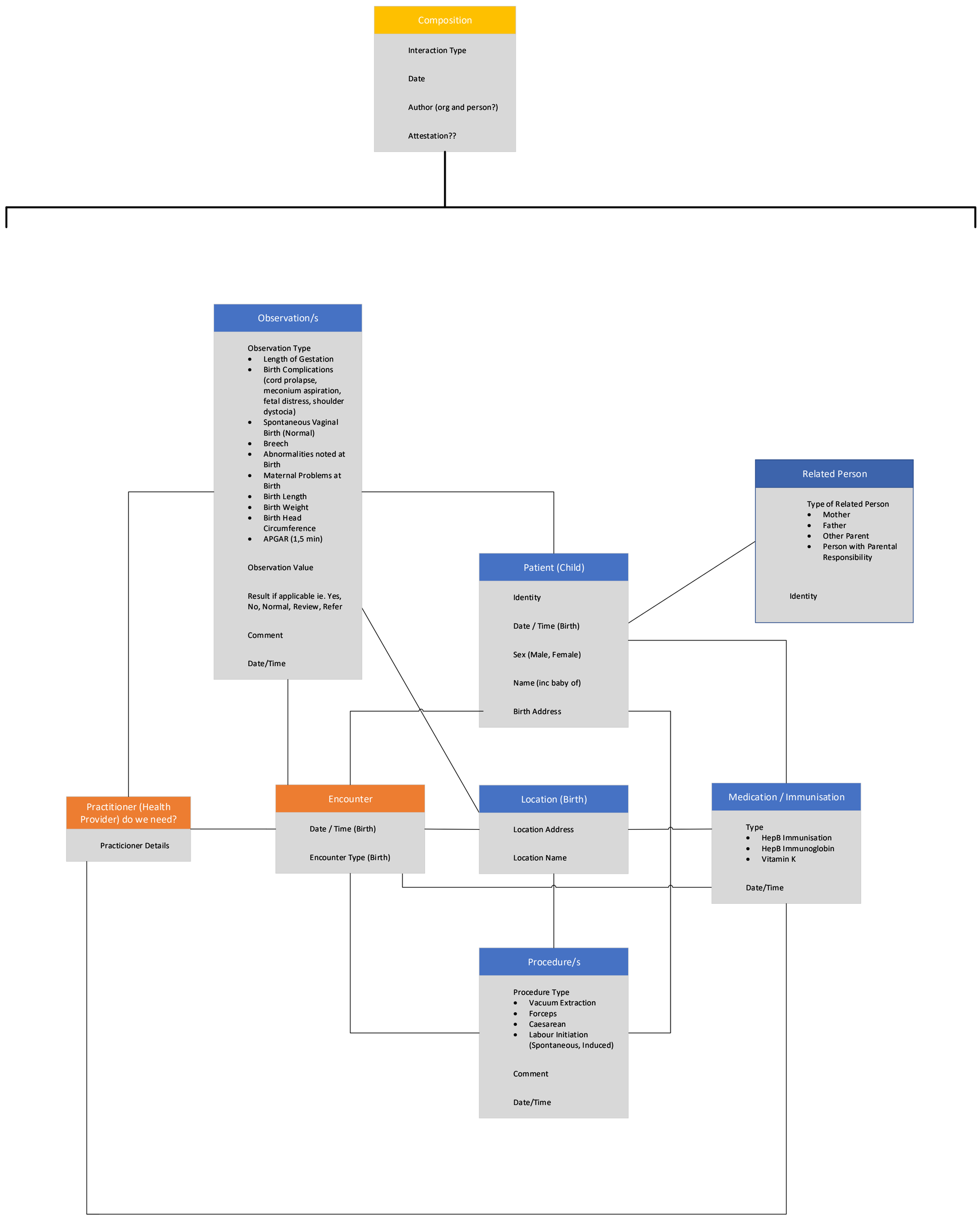
Composition
Interaction Type
Date
Author (org and person?)
Attestation??
Observation/s
Observation Type
Length of Gestation
Birth Complications (cord prolapse, meconium aspiration, fetal distress, shoulder dystocia)
Spontaneous Vaginal Birth (Normal)
Breech
Abnormalities noted at Birth
Maternal Problems at Birth
Birth Length
Birth Weight
Birth Head Circumference
APGAR (1,5 min)
Observation Value
Result if applicable ie. Yes, No, Normal, Review, Refer
Comment
Date/Time
Related Person
Type of Related Person
Mother
Father
Other Parent
Person with Parental Responsibility
Identity
Patient (Child)
Identity
Date / Time (Birth)
Sex (Male, Female)
Name (inc baby of)
Birth Address
Practitioner (Health Provider) do we need?
Practicioner Details
Encounter
Date / Time (Birth)
Encounter Type (Birth)
Location (Birth)
Location Address
Location Name
Medication / Immunisation
Type
HepB Immunisation
HepB Immunoglobin
Vitamin K
Date/Time
Procedure/s
Procedure Type
Vacuum Extraction
Forceps
Caesarean
Labour Initiation (Spontaneous, Induced)
Comment
Date/Time