



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
- Well baby – standard care and treatment

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	Treated:	Yes	Treatment started	___/___/___	
	RPR:		No				
	Titre:		Last given:	No. of doses:			
HIV:	Test Result:		ARVs started:		Lactation counselling:		
	POS	NEG	?	No			
	Viral Load: copies/ml		ARV Date: ___/___/___				
	Date:	ARV Regimen:					
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: (≤34 weeks gest.)		Yes		Antibiotics:		Yes
			No				No
	No. of doses:		Reason:		Traditional medicine:		
	Last administered: ___/___/___		Type:		Specify:		
	Time:		Started: ___/___/___				
Fetal distress:	Meconium Liquor:	Nil	Reduced foetal movements:		Yes	CTG:	
					No	Done	Not done
		Thin	Absent/reversed diastolic flow:		Yes	Findings:	
		Thick	Foetal heart:		No		
					Norm.		
					Abnorm.		
Labour:	Spontaneous	1 st stage:		Hrs	Mins		
	Induced	2 nd 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 with oxygen. Saturations: (if available) %	YES		NO	Time spontaneous breathing achieved:						
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. 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	RISK OF / BIRTH ABNORMALITY <input type="checkbox"/>	1. Maintain temperature >36 ⁵ °C. <input type="checkbox"/> 2. Transfer to Neonatal unit <input type="checkbox"/> 3. 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. Maintain temperature >36 ⁵ °C. <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. Maintain temperature >36 ⁵ °C. <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 <2.6 mmol/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"/>
<input type="checkbox"/> No risk factors identified	WELL BABY <input type="checkbox"/>	1. Transfer to post natal with mother <input type="checkbox"/>

Assessed By: _____ Signed: _____ SANC: _____ Time: _____

CLINICAL NOTES: (Record below if no risk factors are present)

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 ^o -37 ^o C	Hypothermic 35 ^o -36 ^o C	Hypothermic <35 ^o C	Hyperthermic >37 ^o 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	Genu recurvatum	
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 or apnoea; respiratory distress; <u>persistent hypoglycaemia/thermia</u> ; 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. Cover eyes with eyeshield (Remove during feeds) Ensure all lights are functional, as close as possible to baby and changed every 1000 hrs TSB to be taken daily. Turn 6hrly Baby to be nursed naked with nappy open. Breast feed frequently for short periods 													
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: Hunger cues, positioning, attachment		3hrs post-delivery-Time:			Sign:								
		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 (Nappy must be viewed-not reported by mother)	

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:				A- Appropriate	L-Large	S-Small	GA-Gestational age
Weight plotted on percentile chart		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					
PRETERM 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:					

Baby of: _____ Date of birth: _____

