Bolded Underlined texts are compulsory fields Circle Response where able

	Full Name	This form must be handed to the Ward Clerk
	<u>NHI</u>	or Receptionist on Completion/Discharge for
		Data Entry in BadgerNet after the Outage.
	Or attach Patient Label	DO NOT SEND TO CHARTVIEW

LABOUR AND BIRTH ADDITIONAL BABIES

*RUPTURE OF MEMBRANES - BABY #		
Baby # of *		Baby # NHI:
Baby # Membranes Ruptured	Date/Time	Unknown
Baby # Method of Membrane Rupture	Spontaneous / Hind-water rupture / ARM / At Caesarean Section	
Baby # Reason for ARM	To induce labour / To augment labour / To facilitate birth of the baby Other:	
Baby # Liquor State at RoM	Absent / Clear Meconium - thin Particulate matter / Meconium - thick Blood stained / Purulent matter Malodorous Other:	
Baby # Liquor volume at RoM	Normal / Absent / Minima Other:	al / Excessive / Not known

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*RUPTURE OF MEMBRANES - BABY #				
Baby # of *	Baby # NHI:			
Include this birth in the births, deaths, and marriages submission: Yes / No				
Birth Outcome	Livebirth / Antepartum Stillbirth / Intrapartum Stillbirth			
	Indeterminate Stillbirth			
Date and Time of Birth				
Date and Time of Death				
Type of Birth	Spontaneous Cephalic / CS / Ventouse / Forceps / Breech			
Type of Breech Birth	Spontaneous Assisted - without forceps / Assisted - with forceps			
Place of Birth	Hospital / Home / BBA / Birthing Unit			
Location of birth/Unit responsible for birth: Auckland City Hospital / Other				
Resuscitation	Not Required / Yes / Failed Attempt / Unknown			
Shoulder Dystocia	No Yes Unknown			
*CREATE/UPDATE BABIES				
Birth centile for Multiple Births: #				