

BNG: Previous Pregnancy / Additional Babies

Bolded Underlined texts are compulsory fields Circle Response where able

Reminder: Electronic summaries of previous events in BadgerNet-can be found in RCP and 3M.

<p><u>Full Name (Woman)</u></p> <p><u>NHI</u></p> <p><u>Or attach Patient Label</u></p>	<p>This form must be handed to the Ward Clerk or Receptionist on Completion/Discharge for Data Entry in BadgerNet after the Outage.</p> <p>DO NOT SEND TO CHARTVIEW</p>
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PREVIOUS PREGNANCY / ADDITIONAL BABIES		
BABY DETAILS # ____		
Date of Birth		
Baby's Full Name		
<u>Sex</u>	Girl / Boy / Indeterminate / Unknown	
Birthweight	grams	lbs oz
Gestation Weeks Day(s)		
Baby Problems (Pregnancy)		
Presentation		
Type of Birth		
Shoulder Dystocia	No / Yes / Unknown	
Any Neonatal Concerns?	No / Yes / Unknown	
Any Neonatal Unit Admissions?	No / Yes / Unknown	
Abnormalities	No / Yes / Unknown	
Feeding Method		
Current Status	Alive	Died
Any Problems		
Where is the Child Now	Living with Parents / Living with Mother / Other	
Additional Notes:		

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