

**POSTPARTUM RECORD – BABY**

<b>Name:</b>			<b>Newborn Screening</b>		<b>Lab Results</b>	<b>Medications</b>		<b>Birth Weight</b>
<b>Time of Birth:</b>								
<b>Date Time</b>	<b>Day</b>	<b>RR/HR/T</b>	<b>Cord</b>	<b>Skin Jaundice</b>	<b>Voids</b>	<b>Stools</b>	<b>Feeding</b>	<b>Weight (head circ/length)</b>

**NARRATIVE**

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**FINAL VISIT**

**Date** \_\_\_\_\_ **Weeks** \_\_\_\_\_

**Weight** \_\_\_\_\_ **Length** \_\_\_\_\_ **Head Circ** \_\_\_\_\_

**Feeding** \_\_\_\_\_

**Behaviour** \_\_\_\_\_

**Midwife's Signature** \_\_\_\_\_