



Congratulations on Your New Baby.

Place of Delivery: _____

Mother's Name: _____

ID Number: _____ File Number: _____

Residential Address: _____

Municipal Ward: _____

Telephone: _____ Cell: _____

Baby's Name: _____

File Number: _____ Date of birth: ____/____/____

Time of birth: _____ Date of separation: ____/____/____

IDENTIFICATION:		Nurse and Mother to confirm identity of baby.					
At birth:	Date:		Nurse:	Print:	Mother:	Print:	
				Sign:		Sign:	
Post natal/ neonatal unit:	Date:		Nurse:	Print:	Mother:	Print:	
				Sign:		Sign:	
At discharge:	Date:		Nurse:	Print:	Mother:	Print:	
				Sign:		Sign:	

FINAL PROBLEM LIST:		To be completed on Discharge: NB Also complete RtHB.	
Problem	Management	Current	Resolved

Urgent treatment required and admission to neonatal unit.

Specific care and treatment now-observe with mother

HISTORY										NB-This page only needs to be completed for babies requiring admission to the neonatal unit.											
MOTHERS DETAILS:																					
Date of birth: / /						Age: Years.						Name of Relative and relationship:									
Possession of ID book						Yes				No				If no- contact social worker:							
Partners Name:						Contact number:						Relatives contact number:									

PREVIOUS OBSTETRIC AND NEONATAL HISTORY										Complications:									
No. of pregnancies:																			
No. of live births:																			
No. of live children:																			

CURRENT OBSTETRIC HISTORY:																													
Booked:		Yes				Clinic attendance at:				Gestation at first booking:								No of visits:											
		No																											
Gestation by:		Dates:						Early U/S (<20 weeks)												SFH:									
		LMP: ___ / ___ / ___						Date: ___ / ___ / ___ BPD: ___ cm																					
		Weeks:						Weeks:												Weeks:									
Investigations:		Syphilis:						Blood group:								Tuberculosis:													
		Rapid Clinic		Pos				RH		Pos				Diagnosed		Yes													
				Neg						Neg						No													
		Rapid LW		Pos				HB:				Gm%		Date of diagnosis		___ / ___ / ___													
				Neg																									
		RPR:						Treated:		Yes				Treatment started		___ / ___ / ___													
Titre:						No																							
HIV:		Test Result:						ARVs started:				Yes				Lactation counselling:		Yes											
		POS				NEG				?				No						No									
		Viral Load:		copies/ml				ARV Date:		___ / ___ / ___				Breast															
		Date:				ARV Regimen:								Formula															
Med. History		Hypertension (Specify):						APH						Pyrexia				UTI											
		Diabetes				Cardiac				Epilepsy				Asthma				Vag. Disch.											
		Medications:												Allergies:															
Surg. History																													
Risk factors:		Alcohol								Smoking								Illicit Drugs								GBS exposure			
		Teenage Pregnancy								Excessive weight gain								Inadequate weight gain											

CURRENT LABOUR AND DELIVERY:																											
Referred from:						Reason:																					
Medications:		Antenatal Steroids:						Yes				Antibiotics:				Yes				Traditional medicine:				Yes			
		(≤34 weeks gest.)						No								No								No			
		No. of doses:								Reason:						Specify:											
		Last administered:						___ / ___ / ___		Type:																	
		Time:								Started:				___ / ___ / ___													
Fetal distress:		Meconium Liquor:		Nil				Reduced foetal movements:				Yes				CTG:											
										No				Done				Not done									
				Thin				Absent/reversed diastolic flow:				Yes				Findings:											
										No																	
		Thick				Foetal heart:				Norm.																	
										Abnorm.																	
Labour:		Spontaneous				1st stage:				Hrs		Mins															
		Induced				2nd stage:				Hrs		Mins															
		Oxytocin																									
Ruptured membranes		Spontaneous				Date: ___ / ___ / ___				PROM≥18hrs :																	
		Artificial				Time:				Offensive liquor:																	
Analgesia:		Entonox				Pethidine						Time:															
		Epidural				Spinal						Gen. anaes															
Complications:		Prolapsed cord				Cord around neck						Abruptio				Praevia											

Baby of: _____ Date of birth: _____

BIRTH DETAILS: To be completed for all babies.											
Date of birth:					Time of birth:						
Place:	Hospital		CHC		PHC		BBA		If BBA-how cord cut:		
Delivery:	NVD		Breech		Face		Compound				
	Vacuum		Forceps		Breech		Caesar		Reason for Caesar:		
Vital statistics:	Male		Female		Indeterminate						
	Single		Multiple		No:						
	Mass: g				Length: cm				COH: cm		
Growth:	AGA		SGA		LGA		Symmetrical		Asymmetrical		
ROUTINE CARE To be completed for all babies.											
Baby dried thoroughly.					YES	NO					
Baby crying/breathing					YES	NO	If no-time baby cried:				
Head covered.					YES	NO					
Nursed skin to skin.					YES	NO	If not immediately-Time started:				
Covered with warm, dry cloth.					YES	NO					
Cord clamped and cut at 1-3minutes.					YES	NO					
Breast-fed within 30mins.					YES	NO	If no-Time started:				
GOLDEN MINUTE Only to be completed if baby NOT breathing following stimulation											
Head positioned with neck slightly extended.					YES	NO					
Airway cleared if mouth/nose blocked, or meconium in liquor.					YES	NO					
Baby stimulated by rubbing its back vigorously.					YES	NO					
Baby breathing.					YES	NO					
On resuscitaire: Temp probe attached and set to 36.5°C					YES	NO					
Ventilated with bag and mask within 1 min					YES	NO	Time started:				
Bagged at 40-60bpm without oxygen.					YES	NO	Time bagging discontinued:				
ADVANCED RESUSCITATION Only to be completed if baby NOT breathing following ventilation or HR<60bpm											
Assistance present. Time called:					YES	NO	Time arrived:				
Bagging continued with oxygen.					YES	NO	Saturations: (if available) %				
Heart rate: Chest compressions commenced. Time:					YES	NO	Time compressions discontinued:				
Baby intubated.					YES	NO					
IV /UV line erected.					YES	NO					
Saline /Ringers (10ml/kg IV) bolus given.					YES	NO	Volume:		Time:		
Adrenaline 1:10 000 (0.1-0.3ml/kg) given.					YES	NO	Dose:		Time:		
RESUSCITATION STOPPED Only to be completed if baby required advanced resuscitation.											
Baby stabilised					YES	NO	Duration of resus: mins				
After 10 mins if no heart rate					YES	NO					
After 20 mins if not breathing or gasping					YES	NO					
After 30 mins if gasping but not breathing					YES	NO					
APGARS	0		1		2		1min	5min	10min	20min	
Appearance (Colour)	Central cyanosis		Periph. cyanosis		Pink						
Pulse	Absent		<100bpm		>100bpm						
Grimace	None		Some response		Good response						
Activity	Limp		Some flexion		Active						
Respiration	Absent		Weak/irregular		Good/cries						
Total Score:											
5min APGAR less than 7? Do Cord Gas or Arterial Blood Gas within 1 hr of birth.											
PH:				HCO ₃ :				Lactate:			
PCO ₂ :				BE:				Notes:			
PLACENTA To be completed for all babies.											
Weight: g	Clots		Knots		Infarcts		No. of cord vessels:		Other:		
IMMEDIATE NEW-BORN CARE To be completed for all babies.										Time:	
Maintain skin-to-to skin. Maintain temperature >36°C. Clean eyes with saline & apply chloramphenicol ointment.											
2 ID bands?		Cord cleaned		Eye care		Nappy		Vit. K 1mg IMI		Site:	
Baby shown to mother-Prior to transfer to Neonatal Unit					Y		N	Temperature prior to transfer:		°C	
Neonate managed by:				Signature:				Practice No.			

Baby of: _____ Date of birth: _____

ASSESS AND CLASSIFY IMMEDIATE RISK FACTORS AND SPECIAL NEEDS.
To be completed for all newborns in labour ward:

1. If the baby has any of the 1st 5 classifications (Red) the baby has a **Problem** and should be transferred immediately to the neonatal unit.
2. If the baby has any of the remainder (Yellow) the baby is **At Risk** and should be monitored for the development of any problems with his mother.

RISK FACTOR/ PROBLEM	CLASSIFY	ACT NOW
<input type="checkbox"/> Took longer than 5 mins to breath <input type="checkbox"/> Apgar less than 7 at 5mins <input type="checkbox"/> Abnormal tone /not moving well	POSSIBLE NEONATAL ENCEPHALOPATHY <input type="checkbox"/>	1. Maintain temp. at 36°C <input type="checkbox"/> 2. Assess for encephalopathy <input type="checkbox"/> 3. Transfer to Neonatal unit <input type="checkbox"/>
<input type="checkbox"/> Major abnormality <input type="checkbox"/> Head circumference >39cm or <32cm <input type="checkbox"/> Alcohol, smoking or drug exposure	BIRTH ABNORMALITY <input type="checkbox"/> RISK OF BIRTH ABNORM <input type="checkbox"/>	1. Warm baby <input type="checkbox"/> 2. Transfer to Neonatal unit <input type="checkbox"/> 1. Assess with mother <input type="checkbox"/>
<input type="checkbox"/> Not moving a limb <input type="checkbox"/> Swelling of head on one side <input type="checkbox"/> Boggy swelling of head	BIRTH INJURY <input type="checkbox"/>	1. Warm baby <input type="checkbox"/> 2. Transfer to Neonatal unit <input type="checkbox"/>
<input type="checkbox"/> Meconium exposure AND one of following <input type="checkbox"/> Grunting <input type="checkbox"/> Chest in-drawing (Recession) <input type="checkbox"/> Fast breathing (Tachypnoea) <input type="checkbox"/> Central cyanosis	POSSIBLE RESPIRATORY PROBLEM <input type="checkbox"/>	1. Commence nasal prong oxygen at 1L/min <input type="checkbox"/> 2. Transfer to Neonatal unit <input type="checkbox"/>
<input type="checkbox"/> Low birth weight less than 2kg <input type="checkbox"/> Less than 34 weeks gestation-no steroids given	LBW / PREMATURE <input type="checkbox"/>	1. Warm baby <input type="checkbox"/> 2. Transfer to Neonatal unit <input type="checkbox"/>
<input type="checkbox"/> Mother has diabetes <input type="checkbox"/> Baby birth weight more than 4.0kg <input type="checkbox"/> Mother had signs of sepsis <input type="checkbox"/> Baby is low birth weight less than 2.5 kg or premature <input type="checkbox"/> Baby is BBA <input type="checkbox"/> Baby not put to breast or did not latch	INFANT OF A DIABETIC/ BIG BABY <input type="checkbox"/> RISK OF HYPOGLYCAEMIA <input type="checkbox"/>	1. Feed (Breast or 10ml/kg 3hrly) <input type="checkbox"/> 2. Check blood glucose one hour after birth and then 2-3hrly <input type="checkbox"/> 3. If glucose <2.6mmol/l post feed transfer to Neonatal unit <input type="checkbox"/>
<input type="checkbox"/> Baby is BBA <input type="checkbox"/> Baby is low birth weight, less than 2.5 kg or premature <input type="checkbox"/> Baby is hypoglycaemic <input type="checkbox"/> Baby separated from mother not receiving skin to skin care	RISK OF HYPOTHERMIA <input type="checkbox"/>	1. Feed (Breast or 10ml/kg 3hrly) <input type="checkbox"/> 2. Nurse skin to skin <input type="checkbox"/> 3. Check temperature one hour after birth <input type="checkbox"/> 4. If <36°C transfer to Neonatal unit <input type="checkbox"/>
<input type="checkbox"/> Mother blood group O <input type="checkbox"/> Mother Rhesus negative <input type="checkbox"/> Baby has birth injuries <input type="checkbox"/> Baby is Preterm <input type="checkbox"/> Baby has facial bruising	RISK OF JAUNDICE <input type="checkbox"/>	1. Nurse skin to skin <input type="checkbox"/> 2. Observe colour 6hrly <input type="checkbox"/> 3. TSB at 6hrs and 12hrly <input type="checkbox"/> 4. Start Phototherapy if above line <input type="checkbox"/> 5. Jaundiced on Day 1 or rapidly climbing transfer Neonatal unit <input type="checkbox"/>
<input type="checkbox"/> Membranes rupture greater than 18 hours <input type="checkbox"/> Maternal Fever <input type="checkbox"/> Offensive Liquor	RISK OF BACTERIAL INFECTION. <input type="checkbox"/>	1. Nurse skin to skin <input type="checkbox"/> 2. Observe 4hrly for 24-48hrs <input type="checkbox"/> 3. If clinical signs of infection transfer to Neonatal unit <input type="checkbox"/>
<input type="checkbox"/> Mother RPR positive <input type="checkbox"/> Mother RPR unknown <input type="checkbox"/> Mother RPR partially treated or treatment completed less than 1 month ago	RISK OF CONGENITAL SYPHILIS <input type="checkbox"/>	1. Give Benzathine Penicillin IMI <input type="checkbox"/> 2. Examine for signs of syphilis <input type="checkbox"/> 3. Transfer to Neonatal unit if signs present <input type="checkbox"/>
<input type="checkbox"/> Mother HIV positive <input type="checkbox"/> High Viral load <input type="checkbox"/> Mother HIV negative but not retested in the last 3 mths <input type="checkbox"/> Mother HIV unknown <input type="checkbox"/> Baby abandoned	RISK OF HIV TRANSMISSION <input type="checkbox"/>	1. Test mother if unknown <input type="checkbox"/> 2. Do HIV DNA PCR <input type="checkbox"/> 3. Refer to HIV exposure SOP <input type="checkbox"/>
<input type="checkbox"/> Mother has TB or has been on TB treatment in the last 6 months <input type="checkbox"/> Mother coughing for more than 2 weeks	RISK OF TUBERCULOSIS <input type="checkbox"/>	1. Refer to TB exposure SOP <input type="checkbox"/> 2. Commence TB prophylaxis/R _x <input type="checkbox"/> 3. Give BCG on completion of Rx <input type="checkbox"/>

Assessed By:		Signed:		SANC:		Time:	
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CLINICAL NOTES: (Record below if no risk factors are present)

Baby of: _____ Date of birth: _____

FIRST EXAMINATION OF THE NEONATE: To be completed for all newborns either in LW/Theatre or Post Natal by nurse or doctor.

If baby has been classified in the **red area** on the previous page: do not examine in LW. Transfer immediately to neonatal unit. Exam to be completed by nurse/doctor in neonatal unit following stabilisation.

Any **Red (danger)** findings below should receive emergency management and be admitted immediately to neonatal unit.

Any **Yellow (high risk)** findings should be reviewed by a doctor for possible admission. Transfer to referral center if no doctor available.

ASSESSMENT	WELL	SICK / ABNORMAL					
Temperature	36 ⁵ -37°C	Hypothermic 35 ⁵ -36 ⁴ °C	Hypothermic <35 ⁵ °C	Hyperthermic >37 ⁵ °C			
Appearance	Normal	Wasted	LGA	SGA	Dysmorphic		
Skin	Intact	Laceration	Rash	Petechiae	Bruising		
Colour	Pink	Plethoric	Cyanosed (central)	Pale			
Odour	Normal	Offensive					
Respiration	40-60 bpm	Fast >60bpm	Slow/Gasping	Apnoea			
Chest movement	Symmetrical	Asymmetrical	Shallow				
Recession	Absent	Intercostal	Sternal	Sub-clavicular	Severe		
Breath sounds	Quiet	Noisy	Grunting				
Cry	Normal	High pitched	Hoarse	Weak	Absent		
Behaviour	Responsive	Lethargic	Irritable	Jittery	Seizures		
Muscle tone	Normal	Head lag	Hypotonic (floppy)	Hypertonic (stiff)			
Moro reflex	Present & equal	Asymmetrical	Incomplete	Absent			
Sucking reflex	Present	Weak	Absent	Bites			
Rooting reflex	Present	Absent					
Grasp reflex	Present	Weak	Absent				
Plantar reflex	Present	Absent					
Walking reflex	Present	Absent					
Head shape	Normal	Caput	Asymmetrical	Haematoma	Hydrocephaly		
Fontanelles	Normal	Full/Bulging	Large	Sunken	Closed		
Sutures	Mobile	Overriding	Fused	Wide			
Face	Symmetrical	Asymmetrical	Abnormal				
Eyes	Normal	Small/Large	Slanting	Wide apart	Purulent disch.		
Ears	Normal	Malformed	Low set	Rotated	Absent		
Nose	Patent	Blocked	Flattened	Abnormal shape			
Mouth	Normal	Cleft lip	Smooth philtrum	Teeth	Cysts		
Palate	Intact	Cleft -hard palate	Cleft -soft palate				
Tongue	Normal	Large	Protruding	Tongue- tie			
Chin	Normal	Receding					
Neck	Normal	Swelling	Webbed	Nuchal fold			
Clavicles	Intact	Swelling	Crepitus	Fracture			
Nipples	Normal	Accessory (Extra)	Wide spaced	Mastitis	Absent		
Heart	120-160 bpm	Tachycardia	Murmur	Heard Rt. side	HR <100bpm		
Arms	Normal	Not moving	Fracture	Brachial palsy			
Fingers	Normal	Polydactyly	Syndactactyly	Hypoplastic nails			
Palmar creases	Normal	Single					
Abdomen	Normal	Distended	↓/absent sounds	Scaphoid	Gastroschisis		
Umbilicus	Normal	Bleeding	Single artery	Hernia	Exomphalus		
Hips	Normal	Dislocated	Dislocatable				
Legs	Normal	Abnormal	Not moving	Genurecuvartum			
Feet	Normal	Positional deformity	Clubbed	Rocker bottom			
Toes	Normal	Polydactyly	Syndactyly	Sandal gap			
Back/Spine	Normal	Scoliosis	Sacral dimple	Hair tuft	Meningocele		
Femoral pulses	Present	Absent					
Genitalia (male)	Testes down	Undescended	Hydrocele	Inguinal hernia	Hypo/epispadias		
Genitalia (fem.)	Normal	Ambiguous	Enlarged clitoris	Fused labia			
Anus	Patent	Imperforate	NB Part buttocks & observe anus. Meconium does not mean anus is patent!				
Urine	Passed	Not passed					
Meconium	Passed per rectum	Not passed	NB Ensure meconium is not passed via vaginal/urethral fistula				

Additional comments/management:

Examined by:		Signature:		Designation:	
Date:		Time:			
Mother notified of any abnormality:	Y	N	Date:	Time:	Sign:
NB. Complete Notification Form for any congenital abnormalities noted.			Completed:	Y	N
TRANSFER TO NEONATAL UNIT / POST NATAL WARD					
Transferred by:		Signature:		SANC No.	
Received by:		Signature:		SANC No.	
ID band checked by:		Signature:		SANC No.	
Unit:		Date:		Time:	

Baby of: _____ Date of birth: _____

POST NATAL CARE													To be completed for all newborns in post natal unit.																			
1. Keep baby skin to skin (tied on) with mother. Discharge baby in skin to skin position																																
2. Issue mother with family Monitoring booklet and support her to start observing her baby and documenting.																																
3. Cleansing (once warm): Wipe with warm cloth. Bath only if blood, meconium or offensive smell present. Do not remove vernix. Demonstration bath for all Primigravidas prior to discharge.																																
4. All At Risk babies should be seen daily by an MO & observed at least 6hrly . IDM, LGA,SGA - require hourly GMs until stable																																
5. Transfer to neonatal unit if baby has: cyanosis; respiratory distress; <u>persistent</u> hypoglycaemia/ thermia; jaundice on <u>Day 1</u> or any other danger signs highlighted in red below.																																
OBSERVATIONS:													Complete for all well babies on admission, when reviewing mother/12hrly and on discharge.																			
Date (DD/MM)																																
Time																																
2 ID bands in situ? Checked with mother (Y/N)																																
Skin to skin-Tied on? (Y/N)																																
Temperature (°C) Maintain 36.5-37°C <35.5°C																																
Respiratory rate/distress(bpm) Norm.40-60bpm Tachypnoea >60bpm (T), Recession(R), Grunting (G)																																
Heart Rate (bpm) Normal 120-160bpm, <100bpm																																
Activity-Active and responsive? (Y/N) Floppy (F), Stiff (ST), Seizures (S)																																
Colour -Pink(P), Pale (Pa), Jaundiced (J), Cyanosed (C)																																
Blood Sugar (mmol/l) Maintain 2.6-8mmol/l NB. <u>Only</u> check if at risk, cold or not sucking.																																
Hygiene -Record any bath(B) or Wiping (W) Clean eyes & mouth daily with saline/water (C)																																
Cord-Clean with Chlorhexidine at every nappy change✓ Note skin redness(R) or Discharge (D) or Healthy (H)																																
Mothers care of baby Confident (C), Needs assistance (NA)																																
Short line checks-6hrly Record the location- R/L hand (H)/ Foot (F)/Arm(A)																																
Record the condition. Is the distal limb warm, pink & mobile (WPM) or Pale(P), cyanosed (C) or swollen (S)																																
Sign:																																
Phototherapy (Routine) Commence Phototherapy immediately for any sign of jaundice. If jaundiced on Day 1-transfer to neon. unit.																																
<ul style="list-style-type: none"> Should be given at the mother's bedside. TSB to be taken daily. Baby to be nursed naked with nappy open. Cover eyes with eyeshield (Remove during feeds) Turn 6hrly Breast feed frequently for short periods Ensure all lights are functional, as close as possible to baby and changed every 1000 hrs Hours of use: _____hrs																																
Position- R/L lateral (L), Prone (P), Supine (S)																																
Eyes covered? (Y/N)																																
TSB (mmol/l) Check daily. Date:																																
TSB:																																
OUTPUT:																																
Vomit (refer to neonatal unit if repeated/ projectile)																																
Urine (No. of wet nappies)																																
Stool (No. of meconium stools)																																
FEEDS: Breast feed on demand (8-12 times /day) Danger sign: Not sucking 6 hours post birth																																
Mother assisted with breast feeding:													3hrs post-delivery-Time:								Sign:											
Hunger cues, positioning, attachment													Before discharge-Date &Time:								Sign:											
Non Breast	Reason for not breast feeding																															
	Formula feeding demonstrated												Date:								Mother demonstrated back				Y		N					
No. of feeds Danger <8 feeds/day																																
How taken – Sucked well (SW), Not Latching (NL), Weak/No suck (W/NS) Cup (C), Syringe (S)																																
Weight -Daily after Day 3. Report if more than10% weight loss.																																
Sign:																																

Baby of: _____ Date of birth: _____

IMMUNISATIONS:													
BCG	YES		NO		Polio	YES		NO		Date:		Sign:	
MOTHER HIV+: Attach HIV exposure SOP													
ARVs single prophylaxis commenced:				YES		NO		Date:		Time:			
ARVs dual prophylaxis commenced:				YES		NO		Date:		Time:			
DNA PCR taken		YES			NO		Result:		Sign:				
Education (Sign if given)	Feeding-Baby HIV neg		6 months exclusive & continue till 12 months										
	Feeding-Baby HIV pos		6 months exclusive & continue till 24+ months										
	Repeat testing (mother)		Viral Load every 3- 6 months										
	Avoid repeat infections		Treatment adherence & sexual health										
OTHER MEDS:													
Stipulate:								Date:		Time:			
Given by:						Signed:					Practice No.		

PRE-DISCHARGE CHECK-LIST Discharge: Well babies -by a midwife. At risk babies must only be discharged after 24hrs- by a doctor.							
CURRENT CONDITION:		✓	If any answer in this block is NO-do not discharge the baby	✓			
First examination completed and documented			Flexed, active and responsive (moving well)				
Complete Moro reflex			Pink- no tachypnoea or recession				
No Jaundice			Flash TSB:				
Breast feeding well			Eyes clear				
Cord clamped, not bleeding, no flare			Maintaining temperature 36 ⁵ -37°C				
Social work referral if teenager			All IV lines/dressings removed				
OUTPUT :							
Urine passed			Meconium passed				
IMMUNISATION AND MEDICATIONS:							
BCG & Polio			ARV's				
HEALTH EDUCATION:							
Family planning			Hand washing				
Breast feeding-exclusive, milk supply, support, duration			General hygiene				
Infant feeding-complementary feeding, preparation, amounts			Jaundice				
Thermal Care-KMC at home. Discharge in KMC position			Duration of ARV therapy				
Buttock care			Cord care				
Common problems: Sticky eyes, colic, poor sleep, diarrhoea, nappy rash			Danger signs: Cold/hot to touch, pale/blue colour, reduced activity /difficult to wake, poor feeding, vomiting/diarrhoea, fast/noisy breathing, chest indrawing, infected cord				
DOCUMENTATION:							
Weight plotted on percentile chart			A- Appropriate	L-Large	S-Small	GA-Gestational age	
			AGA	LGA	SGA		
ID band identification confirmed by mother			Birth registration done				
RtHB completed- Pg ii ,27 and 38			RtHB and Side by Side messages given to the mother				
Mother informed of 5RtHB pillars & use of booklet			Referral for grant if indicated				
Follow up appointments given to mother			Clinic visits				
Sign:		Print:		Desig.			
MANAGEMENT PLAN:							
Problem list completed on cover?		Y	N	Problem list completed-Pg. 6 RtHB?		Y	N
FOLLOW UP							
TYPE		NORM		DATE		PLACE	
PHC CLINIC		All babies-		3-6 Days			
				6 Weeks			
KMC FOLLOW UP		Babies <2kg weekly till 2.5Kg					
PMTCT / PHC Clinic		For PCR result					
CCG REFERRAL		3-6 Days		Name:			
				Contact details:			
ID band checked by?		Sign:				MP/SANC No:	
Discharged by: Print:		Sign:				MP/SANC No:	
Date:		Time:		Discharge weight:		Grams	
Discharge Details above acknowledged by mother:							
Name:		Signed:					

[illegible]

Sample signatures:			
NAME	SIGNATURE	DESIGNATION	PRACTICE NUMBER

ABBREVIATIONS
<p>Abnorm= Abnormal; AGA= Appropriate for gestational age; ARV=Anti retro viral; APH=Ante partum haemorrhage; ARV=Anti-retroviral; BBA=Born Before arrival; BCG= Bacillus Calmette Guerin; BE= Base Excess; BPD=Bi parietal diameter; bpm= breaths/beats per minute; CCG=Community Care giver; CHC=Community Health Centre; cm= centimetre; COH= Circumference of head; CTG=Cardiotocography; Desi.= Designation; DNA= Deoxyribonucleic acid; g=gram; GBS=Group B Streptococcus; gm= gram; GIHT= Gestationally induced hypertension; GM= Glucose monitoring; HB=Haemoglobin; HCO₃=Bicarbonate; HIV=Human immune virus; HR= Heart rate; Hr/s-Hour/s; hrly= Hourly; ID=Identification; IDM= Infant of a diabetic mother; IMI=Intramuscular injection; IV= Intravenous; Kg=Kilogram; KMC=Kangaroo mother care; LGA= Large for gestational age; LSCS=Lower segment caesarean section; LW-Labour ward; mins=Minutes; mg=milligram; MO=Medical officer; N=No; NA= Not applicable; Neg= Negative; No.=Number; Norm= Normal; NVD=normal vaginal delivery; PCO₂=Carbon dioxide; PCR=Polymerase chain reaction; Pg=Page; PHC=Primary Health care clinic; PH= Percentage of haemoglobin; PIH=Pregnancy induced hypertension; PMTCT=Prevention of mother to child transmission; PROM= Prolonged rupture of membranes; Pos= Positive; PTO= Please turn over; RH=Rhesus factor; RTHB=Road to Health Booklet; RPR= Rapid plasma regain; R_x=Treatment; SFH=Symphysis fundal height; SGA=Small for gestational age; SOP=Standard operating procedure; TB=Tuberculosis; TSB=Total serum bilirubin; UTI=Urinary tract infection; U/S=Ultrasound; UV=Umbilical venous; Vag= Vaginal; Vit= Vitamin; Y=Yes</p>