

Appendix 1

Postnatal Transfer Summary

SITUATION	Date and Time message taken	
	Mothers name and Hospital number	
	Parity	
	Antenatal/Medical concerns	
	Social concerns	
	Allergies	
	Rhesus status and bloods taken?	Rh pos/ neg Maternal and cord bloods taken and sent to lab Yes / No
Background	Date and time of Delivery (Include reason for IOL or C/s if relevant)	
	Type of Delivery	
	Perineum/wound	
	Estimated blood Loss	
	Baby's name and sex	
	Birth weight	
	Apgar Score	/1 and /5
	Type of feed first feed time?	
	Vitamin K given?	Yes / No
	Analgesia given and time	
	Actions & Recommendations	Drug chart in progress?
Postnatal notes completed and with woman?		Yes / No Prompt send with woman
Observations required mother or baby?		Meows Fluid balance Red star observations Other
Hypoglycaemia protocol required?		
Any other relevant information?		