

Stillborn Assessment

REVIEW OF SYSTEMS/NEONATAL ASSESSMENT

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

Date of Birth: _____ Time: _____ Weight: _____ gms Length: _____ cms Head Circumference: _____ cms

| FAU/US results: <input type="checkbox"/> Not Done | Maternal/Infant Risk Factors: | <table border="1"> <thead> <tr> <th></th> <th>POS.</th> <th>NEG.</th> <th>Unknown</th> </tr> </thead> <tbody> <tr> <td>Maternal Rh</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hepatitis B</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gonococcus</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Chlamydia</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>HIV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>VDRL</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | POS. | NEG. | Unknown | Maternal Rh | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gonococcus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chlamydia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HIV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VDRL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>Maternal Diabetes</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gestation Hypertension</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Maternal Antepartum Hemorrhage</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cigarettes</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Alcohol</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Recreational (Street) Drug</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | Y | N | Maternal Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Gestation Hypertension | <input type="checkbox"/> | <input type="checkbox"/> | Maternal Antepartum Hemorrhage | <input type="checkbox"/> | <input type="checkbox"/> | Cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | Recreational (Street) Drug | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------------------|---|--------------------------|------|---------|---------|-------------|--------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--------------------------|------------|--------------------------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|--------------------------|-----|--------------------------|--------------------------|--------------------------|------|--------------------------|--------------------------|--------------------------|--|--|---|---|-------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|------------|--------------------------|--------------------------|---------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| | | | POS. | NEG. | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maternal Rh | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hepatitis B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gonococcus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chlamydia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VDRL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maternal Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gestation Hypertension | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maternal Antepartum Hemorrhage | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recreational (Street) Drug | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Significant Findings: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Other Maternal Risk Factors: _____

GENERAL APPEARANCE Normal

Asymmetrical Fresh Stillbirth Macerated Edema

Other _____

SKIN Normal

Pale Petechiae Mottled

Meconium stained Dry Peeling

Vernix Pustules/Vesicles Sloughing

Abrasions _____ Lacerations _____

Birthmarks _____ Mongolian spots _____

Rash _____ Skin tags _____

Other _____

HEAD Normal

Molding Hydrocephalic Collapsed Asymmetrical face

Other _____

EYES Normal

Spacing Narrow Wide Slanting Up Down

Sunken Prominent Fused

Other _____

EARS Normal

Low set Abnormal form

Sinus Rt. Lt. Skin tags Rt. Lt.

Other _____

NOSE Normal

Flat bridge Asymmetrical Nostril obstructed

Other _____

MOUTH Normal

Cleft lip Micrognathia Cleft Palate Hard Soft

Other _____

NECK Normal

Short Excess skin Cystic Mass

Other _____

CHEST Normal

Asymmetrical Small Barrel chest Constricted

Nipples wide spread Sternal defects

Other _____

ABDOMEN Normal

Asymmetrical Masses Flat

Scaphoid Distended Omphalocele

Gastroschisis Wall defect

Other _____

CORD 3 Vessel

2 Vessels Unable to assess # of vessels

True Knot Cord Constriction

Other _____

GENITALIA

Female Normal

Male Normal

Epispadias Hypospadias Hydrocele

Undescended testicle Rt. Lt.

Ambiguous

EXTREMITIES

Arms Normal

Short Long Abnormal posturing/muscle development

Hands Normal

Polydactylism Syndactylism Abnormal creases Webbed

Missing digits Abnormal positioning Abnormal nails

Legs Normal

Short Long Abnormal posturing/muscle development

Feet Normal

Abnormal foot position Rt. Lt. Club foot Rt. Lt.

Polydactylism Syndactylism Webbed

Missing digits Abnormal nails

Other _____

SPINE Normal

Asymmetry Mass

Dimple Tuft of Hair

Other _____

ANUS Normal

Imperforate anus Fistula

Other _____

Comments: _____ See IPN

Primary Care Giver Signature: _____ Date: _____ Time: _____

or

Nurse Signature: _____ Date: _____ Time: _____