

## BNG: Labour and Birth Baby / Post-birth Smart Form

**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><b><u>Full Name (Woman)</u></b></p> <p><b><u>NHI</u></b></p> <p><b><u>Or attach Patient Label</u></b></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><b>DO NOT SEND TO CHARTVIEW</b></p>
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**Refer to Completed CR3731 NEWBORN RECORD FOR ADDITIONAL INFORMATION**

DEMOGRAPHICS (BABY) TAB		
<b><u>Date/Time Recorded:</u></b>	<b><u>BABY NHI</u></b>	
<b><u>Mother and Baby Linked</u></b> Yes / No		
<b><u>Reason Unlinked:</u></b> Adoption / Foster Care / Surrogacy / Other:		
<b><u>Birthweight:</u></b>	<b>grams</b>	<b><u>Birthweight Centile:</u></b>
<b><u>Sex</u></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></b>	No / Yes	
<b><u>SGA Detected Antenatally By USS</u></b>	No / Yes	
<b><u>Place of birth (ward name/ location)</u></b>	Labour and Birth Suite / WAU / Theatre Level 9 / BBA Other:	
<b><u>Midwife Requesting NHI Number</u></b>		
BIRTH DETAILS TAB		
<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></b> Yes / No	<b><u>Date and time cord clamped:</u></b>	<b><u>Water Birth:</u></b> Yes / No
<b><u>BBA:</u></b>		
<b><u>Type Of BBA:</u></b>	At Home / On route - in ambulance / On route - own transport Not on route - i.e. supermarket	

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<b>BBA Details</b> ( <i>Free Text</i> )		
<b>SKIN TO SKIN DISCUSSIONS - Topics Discussed</b> Pulled from Data entered in Mothers Labour & Birth		
<b>Skin Contact Established</b> Yes / No	<b>Was first feed during skin to skin?</b>	Yes / No
<b>Date/Time Contact Established</b>	<b>End Time</b>	<b>Duration Minute(s)</b>
<b>Additional Notes:</b>		
<b>*RESUSCITATION – REFER TO PAED CLINICAL NOTES &amp; BLUE CARD CR3731</b>		
<b>PRESENT AT BIRTH / PERSONNEL</b>		
<b>Status of Person Assisting Birth</b>		
Midwife / Student Midwife / Medical Student / Hospital Doctor / Private Obstetrician Hospital Obstetrician / Hospital Registrar / Hospital House Officer / Paramedic / Other (non-professional)		
<b>Type of Midwife</b> DHB/ Self Employed	<b>Person assisting birth is a BadgerNet user</b> Yes / No	
<b>Birth Assisted By:</b>		
<b>Birth Supervised:</b> Yes / No	<b>Status of Person Supervising Birth:</b> DHB Midwife / Self-Employed Midwife Hospital Doctor / Other:	
<b>Anaesthetist Present:</b> Yes / No	<b>Neonatologist Present</b> Yes / No	<b>Other Staff Present</b> Yes / No
<b>Baby Received By:</b>		
<b>Additional Notes:</b>		
<b>*EXAMINATION, APGAR SCORES, CORD BLOOD AND pH REFER TO BLUE CARD CR3731</b>		

**Full Name (Woman)**

**This form must be handed to the Ward Clerk**

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FEEDING TAB / FEEDING UPDATE	
Date/Time Recorded:	<b>BABY NHI:</b>
Update Type	First Feed <span style="margin-left: 100px;">Other:</span>
Date and Time of First Milk Feed:	
Date and Time First Milk Feed Ended:	
Definition of feeding	Exclusive / Fully / Partial / Artificial / Unable to Feed
Feeding Method	Breast / Bottle / Cup / Finger Feeding / Nasogastric Tube Other:
Has Baby Tried to Breastfeed <span style="margin-left: 20px;">Yes / No</span>	Has baby been supplemented <span style="margin-left: 20px;">Yes / No</span>
Feeding Problems	None / Non-latching baby / Supplementation for Clinical Reasons
Additional Feeding Notes:	
Post-Birth Skin To Skin	Was first feed during skin to skin? <span style="margin-left: 20px;">Yes / No</span> Post-birth skin to skin contact ended? <span style="margin-left: 20px;">Yes / No</span>
VITAMIN K / REFER TO BLUE CARD CR3731	
RISK ASSESSMENT TAB	
Maternal Risks	
Labour and Birth Risks	
Post-birth Risks	
Current Risks	
Sensitive Risks	
Risk Normal Low Intermediate High Unknown	
MANAGEMENT PLAN:	

**ADDITIONAL NOTES:**

For BadgerNet Outage only