Birth Child Encounter + Midwifery

BORN Ontario

Patient Label Here

BIRTH TAB

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

Birth Location: *(select one)* ☐ Hospital ☐ Home
☐ Birth Centre ☐ Clinic (Midwifery) ☐ Nursing Station
☐ Other Ontario location ☐ Outside of Ontario

If Birth Centre, name: _____

If Birth Hospital, name: _____

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

Presentation Type: *(Select one)*

Cephalic

☐ Vertex ☐ Brow ☐ Face ☐ Compound
☐ Cephalic Type Unknown

Breech

☐ Frank ☐ Complete ☐ Footling ☐ Compound
☐ Breech Type Unknown ☐ Incomplete Breech

Other

☐ Transverse/Malpresentation ☐ Unknown

Birth Order: *(select one)*

☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J
☐ Unknown

Forceps/Vacuum used vaginally: *(Select one)* ☐ None
☐ Vacuum ☐ Vacuum and Forceps ☐ Unknown

Birth Outcome: *(Select one)* ☐ Live Birth
☐ Stillbirth at >=20wks 0r >=500gms, Spontaneous – Occurred during antepartum period
☐ Stillbirth at >=20=wks 0r >=500gms, Spontaneous – Occurred during intrapartum period
☐ Termination

Apgar 1: _____ ☐ Unknown

Apgar 5: _____ ☐ Unknown

Apgar 10: _____ ☐ Unknown

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Neonatal Resuscitation (first 30 minutes of life only):

(Select all that apply) ☐ None ☐ FFO2

☐ CPAP+ Room Air (21% oxygen) ☐ CPAP + O2

☐ PPV+ Room Air (21% oxygen) ☐ PPV+O2

☐ Intubation for PPV ☐ Intubation for tracheal suction

☐ Laryngeal mask airway (LMA) ☐ Chest Compressions

☐ Epinephrine ☐ Narcan/Naloxone ☐ Volume Expander

☐ Unknown

Did NICU perform/assist with the resuscitation that was done in the first 30 minutes of life?

☐ Yes ☐ No ☐ Unknown

Neonatal Resuscitation - Initial Gas Used in first 30 minutes of life: *(Select one)* ☐ Room air (21% oxygen)

☐ Supplemental Oxygen ☐ 100% oxygen ☐ Unknown

Neonatal Resuscitation - maximum % of 02 used in first 30 minutes of life: _____ ☐ Unknown

Neonatal/Infant Death:

☐ No ☐ Yes ☐ Yes, with termination of pregnancy

Cord Clamping Duration:

☐ Immediate cord clamping (within first 5 seconds)

☐ ≤ 30 seconds ☐ > 30 to 60 seconds ☐ >60 to 120 seconds

☐ >120 to 180 seconds ☐ > 180 seconds

☐ >60 seconds, exact duration unknown

☐ Cord not clamped and cut ☐ Unknown

Birth Weight: _____ gms ☐ Unknown

GA at Birth: _____ weeks _____ days

Neonatal Transfer to NICU: *(Select all that apply)*

☐ No transfer

☐ Transfer to NICU other hospital/organization

☐ Transfer to NICU same hospital

Reason for Neonatal Transfer: ☐ Post Resuscitation

☐ Requires higher level of care ☐ Other ☐ Unknown

Neonatal Transfer to NICU Date: dd / mm / yyyy

Time: _____

If Neonatal Transfer to Other Hospital, Hospital Name:

_____

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Arterial cord blood status: *(Select one)* ☐ Done

☐ Results pending ☐ Not done ☐ Unsatisfactory specimen

☐ Unknown

Arterial Cord pH: _____

Arterial Cord Base Excess/deficit: _____

Venous cord blood status: *(Select one)* ☐ Done

☐ Results pending ☐ Not done ☐ Unsatisfactory specimen

☐ Unknown

Venous Cord pH: _____

Venous Cord Base Excess/deficit: _____

Is infant at-risk for hypoglycemia?: *(Select all that apply)*

☐ Yes – Small-for-gestational-age (SGA), weight <10th %ile

☐ Yes – Large-for-gestational-age (LGA), weight > 90th %ile

☐ Yes – Infants of diabetic (gestational or type 1 or 2) mother (IDMs)

☐ Yes - Preterm (<37 weeks gestational age)

☐ Yes - Intrauterine growth restriction (IUGR)

☐ Yes - Maternal labetalol use during pregnancy

☐ Yes - Late preterm exposure (34+0 to 36+6 weeks) to antenatal steroids

☐ Yes - Perinatal asphyxia

☐ Yes - Metabolic conditions (e.g., CPT-1 deficiency, urea cycle defects, etc.)

☐ Yes - Syndromes associated with hypoglycemia (e.g., Beckwith-Wiedemann)

☐ Yes – Other

☐ No

☐ Unknown

Is this at-risk infant asymptomatic? ☐ Yes ☐ No ☐ Unknown

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

Was Oral Dextrose/Gel given? ☐ Yes ☐ No ☐ 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) _____

_____

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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

BREASTFEEDING AND SKIN-TO-SKIN OBSERVED IN THE FIRST 2 HOURS POST-BIRTH

Infant Early attachment: *(select one)*

☐ Yes - skin-to-skin contact with birth mother uninterrupted for at least 1 hour within the first 2 hours post-birth

☐ Yes - skin-to-skin contact with birth mother for less than 1 hour within the first 2 hours post-birth

☐ Yes - skin-to-skin contact with a person other than the birth mother within the first 2 hours post-birth

☐ No skin-to-skin contact within the first 2 hours post-birth

☐ Unknown if skin-to-skin positioning took place

Baby positioned to breastfeed:

☐ Yes ☐ No ☐ Unknown

Baby breastfeeding behaviours observed:

☐ Rooting or nuzzling or licking ☐ Latching ☐ Sucking

☐ Swallowing ☐ None ☐ Unknown

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MIDWIFERY TAB

Was there Neonatal transport to hospital during birth or immediate postpartum? ☐ Yes ☐ No ☐ Unknown

If YES,

Reason(s) for Transport: ☐ Respiratory Distress
☐ Maternal clinical indication
☐ Other neonatal clinical indication ☐ Other

Primary Reason for Transport: *(Indicate)*

Did EMS attend in birth or the 1st hour post-birth?
☐ Yes ☐ No ☐ Unknown

Was EMS used to transport to hospital?
☐ Yes ☐ No ☐ Unknown

Barrier to Transport: ☐ None
☐ Delayed arrival time of EMS
☐ Delayed departure of EMS
☐ Delay on route ☐ Other

Where there any infant consultations/transfers of care, or use of hospital/outpatient/emergency services within approximately the first hour of birth? ☐ Yes ☐ No

Infant Consult with Physician? ☐ Yes ☐ No

If YES,

Was rationale for consult only because of hospital/physician protocol, and not because of midwifery judgement or scope of practice? ☐ Yes ☐ No

Antenatal Transfer of Care: ☐ Yes ☐ No

If YES,

Was rationale for transfer of care only because of hospital/physician protocol, and not because of midwifery judgement or scope of practice? ☐ Yes ☐ No

AND,

Was the transfer of care returned within approximately the first hour of birth? ☐ Yes ☐ No

Infant Outpatient (+ Emergency) Hospital Services:
☐ Yes ☐ No

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