

BIRTH OUTCOME NOTE

From: _____ to _____

Name:	PARIS ID:
DOB:	Age:
Gender:	PHN:
Home Address:	Phone:
	Physician:

Casenote Date:	Team Name:
Casenote Reason:	Staff Member:

Birth Outcomes

Mother's Birth Outcome

Spontaneous Abortion Therapeutic Abortion Stillbirth Delivered Singleton Delivered Multiples

Gestational Age at Birth weeks Delivery Date Age at Birth years old

Number of Newborns _____

Newborn Birth Weight and Breastfeeding Information at Birth/Hospital Discharge

Newborn #1	<input type="checkbox"/> Below 2500g	<input type="checkbox"/> Between 2500g & 4500g	<input type="checkbox"/> Above 4500g		
Wt g	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Breastfeeding and Formula	<input type="checkbox"/> Formula Only	<input type="checkbox"/> Unknown	
Newborn #2	<input type="checkbox"/> Below 2500g	<input type="checkbox"/> Between 2500g & 4500g	<input type="checkbox"/> Above 4500g		
Wt g	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Breastfeeding and Formula	<input type="checkbox"/> Formula Only	<input type="checkbox"/> Unknown	
Newborn #3	<input type="checkbox"/> Below 2500g	<input type="checkbox"/> Between 2500g & 4500g	<input type="checkbox"/> Above 4500g		
Wt g	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Breastfeeding and Formula	<input type="checkbox"/> Formula Only	<input type="checkbox"/> Unknown	
Newborn #4	<input type="checkbox"/> Below 2500g	<input type="checkbox"/> Between 2500g & 4500g	<input type="checkbox"/> Above 4500g		
Wt g	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Breastfeeding and Formula	<input type="checkbox"/> Formula Only	<input type="checkbox"/> Unknown	
Newborn #5	<input type="checkbox"/> Below 2500g	<input type="checkbox"/> Between 2500g & 4500g	<input type="checkbox"/> Above 4500g		
Wt g	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Breastfeeding and Formula	<input type="checkbox"/> Formula Only	<input type="checkbox"/> Unknown	
Newborn #6	<input type="checkbox"/> Below 2500g	<input type="checkbox"/> Between 2500g & 4500g	<input type="checkbox"/> Above 4500g		
Wt g	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Breastfeeding and Formula	<input type="checkbox"/> Formula Only	<input type="checkbox"/> Unknown	
Newborn #7	<input type="checkbox"/> Below 2500g	<input type="checkbox"/> Between 2500g & 4500g	<input type="checkbox"/> Above 4500g		
Wt g	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Breastfeeding and Formula	<input type="checkbox"/> Formula Only	<input type="checkbox"/> Unknown	
Newborn #8	<input type="checkbox"/> Below 2500g	<input type="checkbox"/> Between 2500g & 4500g	<input type="checkbox"/> Above 4500g		
Wt g	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Breastfeeding and Formula	<input type="checkbox"/> Formula Only	<input type="checkbox"/> Unknown	

Type of Contact

Contact #1:	Duration:	hr	min
Contact #2:	Duration:	hr	min
Contact #3:	Duration:	hr	min
Contact #4:	Duration:	hr	min

Casenotes

BIRTH OUTCOME NOTE

Name:	PARIS ID:
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Casenotes (continued)

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----