Postpartum Child Encounter

BORN Ontario

Patient Label Here

NEWBORN STATUS TAB

Was this baby admitted to this organization for Postpartum Care only (the birth did not occur at the admitting hospital)?
☐ Yes ☐ No

If yes, complete all sections.
***If no, proceed to Section:* BABY'S SEX**

Admission date: dd / mm / yyyy **Admission Time:** _____

Birth Location:
☐ Hospital and Name of Hospital: _____
☐ Home ☐ Nursing Station ☐ Other Ontario location
☐ Birth Centre & Name of Birth Centre: _____
☐ Outside of Ontario

Newborn Transfer From:
☐ Hospital and Name of Hospital: _____
☐ Home Birth Midwifery (MW) Care and Name of MW Practice Group: _____
☐ Nursing Station
☐ Birth Centre and Name of Birth Centre: _____
☐ Other unit same hospital ☐ Other

Newborn Date of Birth: dd / mm / yyyy **Time of Birth:** _____

Type of Birth: *(Select one)* ☐ Vaginal Birth ☐ Cesarean Birth

Birth Order: *(select one)*
☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J
☐ Unknown

Birth Weight: _____ grams ☐ Weight Unknown

GA at Birth _____ weeks _____ days

Baby's Sex: *(select one)* ☐ Male ☐ Female
☐ Ambiguous genitalia ☐ Unknown

Arterial cord blood test status: *(Select one)* ☐ Done
☐ Results pending ☐ Not done ☐ Unsatisfactory specimen
☐ Unknown

Arterial Cord pH: _____

Arterial Cord Base Excess/deficit: _____

Venous cord blood test status: *(Select one)* ☐ Done
☐ Results pending ☐ Not done ☐ Unsatisfactory specimen
☐ Unknown

Venous Cord pH: _____

Venous Cord Base Excess/deficit: _____

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What is newborn/infant's blood group and type, ABO/Rh(D)? *(Select one)* ☐ Not Collected/Unknown

☐ O+ ☐ O- ☐ A+ ☐ A - ☐ B+ ☐ B- ☐ AB+ ☐ AB-

Was glucose monitoring being done? ☐ Yes ☐ No ☐ Unknown

Was Oral Dextrose/Gel given? ☐ Yes ☐ No ☐ Unknown

Neonatal Birth Complications: *(select all that apply)*

☐ None ☐ Brachial plexus injury ☐ Cephalohematoma

☐ Clavicular Fracture ☐ Facial Nerve Injury

☐ Fracture – other ☐ Palsy-other

☐ Other birth injury ☐ Unknown

Neonatal Health Conditions: *(select all that apply)*

☐ None ☐ Failed CCHD screening ☐ Hypoglycemia

☐ NAS - Neonatal Abstinence Syndrome

☐ Other ☐ Unknown

Newborn Congenital Anomalies Identified:

☐ None ☐ Suspected or Confirmed

** Refer to addendum on the last page with pick list selections*

Newborn Congenital Anomalies Suspected:

(See Addendum) _____

Newborn Congenital Anomalies Confirmed:

(See Addendum) _____

SUMMARY TAB

Bilirubin Measured Within 72 Hours Of Birth: *(Select one)*

☐ Yes - Transcutaneous bilirubin (TCB)

☐ Yes - Total Serum Bilirubin (TSB)

☐ No - Transferred Out/Discharged

☐ No – Declined ☐ No – Reason Unknown

☐ No – Reason Other ☐ Unknown

Hyperbilirubinemia Requiring Treatment: *(Select one)*

☐ Yes ☐ No ☐ Unknown

Hyperbilirubinemia Treatment: *(Select all that apply)*

☐ Phototherapy ☐ Treatment declined

Highest Serum Bilirubin >340 umol/L:

☐ Yes ☐ No ☐ Unknown

Highest Serum Bilirubin >425 umol/L

☐ Yes ☐ No ☐ Unknown

Pain Relief Measures During First Blood Sampling by Heel Prick: *(Select all that apply)* ☐ Breastfeeding ☐ Skin to skin

☐ Sucrose ☐ Other ☐ No pain relief measures

☐ No heel prick sampling

☐ Unknown if pain relief was provided

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Neonatal/Infant Death:

☐ No ☐ Yes ☐ Yes, with termination of pregnancy

***If yes, Neonatal/Infant Death Date:** dd / mm / yyyyy

Neonatal/Infant Death Time: hours / minutes

Newborn Hearing Screen Result: *(Select one)* ☐ Pass

☐ Referral ☐ Inconclusive/no result ☐ Not done

☐ Referred to community ☐ Unknown

Infant RSV mAb administered:

(*Select One*) ☐ Yes ☐ No ☐ Unknown

Date of infant RSV mAb administration: dd/mm/yyyy

☐ Unknown

Infant RSV product:

☐ Beyfortus ☐ Unknown

☐ Other, specify _____

Reason RSV mAb (Nirsevimab/Beyfortus) not given:

☐ Infant born out of season

☐ Parents/guardian declined

☐ Received prenatal RSV Vaccine >2 weeks before birth and infant NOT high-risk

☐ No supply available

☐ Not offered before discharge from care/missed opportunity

☐ Out- of- hospital birth/Midwives not authorized to administer

☐ Confirmed RSV infection

☐ Other, specify _____

☐ Unknown

Is infant high-risk for RSV (requiring second season dose):

☐ No

☐ Yes - Suspected or Confirmed Down Syndrome/Trisomy 21

☐ Yes - Chronic lung disease of prematurity (CLD), including bronchopulmonary dysplasia/chronic lung disease

☐ Yes - Hemodynamically significant congenital heart disease (CHD) and/or moderate to severe pulmonary hypertension

☐ Yes - Cystic Fibrosis with respiratory involvement and/or growth delay

☐ Yes - Severe immunodeficiency

☐ Yes - Neuromuscular disease impairing clearing of respiratory secretions

☐ Yes - Severe congenital airway anomalies impairing the clearing of respiratory secretions

☐ Yes - Other Reason for second/subsequent dose, (immune status, risk of aspiration, hypotonic, etc.) specify

_____

☐ Unknown

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Newborn Feeding from Birth to Discharge from Hospital or Birth Centre: *(Select one)* ☐ Breastmilk only

☐ Combination of breast milk and breast milk substitute

☐ Breast Milk Substitute - Formula only

☐ Breast Milk Substitute - Other

☐ NA, discharged earlier than 5 weeks

☐ Other ☐ Unknown ☐ None

REASON FOR BREAST MILK SUBSTITUTE:

Infant Medical:

☐ Hypoglycemia ☐ Inadequate Weight Gain

☐ Inborn Errors of Metabolism

☐ Significant weight loss in the presence of clinical indications

☐ Other clinical indications

Maternal Medical:

☐ Active herpes on breast ☐ Additional health concerns

☐ Contraindicated maternal medication ☐ HIV infection

☐ Severe maternal illness

Other:

☐ Donor milk not available

☐ Informed Parent Decision to use Any Breast Milk Substitute

☐ Insufficient Maternal Milk Supply

☐ Birth mother not involved in care

☐ Not eligible for donor milk ☐ Unknown

Consent for Use of Breast Milk Substitute: *(Select one)*

☐ Evidence that consent was obtained

☐ No evidence of consent ☐ Unknown

Neonatal Discharged or Transfer to: ☐ Home

☐ Transfer to NICU other hospital and Name of other hospital:

_____

☐ Transfer to NICU same hospital

☐ Transfer to Paediatric unit same hospital

☐ Transfer to other hospital and Name of other hospital:

_____

☐ Child and Family Services Apprehension

☐ Transfer to other unit, same hospital _____

☐ Other ☐ Unknown

Reason for Newborn Transfer:

☐ Requires higher level of care ☐ Other ☐ Unknown

Neonatal Transfer Date: dd / mm / yyyy

Neonatal Transfer Time: _____

If Discharged to Home or CAS:

Discharge Date: dd / mm / yyyy

Time: _____ **Discharge Weight:** _____ grams

ADDENDUM: Newborn Congenital Anomalies (Picklist Selections)

CENTRAL NERVOUS SYSTEM AND NEURAL TUBE DEFECTS

Absent cavum septum pellucidum (CSP) | Absent cerebellar vermis |Acrania or Anencephaly | Arachnoid cyst(s) | Arnold Chiari Malformation | Aqueductal stenosis | Corpus callosum – Agenesis (ACC) | Corpus callosum - Hypoplasia | Dandy walker malformation/variant (DWM) | Encephalocele | Enlarged cisterna magna | Holoprosencephaly | Hydrocephalus | Hypotonia, unspecified | Lissencephaly | Macrocephaly | Microcephaly | Polymicrogyria | Posterior fossa cyst | Sacral agenesis | Sacral coccygeal teratoma (SCT) | Seizures | Spina bifida with hydrocephalus | Spina bifida without hydrocephalus | Ventriculomegaly-Mild-Moderate (11-14.9 mm) | Ventriculomegaly-Severe (>15 mm) | Other – malformations of the nervous system | Other – malformations of the brain

EYE ANOMALIES

Anophthalmos | Congenital cataract | Congenital glaucoma | Microphthalmos | Other- malformations of eye

EAR, FACE, AND NECK ANOMALIES

Ears - Anotia | Ears - Microtia | Choanal atresia | Macroglossia | Micrognathia | Nose – Absent | Nose – Hypoplastic | Retrognathia | Other – malformation of ear | Other – malformation of the face and neck

THORAX ANOMALIES

Bronchopulmonary sequestration (BPS) | Congenital high airway obstruction (CHAOS) | Cystic adenomatous malformation of lung (CCAM) | Diaphragmatic hernia (CDH) | Other – congenital malformations of lung | Other – malformations of the diaphragm

CARDIOVASCULAR ANOMALIES

Aortic arch – Double | Aortic arch – Interrupted | Aortic arch – Right | Aortic atresia/Hypoplastic aortic arch | Aortic valve stenosis | Arrhythmia | Atrial isomerism (heterotaxy) – left | Atrial isomerism (heterotaxy) - right | Atrial septal defect (ASD) | Atrioventricular septal defect (AVSD) | Cardiomegaly | Coarctation of aorta | Complete/incomplete congenital heart block | Dextrocardia | Discordant atrioventricular connection | Double inlet ventricle (Single ventricle) | Double outlet right ventricle (DORV) | Ebstein anomaly | Hypoplastic left heart (HLHS) | Hypoplastic right heart (HRHS) | Mitral valve atresia | Mitral valve insufficiency | Mitral valve stenosis | Patent ductus arteriosus (PDA) - >37 weeks | Patent/Persistent foramen ovale (PFO)/Premature closure of atrial septum | Pericardial effusion | Pulmonary valve atresia | Pulmonary valve dysplasia | Pulmonary valve stenosis | Situs inversus (cardiac and abdominal) | Tetralogy of Fallot (TOF) | Total anomalous pulmonary venous connection (TAPVC)/Partial anomalous pulmonary venous connection (PAPVC) | Transposition of great vessels (TGV) | Tricuspid atresia/stenosis | Tricuspid regurgitation | Tricuspid valve dysplasia | Truncus arteriosus (common arterial truncus) | Vascular ring | Vena cava, bilateral

superior (SVC) | Vena cava, interrupted inferior (IVC) | Vena cava, persistent left superior (SVC) | Ventricular disproportion (RV/LV discrepancy) | Ventricular septal defect (VSD) | Other cardiac malformations

ORO-FACIAL CLEFTS

Cleft lip | Cleft palate | Cleft lip with cleft palate | Pierre Robin Sequence

GASTROINTESTINAL & ABDOMINAL ANOMALIES

Abnormal stomach (including small/absent stomach) | Biliary atresia (atresia of bile ducts) | Bowel obstruction | Duodenal atresia/stenosis | Esophageal atresia (without fistula) | Esophageal with tracheoesophageal fistula (TEF) | Tracheoesophageal fistula (TEF) without esophageal atresia | Hirschsprung disease | Imperforate anus (congenital absence, atresia, stenosis of anus) | Large intestine atresia/stenosis | Pyloric stenosis | Rectal atresia/stenosis with/without fistula | Small bowel, abnormal | Small intestine atresia/stenosis (excluding duodenum) | Umbilical hernia | Other – malformations of gastrointestinal system

ABDOMINAL WALL DEFECTS

Gastroschisis | Omphalocele (exomphalos) | Other – congenital malformations of abdominal wall

URINARY ANOMALIES

Bladder/cloacal exstrophy | Congenital hydronephrosis | Cystic kidneys – other | Duplex kidney/collecting system | Echogenic kidney | Ectopic/pelvic kidney | Lower urinary tract obstruction | Megacystis | Megaureter | Multicystic dysplastic kidney(s) | Polycystic kidney, autosomal recessive | Polycystic kidney, autosomal dominant | Posterior urethral valves (PUV) | Prune belly | Renal agenesis, unilateral | Renal agenesis, bilateral | Renal cyst | Renal Dysplasia | Ureterocoele | Other – malformations of the urinary system

GENITAL ANOMALIES

Ambiguous genitalia/indeterminate sex | Cryptorchidism/undescended >37 weeks | Epispadias | Hydrocoele | Hypospadias | Other – malformations of female genitalia | Other – malformations of male genitalia

SKELETAL & LIMB ANOMALIES

Adactyly (absent fingers/toes) | Bowed/curved long bone(s) | Club foot (talipes equinovarus) – bilateral | Club foot (talipes equinovarus) - unilateral | Congenital hip dislocation/dysplasia | Craniosynostosis | Ectrodactyly (lobster-claw/cleft hand) | Hypotonia, unspecified | Limb reduction defect – upper limb | Limb reduction defect – lower limb | Limb reduction defects of unspecified limb | Osteogenesis imperfecta | Polydactyly – hands | Polydactyly – feet | Skeletal dysplasia | Syndactyly – hands | Syndactyly – feet | Congenital malformations of the musculoskeletal system | Other – malformations of the spine & bony thorax (not including spina bifida) | Other – malformations of the limb(s)

OTHER ANOMALIES/PATTERNS/SYNDROMES

Congenital constriction bands/amniotic bands | Intrauterine growth restriction (IUGR) <10th %tile | Noonan syndrome | Oligohydramnios | Polyhydramnios | Pierre Robin Sequence | Potter's syndrome/sequence | Other – genetic syndrome

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LYMPHATIC ANOMALIES & HYDROPS

Increased nuchal translucency (≥ 3.5 mm) | Cystic hygroma | Fetal ascites | Hydrops fetalis | Pleural effusion(s) (hydrothorax)

SKIN/HAIR/NAILS

Congenital ichthyosis | Cutis Aplasia | Epidermolysis Bullosa | Other – congenital malformations of skin | Other – congenital malformations of hair | Other – congenital malformations of nails

CHROMOSOMAL ANOMALIES

Down syndrome/Trisomy 21 | Patau syndrome/Trisomy 13 | Edwards syndrome/Trisomy 18 | Turner syndrome (45, X) | Klinefelter syndrome (47, XXY) | 47, XYY | Triple X syndrome (47, XXX) | Triploidy/polyploidy | 22q11.2 deletion syndrome/DiGeorge syndrome | Chromosome abnormality – other

TWINS

Twin-twin transfusion syndrome (TTTS) | Acardiac Twin (TRAP Sequence) | Conjoined twins | Selective Intrauterine Growth Restriction (sIUGR) | Twin anemia polycythemia (TAPS) | Other malformation(s) of twins

OTHER/UNKNOWN

Unknown | Other congenital malformations, not elsewhere classified