

# Postpartum Child Encounter + Midwifery



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 / yyyy

Neonatal/Infant Death Time: hours / minutes

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## Newborn Hearing Screen Result: (Select one) Pass

Referral  Inconclusive/no result  Not done

Referred to community  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

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## 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

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**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

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## **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

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## MIDWIFERY TAB

- Newborn Feeding at 3 days:**  Breastmilk only  
 Combination of breast milk and breast milk substitute  
 Breast milk substitute -formula only  
 Breast milk substitute - Other  
 None  Unknown

- Newborn Feeding at 10 days:**  Breastmilk only  
 Combination of breast milk and breast milk substitute  
 Breast milk substitute -formula only  
 Breast milk substitute - Other  None  Unknown

- Newborn Feeding at discharge from midwifery care:**  
 Breastmilk only  
 Combination of breast milk and breast milk substitute  
 Breast milk substitute - Formula only  
 Breast milk substitute - Other  
 None  
 Not applicable, discharge earlier than 5 weeks  
 Unknown

- Was newborn admitted to hospital for a complication in the postpartum period, after approx. 1-hour post-birth (NOT in the immediate postpartum)?**  Yes  No  Unknown

- Was newborn transported to hospital in the postpartum period, after approx. 1 hour post-birth (NOT in the immediate postpartum)?**  Yes  No  Unknown

- Reason(s) for Transport:**  Respiratory Distress  
 Other neonatal clinical indication  Other

**Primary Reason for Transport:** *(Indicate)* \_\_\_\_\_

*If YES,*

- Did EMS attend during postpartum (not the immediate postpartum)?**  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

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- Where there any infant consultations or transfers of care from approximately 1 hour post-birth to discharge from midwifery care?**  Yes  No
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**Reason(s) for consultation/transfer of care?**

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- Infant Consultation(s) with Physician?**  Yes  No

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*If YES,*

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

**Infant 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

**Was infant transfer of care returned anytime from approximately 1 hour post-birth to discharge from midwifery care?**     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

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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 ( $\geq 3.5$  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