Midwifery Program

Out of Hospital Newborn Care Map

NAME: _____

DOB: _____

PHIN: _____ MHSC: _____

PHONE: _____

PCP: _____

CURRENT PREGNANCY *(From Maternal Database)*

Maternal Age: _____ years Gravida: _____ Para (including current delivery): _____ Gestation: _____ weeks by dates/US (circle one)

FAU/US results: ☐ Not Done

Significant Findings: _____

Maternal/Infant Risk Factors:

	POS.	NEG.
Maternal Rh	☐	☐
Hepatitis B	☐	☐
Gonococcus	☐	☐
Chlamydia	☐	☐
HIV	☐	☐
VDRL	☐	☐

	Y	N
Maternal Diabetes	☐	☐
Gestation Hypertension	☐	☐
Maternal Antepartum Hemorrhage	☐	☐
Cigarettes	☐	☐
Alcohol	☐	☐
Recreational (Street) Drugs	☐	☐

Other Maternal Risk Factors: _____

BIRTH HISTORY | **DATE/TIME OF BIRTH**: _____ ☐ **M** ☐ **F** **Multiple Birth** ☐ **Y** ☐ **N**

Type of Delivery: ☐ SVD ☐ Breech ☐ OP ☐ OA

Apgar Score _____ 1 _____ 5

Meconium ☐ Y ☐ N

Intubated ☐ Y ☐ N

Nuchal Cord ☐ Y ☐ N

Risk Factors for Sepsis Review:

GBS Status ☐ Pos ☐ Neg ☐ Unknown

	Y	N
GA <37 weeks	☐	☐
ROM >18 hrs	☐	☐
Maternal fever >38°C	☐	☐
Previous child with GBS disease	☐	☐
Previous stillbirth at term	☐	☐
Intrapartum antibiotics	☐	☐

If any risk factors for sepsis, were antibiotics given to the mother?

If yes, date and time started: _____

Number of doses of antibiotics given: _____

CBC and Differential required: ☐ Y ☐ N

At risk for neonatal hypoglycemia: ☐ Y ☐ N

Comments/concerns post-delivery: _____

Vit K:IM 1MG Oral: 2MG Time: By: Declined Vit K

NEONATAL ASSESSMENT

BIRTH WEIGHT: _____ g _____ %ile Head Circumference _____ cm Length: _____ cm Estimated Gestational Age: ____

FEEDING INTENT

☐ Breast ☐ Infant Formula

Immediate Newborn Phase

Vital Signs and Assessments (birth, 1 hr, 2 hrs, 3 hrs and PRN)					
D/M/Y					
Time					
Temperature					
Heart Rate					
Respiration					
Skin Color					
Behavior					
Skin-to-Skin (Document time initiated and discontinued)					
Comments					
Initial					

Skin Color

N- Normal
P- Pale
PL- Plethoric
Ac- Acrocyanosis
M- Mottled
C- Cyanosis

Behavior

S -Sleeping
AA - Active Alert
QA -Quiet Alert
L -Lethargic
I -Irritable
H -Hyperactive

Was the Newborn transferred? ☐ No ☐ Yes If yes, discontinue the Care Map and write the reason in Narrative Notes.

Southern Health Santé Sud

Midwifery Program

Out of Hospital Newborn Care Map

NAME: _____

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PHIN: _____ MHSC: _____

PHONE: _____

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REVIEW OF SYSTEMS/NEONATAL ASSESSMENT

GENERAL APPEARANCE ☐**Normal**
☐Asymmetrical ☐Hypotonic
☐Extremities not flexed

SKIN ☐**Normal**
☐Acrocyanosis ☐Central cyanosis ☐Dusky
☐Pale ☐Plethoric ☐Mottled
☐Meconium stained ☐Dry ☐Peeling
☐Vernix ☐Petechiae ☐Pustules
☐Vesicles ☐Milia ☐Café-au-lait
☐Abrasions: _____
☐Birthmarks: _____
☐Ecchymosis: _____
☐Lacerations: _____
☐Mongolian spots: _____
☐Rash: _____
☐Skin tags: _____
☐Other: _____

HEAD ☐**Normal**
☐Molding ☐Caput
☐Cephalohematoma ☐Right ☐Left
☐Forcep/vacuum marks: _____
☐Asymmetrical face
☐Fontanelles: bulging/swollen

EYES ☐**Normal**
☐Subconjunctival hemorrhage ☐Discharge

EARS ☐**Normal**
☐Low set
☐Sinus ☐Right ☐Left
☐Skin tags ☐Right ☐Left

NOSE ☐**Normal**
☐Discharge
☐Nares not patent ☐Right ☐Left

MOUTH ☐**Normal**
☐Cyanosis ☐Cleft lip
☐Cleft Palate ☐Hard ☐Soft
☐Ankyloglossia (tongue-tie)

NECK ☐**Normal**
☐Other _____

CLAVICLES ☐**Normal**
☐Crepitus ☐Right ☐Left

CHEST ☐**Normal**
☐Asymmetrical ☐Barrel chest
☐Breast engorgement ☐Breast discharge
☐Other _____

RESPIRATIONS ☐**Normal**
☐Laboured ☐Shallow
☐Grunting ☐ Retractions
☐Nasal flaring

BREATH SOUNDS ☐**Equal & Clear**
☐Crackles ☐Wheezes
☐Unequal: _____

HEART ☐**Normal**
☐Irregular rate ☐Murmur _____

ABDOMEN ☐**Normal**
☐Asymmetrical ☐Masses ☐Flat
☐Scaphoid ☐Distended ☐Hard
☐Absent bowel sounds
☐Other _____

CORD ☐ **3 Vessel** ☐**Clamped**
☐ 2 Vessels ☐Oozing
☐Unable to assess # of vessels

GENITALIA
Female ☐**Normal**
Male ☐**Normal**
☐Epispadias ☐Hypospadia ☐Hydrocele
☐Undescended testicle ☐Right ☐Left
Ambiguous ☐

EXTREMITIES ☐**Normal**
☐Asymmetrical ☐Limited ROM
☐Non-palpable femoral pulses ☐Right ☐Left
☐Hip clicks ☐Right ☐Left
☐Polydactylism
☐Abnormal foot positions ☐Right ☐Left

SPINE ☐**Normal**
☐Asymmetry ☐Mass
☐Dimple ☐Tuft of Hair

ANUS ☐**Normal**
☐Imperforate anus ☐Fistula

REFLEXES ☐**Normal**
Not present: ☐Moro ☐Suck
☐Grasp ☐Root

CRY ☐**Normal**
☐Weak ☐Shrill ☐Hoarse
☐Prolonged duration

Midwife's Comments: ☐ **See Narrative Notes**

_____

_____

Primary Print & Signature: _____ Date: _____ Time: _____

Secondary Print & Signature: _____ Date: _____ Time: _____