI >30	☐
Parity ≥3	☐	Smoker	☐
Family history VTE	☐	Gross varicose veins	☐
Current systemic infection	☐	Immobility	☐
Current pre-eclampsia	☐	Multiple pregnancy	☐
Preterm delivery <37 weeks this pregnancy	☐	Stillbirth this pregnancy	☐
Mid cavity rotation	☐	Operative delivery	☐
Prolonged labour > 24 hours	☐	Excessive blood loss >1litre or blood transfusion	☐
		None identified	☐

VTE assessment performed Yes ☐

VTE pathway initiated No ☐ Yes ☐

Bloods **Maternal blood taken** No ☐ Yes ☐ **Cord blood taken** No ☐ Yes ☐

Any additional information

Signature* **Date/Time** D D M M Y Y H H M M

* **Signatures must be listed on page 1 for identification**

Birth Summary - Baby

Complete page OR attach computer printout if available

Mother's Name	Unit number	NHS number

Baby Details

Number of babies ☐ Time from birth to onset of regular respirations Baby 1 ☐ mins Baby 2 ☐ mins

Birth order	Date of Birth	Time	Sex	Birth weight (g)	Centile	Mode of Delivery	Outcome	Apgars 1	Apgars 5	Apgars 10	Congenital Anomaly	Unit Number	NHS Number
1													
2													

Apgar Score

	0	1	2	Baby 1: 1	Baby 1: 5	Baby 1: 10	Baby 2: 1	Baby 2: 5	Baby 2: 10
Heart rate (bpm)	absent	<100	>100						
Respiratory effort	absent	weak cry	good strong cry						
Muscle tone	limp	some flexion of extremities	well flexed						
Reflex irritability	no response	some motion	cry						
Colour	blue / pale	body pink, limbs blue	pink						
			Total						

Cord Gases

	Baby 1 Arterial	Baby 1 Venous	Baby 2 Arterial	Baby 2 Venous
pH				
Base excess /deficit				
Lactate				
Other				

Resuscitation

	Baby 1 None	Baby 1 Basic	Baby 1 Advanced	Baby 2 None	Baby 2 Basic	Baby 2 Advanced
Level	☐	☐	☐	☐	☐	☐

	Baby 1 Yes	Baby 1 No	Baby 2 Yes	Baby 2 No
IPPV : Face mask	☐	☐	☐	☐
ETT	☐	☐	☐	☐
T- Piece	☐	☐	☐	☐
Cardiac massage	☐	☐	☐	☐
Intubated	☐	☐	☐	☐

	Baby 1	Baby 2
Age intubated (mins)		
Drugs		
Name		
Grade		

Paediatrician - discussion with parents re : resuscitation ☐ Yes ☐ No

Initial Examination

	Baby 1	Baby 2
Head circumference (HC, cm)		
Temperature (°c) / Route		
Identification / security labels		
Physical examination at birth completed as per Trust guideline		
Signature*		

Vitamin K

	Baby 1	Baby 2
Consent obtained	☐ Yes ☐ No	☐ Yes ☐ No
Administered	☐ Yes ☐ No	☐ Yes ☐ No
Route		
Requires further dose	☐ Yes ☐ No	☐ Yes ☐ No

Contact & Feeding

Skin-to-skin	Yes	No	Comments	Baby 1	Baby 2
				Time	Time
Offered	☐	☐			
Accepted	☐	☐		Duration (mins)	Duration (mins)
Declined	☐	☐			

		Baby 1	Baby 2
Type of feed	Breast	☐	☐
	Formula	☐	☐
Feed offered	Method		
	Time feed started		
	Duration of feed		

Neonatal Comments/Risks

Prolonged rupture of membranes	☐ Yes	☐ No
Meconium present at birth	☐ Yes	☐ No
Shoulder dystocia	☐ Yes	☐ No
Traumatic/difficult delivery	☐ Yes	☐ No
Risk of hypoglycaemia	☐ Yes	☐ No
Rhesus negative	☐ Yes	☐ No
Birth hypoxia	☐ Yes	☐ No
NEWS chart commenced	☐ Yes	☐ No

Plans for Transfer after Birth

	Transfer to:	Date and time of transfer	Signature *
Mother		D D M M Y Y H H M M	
Handover of care tool (as per trust guideline)	☐ Yes ☐ N/A		Handover to - (name)
Baby(ies)		D D M M Y Y H H M M	
		D D M M Y Y H H M M	
Handover of care tool (as per trust guideline)	☐ Yes ☐ N/A		Handover to - (name)

Comments

Key to abbreviations
ETT = Endotrachael Tube
IPPV = Intermittent Positive Pressure Ventilation
NEWS = Newborn Early Warning System

*** Signatures must be listed on page 1 for identification**