

MMH / MMPH / MPH-R  
Well Term Newborn -  
37 completed weeks > 2500g Carepath

Unit Record No: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

AFFIX PT IDENTIFICATION LABEL HERE

**AT BIRTH to Handover BIRTHDAY** ☐ **Day 0** (baby born after 12 MD) ☐ **Day 1** (baby born between 12 MN and 12 MD)

<b>SITUATION</b>	Delivery Date: _____ Time: _____ Gestation: _____ Wks <input type="checkbox"/> Singleton <input type="checkbox"/> Multiple x _____
	Delivery: <input type="checkbox"/> SVD <input type="checkbox"/> VE <input type="checkbox"/> FD <input type="checkbox"/> Elective CS <input type="checkbox"/> Emergency CS <input type="checkbox"/> Other..... <input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Apgar Score - One minute ..... Five minutes..... Ten minutes.....
<b>HISTORY</b>	<input type="checkbox"/> Resuscitation at birth <input type="checkbox"/> Suction <input type="checkbox"/> Mask O2 <input type="checkbox"/> IPPV <input type="checkbox"/> Intubation <input type="checkbox"/> Other.....
	<b>Complications / Indications</b> Complete variance as applicable

**KEY - Using the provided Reference Guide on page...**  
Initial the appropriate column and write appropriate comment or referral

**Initial Examination by Midwife** (All infants will have detailed examination by accredited practitioner within 48 hours of birth)

Examination	Normal	Variance	Examination	Normal	Variance	Comment / Paediatric Referral	Initial
Weight			Respiratory				
Head circumference			Abdomen				
Length			Cord Vessels x 3				
Skin			Periphery(upper)				
Head and Neck			Periphery (lower)				
Neurological			Spine				

**Initial Observations**

Time: \_\_\_\_\_

Temp / HR / Resps	T: _____	HR: _____	R: _____	BGL - Blood Glucose Level		Initial
Colour Pink Mottled Pale				Vomits Colour / Mucous S = Small M = Medium L = Large		
Urine S = Small M = Medium L = Large				Meconium		
Method Of Feeding				Attachment & Position I = Independent P = Partial Assist T = total Assist		
Suck: A = Offered but does not attach – not interested B = Interested but does not attach C = Attaches – on and off		D = Attaches but has an uncoordinated suck E = Good nutritive sucking – short feed F = Good nutritive sucking – Long feed				
ID Limb Bracelet insitu x 2						
Medication	Given	Not Given	Parents Undecided	Reasons/Actions		
VIT K <input type="checkbox"/> oral <input type="checkbox"/> IMI	Initial	Initial	Initial			
Hep B	Initial	Initial	Initial			
HBIG	Initial	Initial	Initial			

**RISKS**

**Risk Indicators requiring variance actions according to policy:** ☐ Maternal Temperature in labour > 38°  
☐ IV Antibiotics (infection control alerts) ☐ Cord Blood Taken ☐ pH ☐ Group & Coombs  
☐ Maternal Diabetes (type)..... Commence Variance insert for infant of Diabetic Mother  
☐ GBS ☐ PROM (how long) ..... ☐ Lactate ☐ NAS ☐ Apgar < 7 at 1 minute ☐ Meconium Liquor  
☐ Other...

**EXPECTATION PLAN OF CARE**

Skin to Skin contact initiated within first hour of birth ♦ Time Commenced..... ♦ Time Completed: .....  
 ♦ Initial breast Feed: .....  
 Seen by Paediatrician / medical staff ☐ yes ☐ no  
**Temperature on discharge from Birth Suite/Recovery** .....°C

**Documentation**

☐ Medical orders Read ☐ Any additional information documented in progress notes

Transferred to ☐ NICU ☐ SCN ☐ Post Natal Unit Time .....

Discharged ☐ to Home care – Homecare notified & Discharge checklist completed

☐ Home – Discharge checklist completed

Birthsuite/Recovery Nurse/MW providing handover: ☐ Primary Nurse / MW ☐ Meal Relief ☐ Other.....

Transfer Nurse receiving handover ☐ Primary Nurse / MW ☐ Meal Relief ☐ Team leader ☐ Other.....

Ward Midwife receiving handover ☐ Primary Nurse / MW ☐ Meal Relief ☐ Team leader ☐ Other.....

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