

## BNG: Labour and Birth Additional Babies

**Bolded Underlined texts are compulsory fields Circle Response where able**

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

**Refer to Completed CR3731 NEWBORN RECORD FOR ADDITIONAL INFORMATION**

<b>DEMOGRAPHICS (BABY) TAB</b>		<b>BABY # ___ of ___</b>	<b><u>BIRTH ORDER:</u></b>
<b><u>Date/Time Recorded:</u></b>		<b><u>BABY NHI</u></b>	
<b>Birthweight:</b>		<b>grams</b>	<b>Birthweight Centile:</b>
<b>Sex</b>	Male / Female / Indeterminate		
<b><u>Antenatal Care Unit (for Growchart)</u></b>	<b><u>Auckland</u></b>		
<b><u>Antenatal Referral For Suspected SGA or FGR By Fundal Height</u> No / Yes</b>			
<b><u>SGA Detected Antenatally By USS</u> No / Yes</b>			
<b><u>Place of birth (ward name/ location)</u></b>	Labour and Birth Suite / Theatre Level 9 / Other:		
<b><u>Midwife Requesting NHI Number</u></b>			
<b>BIRTH DETAILS TAB</b>			
<b><u>Mode of Birth:</u></b>			
NVD OA / NVD with abnormal presentation of the head at delivery			
Low forceps - no rotation, forceps NOS / Mid cavity forceps - no rotation / Rotational forceps			
Ventouse - no rotation or unspecified / Ventouse with rotation			
Breech birth, spontaneous, assisted or partial / Breech extraction, NOS			
Elective (planned) caesarean section / Emergency and unspecified caesarean section			
Other, unspecified method of birth			
<b><u>Fetal Problems in Labour:</u></b>			
<b><u>Delayed cord clamping:</u> Yes / No</b>		<b><u>Date and time cord clamped:</u></b>	
<b>SKIN TO SKIN DISCUSSIONS - Topics Discussed</b> Pulled from Data entered in Mothers Labour & Birth			
<b><u>Skin Contact Established</u> Yes / No</b>		<b><u>Was first feed during skin to skin?</u> Yes / No</b>	
<b><u>Date/Time Contact Established</u></b>	<b><u>End Time</u></b>	<b><u>Duration Minute(s)</u></b>	
<b><u>Additional Notes:</u></b>			

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*RESUSCITATION – REFER TO PAED CLINICAL NOTES & BLUE CARD CR3731	
<b>*RUPTURE OF MEMBRANES - BABY #__</b>	
Baby #__ of *	Baby #__ NHI:
<b>Include this birth in the births, deaths, and marriages submission:</b> Yes / No	
<b>Birth Outcome</b>	Livebirth / Antepartum Stillbirth / Intrapartum Stillbirth Indeterminate Stillbirth
<b>Date and Time of Birth</b>	
<b>Date and Time of Death</b>	
<b>Type of Birth</b>	Spontaneous Cephalic / CS / Ventouse / Forceps / Breech
<b>Type of Breech Birth</b>	Spontaneous Assisted - without forceps / Assisted - with forceps
<b>Place of Birth</b>	Hospital / Home / BBA / Birthing Unit
<b>Location of birth/Unit responsible for birth:</b>	Auckland City Hospital / Other
<b>Resuscitation</b>	Not Required / Yes / Failed Attempt / Unknown
<b>Shoulder Dystocia</b>	No Yes Unknown
<b>Birthcentile for Multiple Births: #__</b>	

<b>*RUPTURE OF MEMBRANES - BABY #__</b>	
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 / Minimal / Excessive / Not known Other: