AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

National Women's Newborn Record

SURNAME: _____ NHI: _____

FIRST NAMES: _____

DATE OF BIRTH: ___/___/___ SEX: _____

Please attach patient label here

1. Summary of Prenatal History and Delivery

MOTHER'S NAME (Sticky label if available)

Mother admitted / not admitted
Mother's Patient No.

Age	Ward	Team	Marital status	Ethnic Group: Mother

RELEVANT SOCIAL, MEDICAL AND FAMILY HISTORY (e.g. hearing loss)

BLOOD GROUPS: ABO _____ Rh _____

	+ve	-ve	U / K
RBC Antibodies	☐	☐	☐
VDRL	☐	☐	☐
HepBsAg	☐	☐	☐
HIV	☐	☐	☐

	Immune	Non-Immune	U / K
Rubella	☐	☐	☐

Other (specify) _____

OBSTETRIC HISTORY:

Gravida _____ Para _____

Relevant antenatal, perinatal and postnatal details of other children:

THIS PREGNANCY:
Lead Maternity Carer

L.M.P. _____

EDD _____

EDD (scan)

Relevant Antenatal Factors:

Scan (gestations):

Hypertension:

Diabetes:

Polyhydramnios:

Vaginal bleeding:

Other:

Meds in pregnancy:

Smoking:

Substance use in pregnancy:

LABOUR: Spontaneous ☐
Induced ☐ (State method & indication)

Perinatal Medications:

Antenatal steroids

Analgesia

Anaesthesia

Antibiotics

Duration 1st Stage _____ hours
2nd Stage _____ minutes

Membranes ruptured _____ hours before delivery

Mother's max temperature in labour _____

Fetal Distress:

FH > 160	☐	None	☐
FH < 100	☐	Not known	☐
Cord around neck	☐	Meconium	☐
		Cord prolapse	☐

Monitoring method _____

DELIVERY: Date _____ Time _____

Presentation _____

Spontaneous ☐

Operative / Instrumental ☐
(State method & indication)

PLACENTA: Weight _____ grams

Appearance:

CORD: Vessels 3 ☐ 2 ☐ Not noted ☐

Appearance:

LIQUOR: Volume

Not noted ☐ Normal ☐

Excessive ☐ Reduced ☐

Appearance:

NEWBORN RECORD

CR3731

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NEWBORN RECORD (continued)

2. Immediate Postnatal History and Examination

Single / Twin I / Twin II / _____

Born in Hospital ☐

Born before admission to present hospital ☐

Under Paediatric Care (Indicate reason in Summary) ☐

Measurements:

CH length _____ cm _____ pc for _____ wk

Head Circ _____ cm _____ pc for _____ wk

Weight _____ gm _____ pc for _____ wk

CONDITION AT BIRTH:

Apgar Score	1 min	5 min	__ min	__ min	__ min
Heart Rate					
Respiratory effort					
Muscle tone					
Reflex Irritability					
Colour					
Total					

First gasp at _____ min

Breathing est. in _____ min

Resuscitation method:

Give details, including infant's response:

No information ☐

Not resuscitated ☐

Resuscitation not required ☐

Oxygen by mask:

Without positive pressure ☐

With positive pressure ☐

Endotracheal ☐

Cardiac massage ☐

Adrenaline ☐

Naloxone ☐

Other: ☐

Guthrie consent ☐

Vit. K_1 Consent ☐

Dose and route:

Given by:

Birth date: Time:

Gestation

By dates _____ wk

Clinically _____ wk

Hospital delivered at:

Clinical Examination:

Record normal (✓)

abnormal (x)

Not examined (leave blank)

Date _____

Time _____

Age _____

Comment of Abnormalities:

Colour ☐

Nutrition ☐

Respiration ☐

Tone and activity ☐

Moro reflex ☐

Grasp reflex ☐

Skin ☐

Head ☐

Fontanelles ☐

Eyes ☐

Ears ☐

Mouth / Palate ☐

Lungs ☐

Heart ☐

Abdomen ☐

Cord ☐

Genitalia ☐

Anus ☐

Limbs ☐

Hip Joints ☐

Femoral Pulses ☐

Spine ☐

Summary:

Signature _____

Delivery Suite Only Exclusive Breastfeeding ☐

Partial Breastfeeding ☐ Artificial Feeding ☐

NEWBORN RECORD

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