



WAIKATO CHILD AND YOUTH HEALTH



Mothercraft Baby record sheet

Patient Label

Name: _____

NHI: _____ DOB: _____
dd/mm/yy

Address: _____

Referral by: _____

Reason for admission: _____

Gestation: _____ Birthweight: _____ Midwife: _____

Neonatal period

First few days after birth, were there any problems: Yes No

Describe: _____

Feeding

Breast only

How often during the *day*: _____

How often *overnight*: _____

Length of feed (e.g. 10 minutes each side): _____

Do you feed from both sides: Yes No Alternate side started on? Yes No

Are you on a dairy free diet? Yes No

Breast and bottle

How often *breast* fed during the *day*: _____

How often *bottle* fed during the *day*: _____

Formula type: _____ Amount given: _____

How often *breast* fed during *night*: _____

How often *bottle* fed during the *night*: _____

Bottle only

Formula type (current): _____ Amount given: _____

Past formula's tried: _____

How often during the *day*: _____

How often at *night*: _____

Solids Yes No

Age introduced: _____ How often given: _____ Amount given: _____

What foods do you offer: _____

Do you mix with formula, breast milk, or water: _____

Snack food

Do you offer snack between meals: Yes No

What is offered: _____ How often: _____

Cup

Does your baby drink from a cup: Yes No

What do you offer in the cup: _____ How often: _____

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Baby record sheet - continued

Spilling and vomiting

Does your baby spill: Yes No small amounts or large amounts

When does your baby spill: _____

Is it forceful? Yes No

Bowel motions

Frequency of babies bowel motions in every 24 hours: _____

What colour and consistency are they? _____

Any concerns about babies bowel motions? Yes No

Describe: _____

Does your baby have a rash on their bottom? Yes No

Describe: _____

Urine

How many wet nappies does baby have in 24 hours? Less than 4 4 to 8 8+

Sleeping patterns

Where does your baby sleep? Bassinet Cot Bed Pepi pod/wahakura

Do they have a separate room? Yes No – who does baby share with? _____

Do you feed your baby to sleep? Yes No

Can you describe daytime sleep patterns: _____

And night time patterns: _____

Which of the following do you use to settle baby:

Dummy Wrapping Patting Rocking/music White noise

Do you have any special bed time routines (e.g singing/feeding to sleep)? _____

Do you at any time take your baby into your bed? Yes No

Describe when: _____

Do you know about the “safe sleep / SUDI prevention” messages? Yes No

Crying

Do you feel your baby cries too much? Yes No

Do you recognise your babies different cries? Yes No

How do you pacify your baby: _____

Do you know about the “power to protect”/”shaken baby” messages? Yes No

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Baby record sheet - continued

Medications

List any medications (including homeopathic/over the counter) that baby is on: _____

Who and when were these prescribed? _____

Still using these medications? Yes No

Describe why if not: _____

Immunisations

6 weeks 3 months 5 months BCG NIR status checked

Immunisation reactions - comment: _____

Allergies or food intolerances

Does your baby have any allergies/food intolerances? _____

Do any family members/extended family have any allergies/intolerances? _____

Illnesses

List any previous illnesses baby has had in the last 3 months: _____

List any previous hospital admissions and or procedures e.g. tongue/lip tie release: _____

Has your baby seen a specialist or is due to be seen by one: _____

Have you or your baby been in recent contact with anyone with an illness? _____

Any recent overseas travel? _____

Consumer rights

Posters and pamphlets which explain the Code of Health and Disability Services Consumers' Rights are available in the hallway pamphlet display bench - please feel free to take pamphlets to read.

Students

Waikato Hospital is a training hospital for nurses and doctors. We may ask if you are willing to talk with a student about your experience here.

Signed: _____ Date: _____
(parent/parents signature) dd/mm/yy

Signed: _____ Name: _____
(nursing staff signature) (nursing staff printed name)