Completion and Distribution Guide

Alberta Notice of Live Birth or Stillbirth – AHS Form 20587

Alberta Health Services

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Introduction

This guide will assist AHS non-Connect Care facilities in completing this important record for all live and stillbirths in Alberta. The information has been compiled by the Alberta Perinatal Health Program, the Maternal Newborn Child & Youth Strategic Clinical Network™ and Alberta Vital Statistics. The Alberta Notice of Live Birth or Stillbirth AHS form 20587 is a multipurpose communication form used for:

- Vital Statistics validation of birth – matched with the Alberta online birth registration
  - Online birth registry information card (PC001)
  - Registration of Stillbirth DVS3218
  - Medical Certificate of Stillbirth DVS3219
- Transfer of care from facility or health care provider to public health for continuation of care to the mother and baby
- Information on birth outcome to mother's and newborn's primary care provider
- Alberta Health Surveillance for reporting and monitoring

Contact the Alberta Perinatal Health Program for questions (not related to ordering) by email APHP.PPQAC@albertahealthservices.ca. You will receive a response between 8:00 a.m. and 4:00 p.m. Monday to Friday.

Ordering

AHS healthcare providers and facilities can access the forms through their usual ordering processes:

- Calgary, Edmonton & North Zone: Data CM
- South Zone: Chinook Reprographics
- Central Zone: Wetaskiwin Print Services

For AHS staff not registered as users: Self-register at https://dol.datacm.com for account set-up. For any non-AHS agencies: If you are not registered as a user please contact ahscalgary@datacm.com to request the online set-up form. A credit card will be required for each online purchase.

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Distribution

Section 1

Complete and send to Service Alberta – Vital Statistics (minimally once per week) using the Vital Statistics Prepaid envelope DVS0071

Sections 2-5

1. **Public Health/Newborn Chart Copy**
    a. Send to Public Health contact in community and/or reserve at discharge of mother and newborn
    b. If mother is discharged before the newborn, send a copy to public health and retain newborn copy. On discharge of newborn complete newborn section and send to public health
    c. If newborn is transferred to another facility or unit send newborn copy with newborn to be completed and sent on discharge of newborn

2. **Maternal Copy –** Retain on maternal chart at facility of birth

3. **Physician/Midwife copy –** Send a copy to primary care provider who will follow-up with the mother and newborn in the community.

4. **Alberta Health Surveillance –** Mail to:
    Alberta Health
    Analytics and Performance Reporting Branch-17th Floor
    ATB Place North, 10025 Jasper Avenue
    Edmonton, AB T5J 1S6

Open Form to Full Size – PRESS FIRMLY to ensure transfer of information to all copies. REMOVE AND DISCARD THE CARBON PAPER between the 5th & 6th copies after completion of the form

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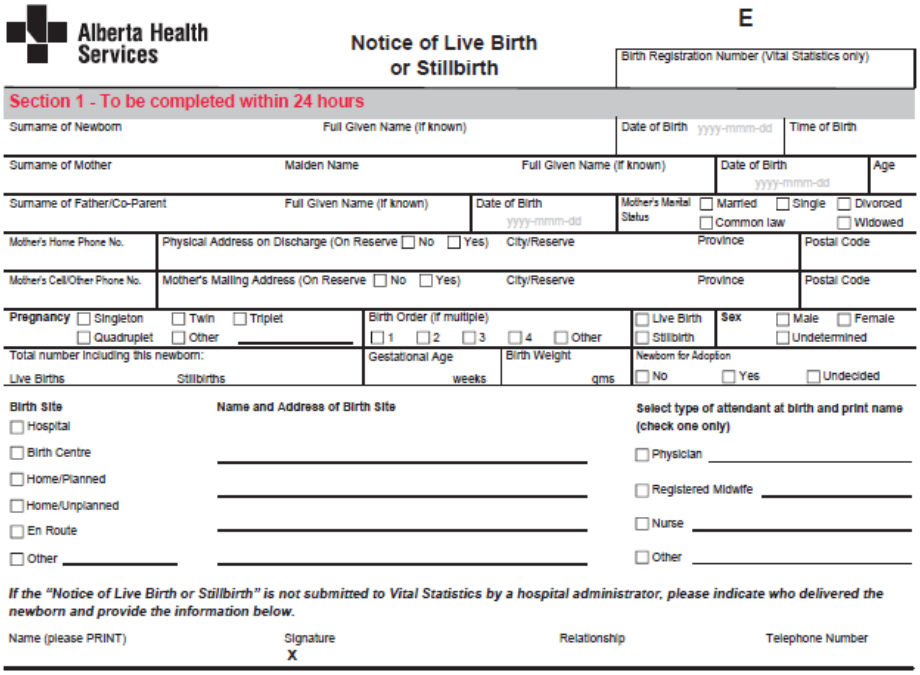
Sample Form

Section 1



Alberta Health Services

Notice of Live Birth or Stillbirth

E

Birth Registration Number (Vital Statistics only)

Section 1 - To be completed within 24 hours

Surname of Newborn	Full Given Name (if known)	Date of Birth yyyy-mmm-dd	Time of Birth
Surname of Mother	Maiden Name / Full Given Name (if known)	Date of Birth yyyy-mmm-dd	Age
Surname of Father/Co-Parent	Full Given Name (if known)	Date of Birth yyyy-mmm-dd	Mother's Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Common law ☐ Widowed
Mother's Home Phone No.	Physical Address on Discharge (On Reserve ☐ No ☐ Yes) City/Reserve / Province		Postal Code
Mother's Cell/Other Phone No.	Mother's Mailing Address (On Reserve ☐ No ☐ Yes) City/Reserve / Province		Postal Code
Pregnancy ☐ Singleton ☐ Twin ☐ Triplet ☐ Quadruplet ☐ Other	Birth Order (if multiple) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other	☐ Live Birth ☐ Stillbirth	Sex ☐ Male ☐ Female ☐ Undetermined
Total number including this newborn: Live Births / Stillbirths	Gestational Age weeks	Birth Weight gms	Newborn for Adoption ☐ No ☐ Yes ☐ Undecided

Birth Site
☐ Hospital
☐ Birth Centre
☐ Home/Planned
☐ Home/Unplanned
☐ En Route
☐ Other

Name and Address of Birth Site

Select type of attendant at birth and print name (check one only)
☐ Physician
☐ Registered Midwife
☐ Nurse
☐ Other

If the "Notice of Live Birth or Stillbirth" is not submitted to Vital Statistics by a hospital administrator, please indicate who delivered the newborn and provide the information below.

Name (please PRINT) / Signature X / Relationship / Telephone Number

Date format throughout this form is yyyy-mmm-dd and times are based on 24 hour clock

Complete Section 1 within 24 hours.

Tear off and forward to Vital Statistics.

It is imperative that you press firmly: you are making multiple copies.

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**It is imperative that you press firmly:
you are making multiple copies.**

**Date format throughout this form is yyyy-mmm-dd
and times are based on 24 hour clock**

**Complete Section 1 within 24 hours.
Tear off and forward to Vital Statistics.**

**Complete Section 2 as per the
Guidelines for Completion.**

**The Guidelines for completion can be requested
by contacting the Alberta Perinatal Health Program
at the email address APHP.PPQAC@ahs.ca**

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Distribution of
Alberta Notice of Live Birth or Stillbirth Form (20587)

Remove and discard the carbon paper between the 4th and 5th copies after completion of the form.

The information on this form is collected by Alberta Health under the authority of the *Health Information Act* and is in accordance with the *Freedom of Information and Protection of Privacy Act*. The information will be used for statistical purposes and to provide ongoing follow-up care to the mother and newborn. If you have any questions about the collection of this information, please contact Alberta Health.

Introduction

The Alberta Notice of Live Birth or Stillbirth form (20587) is a multipurpose communication form used for:

- Vital Statistics validation of birth - matched with Alberta Registries
  - Registration of Birth DVS3216 or Stillbirth DVS3218
  - Medical Certificate of Stillbirth DVS3219
- Transfer of care from facility or health care provider to Public Health for continuation of care to the mother and baby
- Information on birth outcome to mother's and newborn's primary care provider
- Alberta Health Surveillance

Distribution

Section 1

1. **Vital Statistics Copy**
   Complete within 24 hours of delivery and send to Service Alberta - Vital Statistics

Sections 2-5

2. **Public Health/Newborn Chart Copy**
   a. Send to Public Health contact in community and/or reserve at discharge of mother and newborn
   b. If mother is discharged before newborn, send a copy to public health and retain newborn copy. On discharge of newborn complete newborn section
   c. If newborn is transferred to another facility or unit, send newborn copy with newborn to be completed and sent to Public Health on discharge of newborn
3. **Maternal Copy** - Retain on maternal chart at facility of birth
4. **Physician/Midwife Copy** - Send a copy to primary care provider who will follow-up with the mother and newborn in the community.
5. **Alberta Health Surveillance Copy** - Mail to:

   Alberta Health
   Analytics and Performance Reporting Branch - 17th Floor
   ATB Place North, 10025 Jasper Avenue
   Edmonton AB T5J 1S6

Open this Form to full size.
Press firmly to ensure transfer of information to all copies

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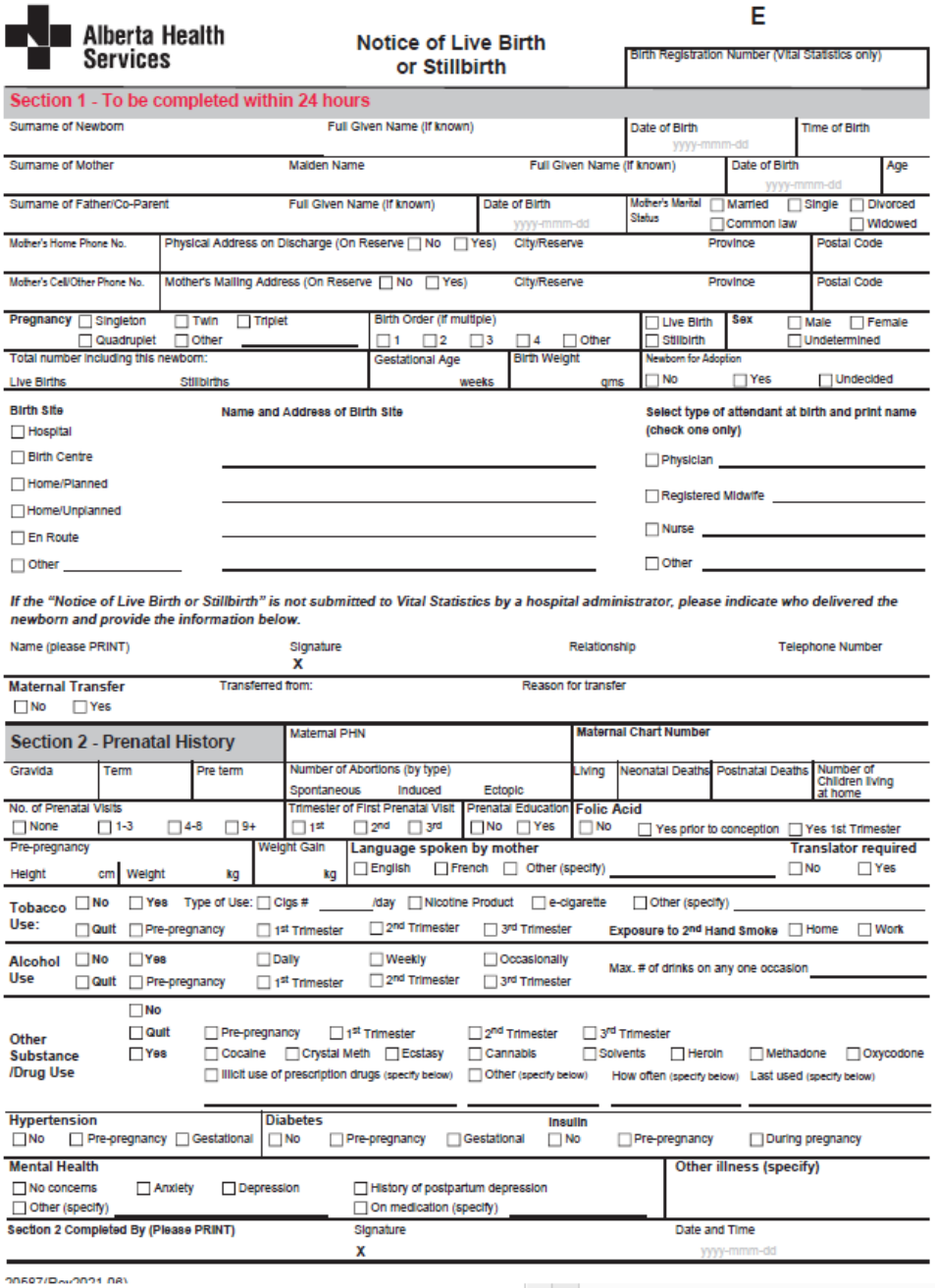
Section 2



Alberta Health Services

Notice of Live Birth or Stillbirth

E

Birth Registration Number (Vital Statistics only)

Section 1 - To be completed within 24 hours

Surname of Newborn | Full Given Name (If known) | Date of Birth yyyy-mmm-dd | Time of Birth

Surname of Mother | Maiden Name | Full Given Name (If known) | Date of Birth yyyy-mmm-dd | Age

Surname of Father/Co-Parent | Full Given Name (If known) | Date of Birth yyyy-mmm-dd | Mother's Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Common law ☐ Widowed

Mother's Home Phone No. | Physical Address on Discharge (On Reserve ☐ No ☐ Yes) | City/Reserve | Province | Postal Code

Mother's Cell/Other Phone No. | Mother's Mailing Address (On Reserve ☐ No ☐ Yes) | City/Reserve | Province | Postal Code

Pregnancy ☐ Singleton ☐ Twin ☐ Triplet ☐ Quadruplet ☐ Other | Birth Order (If multiple) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other | ☐ Live Birth ☐ Stillbirth | **Sex** ☐ Male ☐ Female ☐ Undetermined

Total number including this newborn: Live Births Stillbirths | Gestational Age weeks | Birth Weight gms | Newborn for Adoption ☐ No ☐ Yes ☐ Undecided

Birth Site
☐ Hospital
☐ Birth Centre
☐ Home/Planned
☐ Home/Unplanned
☐ En Route
☐ Other

Name and Address of Birth Site

Select type of attendant at birth and print name (check one only)
☐ Physician
☐ Registered Midwife
☐ Nurse
☐ Other

If the "Notice of Live Birth or Stillbirth" is not submitted to Vital Statistics by a hospital administrator, please indicate who delivered the newborn and provide the information below.

Name (please PRINT) | Signature X | Relationship | Telephone Number

Maternal Transfer ☐ No ☐ Yes | Transferred from: | Reason for transfer

Section 2 - Prenatal History | Maternal PHN | **Maternal Chart Number**

Gravida | Term | Pre term | Number of Abortions (by type) Spontaneous Induced Ectopic | Living | Neonatal Deaths | Postnatal Deaths | Number of Children living at home

No. of Prenatal Visits ☐ None ☐ 1-3 ☐ 4-8 ☐ 9+ | Trimester of First Prenatal Visit ☐ 1st ☐ 2nd ☐ 3rd | Prenatal Education ☐ No ☐ Yes | **Folic Acid** ☐ No ☐ Yes prior to conception ☐ Yes 1st Trimester

Pre-pregnancy Height cm Weight kg | Weight Gain kg | **Language spoken by mother** ☐ English ☐ French ☐ Other (specify) | **Translator required** ☐ No ☐ Yes

Tobacco Use: ☐ No ☐ Yes Type of Use: ☐ Cigs # /day ☐ Nicotine Product ☐ e-cigarette ☐ Other (specify) ☐ Quit ☐ Pre-pregnancy ☐ 1st Trimester ☐ 2nd Trimester ☐ 3rd Trimester **Exposure to 2nd Hand Smoke** ☐ Home ☐ Work

Alcohol Use ☐ No ☐ Yes ☐ Daily ☐ Weekly ☐ Occasionally ☐ Quit ☐ Pre-pregnancy ☐ 1st Trimester ☐ 2nd Trimester ☐ 3rd Trimester Max. # of drinks on any one occasion

Other Substance /Drug Use ☐ No ☐ Quit ☐ Yes ☐ Pre-pregnancy ☐ 1st Trimester ☐ 2nd Trimester ☐ 3rd Trimester ☐ Cocaine ☐ Crystal Meth ☐ Ecstasy ☐ Cannabis ☐ Solvents ☐ Heroin ☐ Methadone ☐ Oxycodone ☐ Illicit use of prescription drugs (specify below) ☐ Other (specify below) How often (specify below) Last used (specify below)

Hypertension ☐ No ☐ Pre-pregnancy ☐ Gestational | **Diabetes** ☐ No ☐ Pre-pregnancy ☐ Gestational | **Insulin** ☐ No ☐ Pre-pregnancy ☐ During pregnancy

Mental Health ☐ No concerns ☐ Anxiety ☐ Depression ☐ History of postpartum depression ☐ Other (specify) ☐ On medication (specify) | **Other illness (specify)**

Section 2 Completed By (Please PRINT) | Signature X | Date and Time yyyy-mmm-dd

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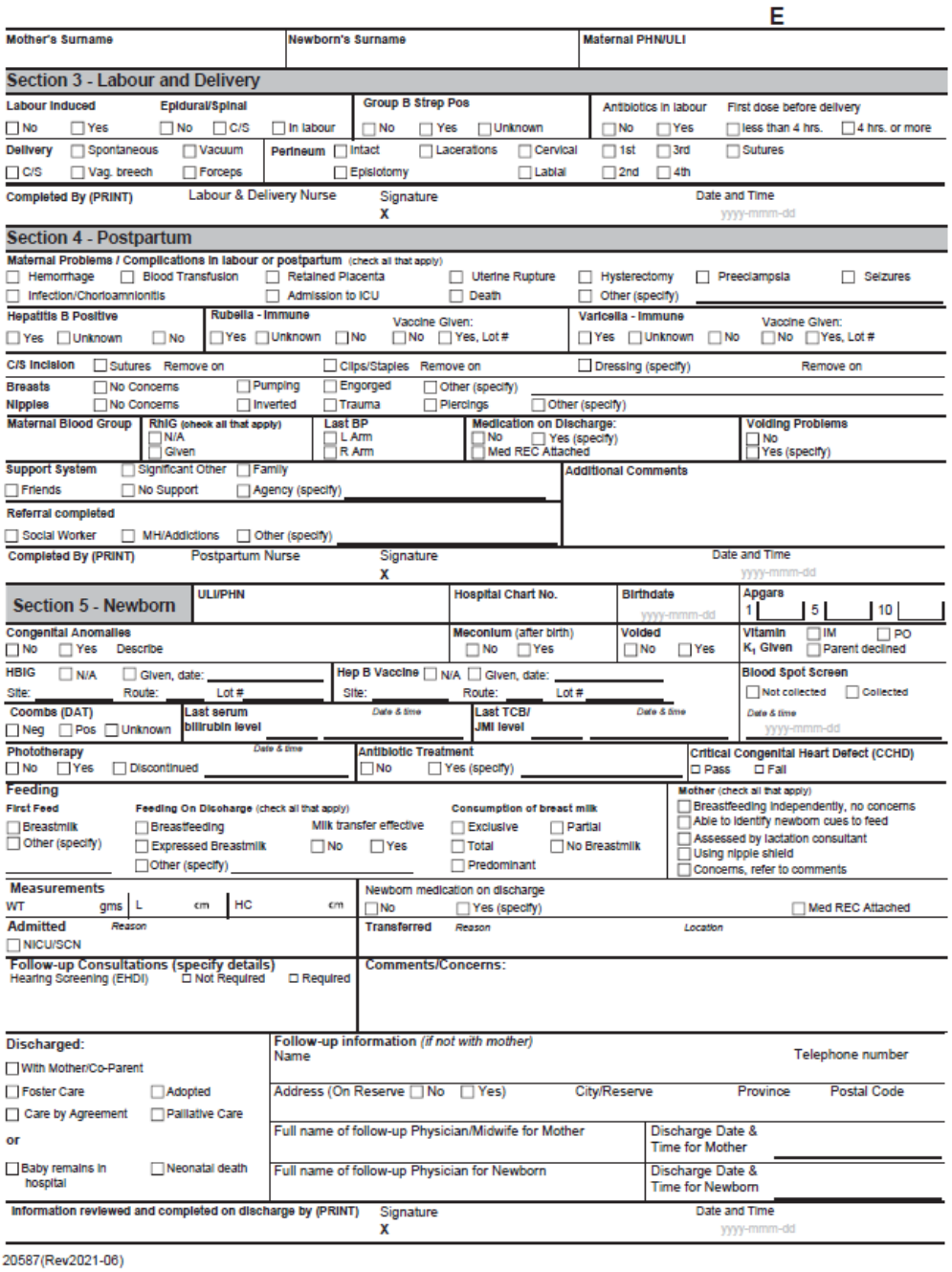
Section 3, 4 & 5



E

Mother's Surname | Newborn's Surname | Maternal PHN/ULI

Section 3 - Labour and Delivery

Labour Induced ☐ No ☐ Yes | Epidural/Spinal ☐ No ☐ C/S ☐ In labour | Group B Strep Pos ☐ No ☐ Yes ☐ Unknown | Antibiotics in labour ☐ No ☐ Yes | First dose before delivery ☐ less than 4 hrs. ☐ 4 hrs. or more

Delivery ☐ Spontaneous ☐ Vacuum ☐ C/S ☐ Vag. breech ☐ Forceps | Perineum ☐ Intact ☐ Lacerations ☐ Cervical ☐ Episiotomy ☐ Labial | ☐ 1st ☐ 3rd ☐ 2nd ☐ 4th ☐ Sutures

Completed By (PRINT) Labour & Delivery Nurse | Signature X | Date and Time yyyy-mmm-dd

Section 4 - Postpartum

Maternal Problems / Complications in labour or postpartum (check all that apply)
☐ Hemorrhage ☐ Blood Transfusion ☐ Retained Placenta ☐ Uterine Rupture ☐ Hysterectomy ☐ Preeclampsia ☐ Seizures
☐ Infection/Chorioamnionitis ☐ Admission to ICU ☐ Death ☐ Other (specify)

Hepatitis B Positive ☐ Yes ☐ Unknown ☐ No | Rubella - Immune ☐ Yes ☐ Unknown ☐ No Vaccine Given: ☐ No ☐ Yes, Lot # | Varicella - Immune ☐ Yes ☐ Unknown ☐ No Vaccine Given: ☐ No ☐ Yes, Lot #

C/S Incision ☐ Sutures Remove on | ☐ Clips/Staples Remove on | ☐ Dressing (specify) Remove on

Breasts ☐ No Concerns ☐ Pumping ☐ Engorged ☐ Other (specify)
Nipples ☐ No Concerns ☐ Inverted ☐ Trauma ☐ Piercings ☐ Other (specify)

Maternal Blood Group | RhIG (check all that apply) ☐ N/A ☐ Given | Last BP ☐ L Arm ☐ R Arm | Medication on Discharge: ☐ No ☐ Yes (specify) ☐ Med REC Attached | Voiding Problems ☐ No ☐ Yes (specify)

Support System ☐ Significant Other ☐ Family ☐ Friends ☐ No Support ☐ Agency (specify)

Additional Comments

Referral completed ☐ Social Worker ☐ MH/Addictions ☐ Other (specify)

Completed By (PRINT) Postpartum Nurse | Signature X | Date and Time yyyy-mmm-dd

Section 5 - Newborn

ULI/PHN | Hospital Chart No. | Birthdate yyyy-mmm-dd | Apgars 1 ___ 5 ___ 10 ___

Congenital Anomalies ☐ No ☐ Yes Describe | Meconium (after birth) ☐ No ☐ Yes | Voided ☐ No ☐ Yes | Vitamin K_1 Given ☐ IM ☐ PO ☐ Parent declined

HBIG ☐ N/A ☐ Given, date: Site: Route: Lot # | Hep B Vaccine ☐ N/A ☐ Given, date: Site: Route: Lot # | Blood Spot Screen ☐ Not collected ☐ Collected Date & time yyyy-mmm-dd

Coombs (DAT) ☐ Neg ☐ Pos ☐ Unknown | Last serum bilirubin level Date & time | Last TCB/ JMI level Date & time

Phototherapy ☐ No ☐ Yes ☐ Discontinued Date & time | Antibiotic Treatment ☐ No ☐ Yes (specify) | Critical Congenital Heart Defect (CCHD) ☐ Pass ☐ Fail

Feeding
First Feed ☐ Breastmilk ☐ Other (specify)
Feeding On Discharge (check all that apply) ☐ Breastfeeding ☐ Expressed Breastmilk ☐ Other (specify)
Milk transfer effective ☐ No ☐ Yes
Consumption of breast milk ☐ Exclusive ☐ Partial ☐ Total ☐ No Breastmilk ☐ Predominant
Mother (check all that apply) ☐ Breastfeeding independently, no concerns ☐ Able to identify newborn cues to feed ☐ Assessed by lactation consultant ☐ Using nipple shield ☐ Concerns, refer to comments

Measurements WT gms | L cm | HC cm

Newborn medication on discharge ☐ No ☐ Yes (specify) ☐ Med REC Attached

Admitted Reason ☐ NICU/SCN

Transferred Reason Location

Follow-up Consultations (specify details)
Hearing Screening (EHDI) ☐ Not Required ☐ Required

Comments/Concerns:

Discharged:
☐ With Mother/Co-Parent
☐ Foster Care ☐ Adopted
☐ Care by Agreement ☐ Palliative Care
or
☐ Baby remains in hospital ☐ Neonatal death

Follow-up information *(if not with mother)*
Name | Telephone number
Address (On Reserve ☐ No ☐ Yes) | City/Reserve | Province | Postal Code
Full name of follow-up Physician/Midwife for Mother | Discharge Date & Time for Mother
Full name of follow-up Physician for Newborn | Discharge Date & Time for Newborn

Information reviewed and completed on discharge by (PRINT) | Signature X | Date and Time yyyy-mmm-dd

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Variable and Instructions

Variable	Instructions
Section 1 – Vital Statistics	
Birth Registration Number	• To be used by Vital Statistics Only.
Surname and Full Given Name of Newborn (if known)	• Record the newborn's last name, if one is known. • When the newborns last name is not known, record the last name used by the person who gave birth as the newborn's last name. • When the newborns given names are not known, leave the field blank. • If the newborn is stillborn, the information documented should also be documented on the Registration of Stillbirth form DVS3218.
Newborn Date of Birth	• The newborn's date of birth field must be completed. • Print the month in letters. Do not use numbers; e.g. use October or Oct., not 10. • Use 4 digits for the year; e.g., 2021, not 21.
Time of Birth	• Record the newborn's time of birth using a 24-hour clock; e.g., 11:15 p.m. is 23:15. • When the time of birth is not known, leave the field blank.
Surname of Mother/Maiden Name/Full Given Name	• The person who gave birth must be recorded on this form. This applies both when the child is being adopted and when the person who gave birth is a surrogate. • Either the Surname of Mother or Maiden Name field must be completed. • Surname refers to a last name by which the person who gave birth is known. This could be their maiden name or a married name. • Maiden name refers to the last name usually recorded on the person's own birth certificate. • The Full Given Name field for the person who gave birth must be completed. • Record all full given names known for the person who gave birth, as recorded on their birth certificate. • Whenever possible, record the full given name and not nicknames or shortened names; e.g., record Victoria, not Vicki.

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Variable	Instructions
Date of Birth (of the person who gave birth)	• Record the full date of birth of the person who gave birth, as noted in the hospital chart/midwife record. • Print the month in letters. Do not use numbers; e.g., use October or Oct, not 10. • Use 4 digits for the year; e.g., 1989, not 89.
Age (of the person who gave birth)	• Record the age of person who gave birth. • Record the age in years. • When the age is not known, leave the field blank.
Surname of Father/Co-Parent/Full Given Name (if known)	• Record the father/co-parent's name. • Ensure the person you record is the child's father/co-parent, not a relative of the person who gave birth (e.g., their parent, next of kin, etc.). • Record all full given names and the last name for the father/co-parent, as recorded on their own birth certificate. • When the name is not known, leave the field blank.
Date of Birth (of the Father/Co-parent)	• Record the father/co-parent's full date of birth, as noted in the hospital chart/midwife record. • Print the month in letters. Do not use numbers; e.g., use October or Oct, not 10. • Use 4 digits for the year; e.g., 1989, not 89. • When the date of birth is not known, leave the field blank.
Mother's Marital Status	• Record the current marital status of the person who gave birth (as of the date this child is born). • When the marital status is not known, leave the field blank.
Mother's Home Phone Number	• Record the home phone number of the person who gave birth. • Include the area code. • When the home phone number is not known, leave the field blank.
Physical Address on Discharge (on Reserve No/Yes)	• Indicate if mother lives on reserve. • Record the discharge address for the person who gave birth, where public health can locate/visit mother. • Include house and street number, land location. Confirm information with mother before discharge. • When the discharge address is the same as the home address, leave the field blank.
Mother's Cell/Other Phone Number	• Record an alternate phone number for the person who gave birth if there is one; e.g., a cell phone number. • Include the area code. • When an alternate phone number is not known, leave the field blank.

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Variable	Instructions

Mother's Mailing Address (on Reserve No/Yes)	• Indicate if mother lives on reserve.
	• Record the mailing address for the person who gave birth. This could be a physical address or a PO Box.
	• Ensure the address is current; confirm with the person who gave birth when necessary.
	• When the home address is rural, the land description should be recorded using either:
	  ○ Alberta Township Survey (ATS) format Meridian/Range/Township/Section/ Quarter Section; e.g., W4/21/56/12/SE.
	  ○ Rural Municipal Address format; e.g., #25, 51034 Range Road 233, County of Strathcona.
	• When the mailing address is not known, leave the field blank.

Pregnancy	• The pregnancy field must be completed. • Record the number of children born/stillborn to the person who gave birth, this pregnancy (singleton/twin/triplet /other). • Include both children born alive and stillborn; e.g., when there were three babies, two born alive and one stillborn, the pregnancy is triplet. • When 'Other' is selected, record the number of children born and/or stillborn on the line; e.g., four. Print the number out in letters.
Birth Order (if multiple)	• When the person who gave birth had a multiple birth (e.g., twins, triplets, etc.), the order in which a child is born/stillborn must be recorded for each child. • Complete a separate Notice of Live Birth or a Stillbirth form for each child. • Leave this field blank when this is a single birth.
Live Birth/Stillbirth	• Either the Live Birth or Stillbirth box must be checked. Refer to Vital Statistics Act definition.
Sex	• The newborn's sex field must be completed. • Record the newborn's biological sex.
Total number Including this Newborn	• Total number of live births and stillbirths born to this mother/person who gave birth, including this birth. • Record the number of live births the person who gave birth has delivered to date. ○ This cannot be 0 (zero) when the newborn is born alive, as this field must reflect this birth, at a minimum. • Record the number of stillbirths the person who gave birth has delivered to date. Return TofC

Variable	Instructions
	○ This cannot be 0 (zero) when the newborn is stillborn, as this field must reflect this stillbirth, at a minimum.
Gestational Age	• This field must be completed. • Record the gestational age in completed weeks at birth as determined by ultrasound. If no ultrasound use date of LMP. • Record the duration of the pregnancy in fully completed weeks (no days), as determined by ultrasound; e.g. when a newborn is born after 9 months and 5 days, the duration is recorded as 36 weeks (9 X 4), without the 5 days. If no ultrasound use date of last menstrual period. • When the duration of the pregnancy is not known, provide an approximation.
Birth Weight	• This field must be completed. • Record the weight in grams. Convert pounds and ounces to grams when necessary. • When the newborn was transferred to another hospital before being weighed, contact the other hospital for the weight or provide an approximate weight.
Newborn for Adoption	• When it is known if the newborn will or will not be placed for adoption, check "Yes" or "No" to reflect the decision. • When it is known that the person who gave birth is considering placing the child for adoption, but has not yet decided, check "Undecided". • When nothing is known regarding adoption, leave the field blank.
Birth Site	• The site of birth must be completed. • Record hospital, birth center, home/planned, home/unplanned, En Route, or other, as is applicable. • When "Other" is selected, note the type of birth site on the blank line; e.g., shopping mall, highway, ambulance bay, etc.
Name and Address of Birth Site	• The name of the birth site and its address must be completed. • Record the details of where the newborn was born in this field. • Include the city/town/village/hamlet, county/municipal district/Indian Reserve/etc. of where the birth occurred. • When a birth occurs in a hospital, record the full name of the hospital and the full address of the hospital. ○ do not use abbreviations. ○ stamps with the full name and address of the hospital are acceptable. Return TofC

Variable	Instructions

	• Do not record a newborn's birth place as a hospital when the child is not born in the hospital.
	• When the birth did not occur in a hospital, record the physical address where the birth occurred. For example:
	  ○ occurred in an urban setting at home, e.g., 12345-67 Avenue, Anytown, Alberta.
	  ○ occurred in a rural setting, record either:
	  ▪ Alberta Township Survey (ATS) format Meridian/Range/Township/Section/Quarter Section; e.g., W4/21/56/12/SE); or
	  ▪ Rural Municipal Address format; e.g., #25, 51034 Range Road 233, County of Strathcona.
	  ○ occurred on an Indian Reserve, provide:
	  ▪ the rural physical address as above or the house number/address (as is applicable)
	  ▪ the name of the Reserve.
	  ○ occurred En-Route to the hospital, record the approximate address where the birth occurred as follows:
	  ▪ Approximately 123 Street and 45 Avenue, Anytown, Alberta.
	  ▪ Highway 2 and Township Road 123, Anytown, Alberta.
	  ○ occurred in the air (air-ambulance, formal flight, etc.), the place of birth is where the plane lands after the birth occurred.

Select type of attendant at birth and print name.	• The type and name of the attendant must be recorded. This is the person who delivered the newborn.
	• When selecting "Other", describe that person's relationship to the person who gave birth, e.g., doula, husband, EMS, self (meaning the person who gave birth had no assistance), etc.
	• Record the name of the physician/nurse practitioner/nurse/ registered midwife that assisted with the delivery of the newborn or witnessed the birth.
	• Record the name of the physician/nurse practitioner/nurse/ registered midwife (as is applicable) when the physician/nurse practitioner/nurse/registered midwife did not witness or assist with the birth but did:
	  ○ attend the person who gave birth and the newborn within 48 hours of the birth, and
	  ○ examined the person who gave birth and the newborn, and
	  ○ determine that the person who gave birth, gave birth to that child.
	Return TofC

Variable	Instructions
	• When a student midwife delivered the child and the birth was witnessed by a registered midwife, record the name of the registered midwife.
If the "Notice of Live Birth or Stillbirth" is not submitted to Vital Statistics by a hospital administrator, please indicate who delivered the newborn and provide the information below.	• When the hospital administrator is completing this form, leave this section blank. • When the birth is delivered by a registered midwife, this section must be fully completed. • When the birth was delivered by a student midwife and witnessed by a registered midwife, the registered midwife must complete this section.
Additional Details	▪ When a registered midwife delivers a newborn in a hospital or a newborn is delivered by a registered midwife and is immediately sent to a hospital, either the registered midwife or the hospital administrator may complete the Notice of Live Birth or a Stillbirth form. Ensure only one Notice of Live Birth or a Stillbirth form is completed for a newborn. ▪ The Notice of Live Birth or a Stillbirth form must be completed to register a birth. There are no exceptions. ▪ Use the information from the patient care record (as is appropriate) to complete the Notice of Live Birth or a Stillbirth. ▪ When information is missing or incorrect, correct the applicable information or complete a new form. ▪ Blank/incorrect fields on the Notice of Live Birth or a Stillbirth form may delay the child's birth registration with Vital Statistics. ▪ When a newborn is born in one hospital and immediately transferred to a second hospital: ○ The hospital that delivered the newborn or first received the person who gave birth and the newborn, completes the Notice of Live Birth or a Stillbirth form.
Maternal Transfer	▪ Indicate if mother was transferred from another facility, birth centre or midwifery planned home birth. ▪ Specify reason for transfer.

Return TofC

Variable	Instructions
Section 2 – Prenatal History	
Prenatal History	• Maternal and fetal history during this pregnancy, unless otherwise indicated.
Maternal PHN/ ULI	• Document maternal PHN or ULI number.
Hospital/facility Chart Number	• Document maternal chart number.
Gravida	• Total number of pregnancies inclusive of this pregnancy.
Term	• Total number of births at ≥ 37 completed weeks of gestation prior to this birth.
Preterm	• Total number of births or stillbirths between 20 and 37 completed weeks of gestation prior to this birth.
Abortions Type	• Total number of spontaneous, induced or ectopic fetal deaths at < 20 weeks completed gestational age and less than 500 grams prior to this birth.
Living	• Total number of children born to this mother who are currently living.
Neonatal Deaths	• Total number of live births born to this mother who died before 28 full days of life prior to this birth.
Postnatal Deaths	• Total number of infants born to this mother who died between 28 days and 1 year of age. Prior to this birth.
Number of children living at home	• Total number of children living with this mother – including those born to this mother, adopted, foster and other children.
Total number of prenatal visits	• Confirm accuracy with mother as she may have accessed prenatal care from more than one provider. √ as applicable.
Trimester of first prenatal visit	• Ask mother at what week of pregnancy she first went to the doctor/midwife for prenatal care or to confirm pregnancy.
Prenatal Education	• Ask woman if she attended prenatal classes or accessed other resources for pregnancy and birth information. √ as applicable. Return TofC

Variable	Instructions
Folic Acid	• Ask woman if she took any vitamins with folic acid prior to pregnancy and/or in the first trimester. √ all that apply.
Pre-pregnancy height and weight	• Check prenatal record for information. If not available, ask mother for her height and pre-pregnancy weight.
Weight Gain	• If possible, weigh woman on admission, ask about weight gain or calculate from prenatal record.
Language spoken by mother	• Determine need for a translator and arrange for same.
Tobacco Use	• Ask mother about her use of tobacco products. Capture use of tobacco throughout pregnancy. (The history on the prenatal record captures tobacco use at one point in time). This would include cigarettes, e-cigarettes with nicotine, chewing tobacco, snuff and other methods for receiving tobacco such as pipes, water pipes. Indicate how many cigarettes smoked per day. If she quit using tobacco, indicate trimester she quit. √ All that apply.
Alcohol	• Ask mother about her use of alcohol throughout pregnancy. (Information on prenatal record captures drinking history at one point of time). Indicate frequency and the maximum number of drinks at any one occasion. If she quit drinking alcohol indicate if quit pre-pregnancy (before conception) or trimester. √ all that apply.
Other substance use	• Ask woman about her use of other substances throughout pregnancy – include use of illicit drugs and solvents, as well as illicit use of prescription drugs. Indicate frequency and when last used. If woman quit using in pregnancy, indicate trimester. √ All that apply.
Hypertension	• Indicate if woman has a history of pre-pregnancy hypertension and/or diagnosis of gestational hypertension in this pregnancy. √ all that apply.
Diabetes	• Indicate if woman has a history of pre-pregnancy diabetes or diagnosis of gestational diabetes in this pregnancy. Indicate if she is on insulin. √ all that apply, (If mother is on metformin √no for insulin and write metformin) then √ if pre-pregnancy or during pregnancy).

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Variable	Instructions
Mental Health	• Indicate the mother's mental health history. Under other, include other psychiatric diagnosis, history of suicide, difficulty coping with stress, etc. Indicate if she is taking any medications. √ All that apply.
Other illness	• Indicate if the mother has any other acute or chronic illness – i.e., epilepsy, thyroid disease, asthma, autoimmune disorder, infectious disease, GI, cardiac, other.

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Variable	Instructions
Section 3 – Labour and Delivery	
Form Identification	• Ensure number on Form matches number on first page. Document Mother and Newborn's Surname and Maternal PHN/ ULI.
Labour Induced	• Indicate if labour was induced. Does not include Augmentation of Labour.
Epidural/ Spinal	• Indicate if mother received an epidural or spinal in labour and/or for C/S. √ all that apply.
Group B Strep Positive	• Indicate maternal Group B strep status.
Antibiotics in Labour	• Indicate if mother received antibiotics in labour for any reason. Indicate timing of first dose as Indicated.
Perineum	• √ all that apply.
Delivery	• √ all that apply.

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Variable	Instructions
Section 4 – Postpartum	
Maternal Problems/Complications in Labour and Postpartum.	• √ As applicable any maternal problems or complications during labour, birth and/or postpartum. Document as the event occurs. At discharge, ensure that all information is captured accurately.
Hepatitis B Positive	• Indicate if Hepatitis B positive status as 'yes' if mother is a carrier or is an active case of Hepatitis B. If unknown, indicate same. Validate information with Netcare.
Rubella	• Indicate mother's immunity to Rubella. Validate info with Netcare. Indicate if vaccine is given in hospital if mother in not immune. Document Lot #.
Varicella	• Indicate mother's immunity to Varicella. Validate info with Netcare. Indicate if vaccine is given in hospital if mother in not immune. Document Lot #.
C/S incision	• √ As applicable if incision has suture, clips or staples. State remove on date.
Breasts	• √ As applicable. Other specify – if mother had breast surgery or if there are any other concerns.
Nipples	• √ As applicable. If concerns, specify.
Maternal Blood Group	• Document maternal blood type. Verify from Lab work or Netcare.
RhIG	• Indicate if mother received post-natal Rh Immunoglobulin. Given to Rh (D) negative mom if baby is Rh (D) positive.
Last BP	• Document last BP measurement in space provided and if taken on Left or Right Arm. Provides baseline for public health screening and follow-up.
Medications on Discharge	• Indicate maternal medication on discharge. If Medication Reconciliation Form used, √ Med Rec.
Voiding Problems	• Indicate if mother has any voiding problems. If yes, specify.

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Variable	Instructions
Support System	• From direct interview with mother, indicate who is available for support including significant other, family and friends. Specify if mother is connected to agency for support – i.e. social service, case worker, addictions, mental health.
Referral Completed	• Indicate all that apply. Include contact information and name of Social Worker or other referral.
Additional Comments	• Specify any relevant issues that impact mother's care. Issues may include, but not limited to: mental health concerns, addictions, domestic violence, safe visit concerns, financial security, newborn attachment, bereavement.
Signatures after 3 and 4	• For most responsible nurse transferring care from Labour & Delivery to Postpartum and upon discharge of mother. The nurse discharging the mother and newborn should check for accuracy of documentation and complete information that is missing.

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Variable	Instructions
Section 5 – Newborn	
Newborn ULI/PHN	• Document newborn ULI/PHN.
Newborn Chart Number	• Newborn chart number at discharge facility.
Newborn Date of Birth	• Required by AH Surveillance as an alternate identifier in the event that Page 1 is separated from Page 2 of document.
Newborn Apgar	• Document Apgar's at 1, 5 and 10 minutes of age.
Congenital Anomalies	• Document if congenital anomalies identified at birth or by U/S. Describe anomalies. Completion of Congenital Anomaly Form HS 0020-112.
Meconium (after birth)	• Indicate if newborn passed meconium after birth. Meconium passed during labour does not qualify as a yes here.
Voided	• Indicate if newborn voided since birth.
Vitamin K_1	• Indicate if newborn received Vitamin K_1. Indicate if parent declined. If not given IM indicate if given PO.
HBIG	• √ if applicable. If mother is Hepatitis B positive carrier or active case, indicate that newborn received Hepatitis B immunoglobulin. Indicate date and time given. Site of administration and Lot #.
Hepatitis B Vaccine	• If mother is Hepatitis B positive carrier or active case. Indicate if newborn received Hepatitis B Vaccine. Indicate date and time given. Site of administration and Lot #.
Blood Spot Screen(Previous known as Metabolic Screening)	• Indicates if blood spot for screening for metabolic and other conditions was collected. Indicate date and time of collection.
Critical Congenital Heart Defect	• If Critical Congenital Heart Defect Screen was completed in hospital prior to discharge, indicate results as √ Pass or Fail. Note follow-up plans made in the comment section. This screen does NOT pick up all congenital heart defects.

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Variable	Instructions
Coombs Direct (DAT)	• If cord blood testing has been completed, indicate DAT result. Refer to Laboratory Services memo for Cord testing algorithm for further information. October 18, 2010.
Last Serum Bilirubin Level	• Specify results including date and time taken. Review to Canadian Pediatric Society guidelines.
Last TcB (transcutaneous bilirubin/JMI (Jaundice Meter Index) level	• Specify results and date and time measured.
Phototherapy	• Indicate if newborn received phototherapy. Specify date and time discontinued.
Antibiotic Treatment	• Indicate if newborn received antibiotics, if yes specify reason.
Feeding	• First Feed √ as applicable.
Feeding On Discharge	• √ As applicable if the newborn is receiving breastmilk, expressed milk or other upon discharge. If formula, specify type. Indicate effectiveness of milk transfer. Evidence of effective milk transfer includes: ○ Audible swallows – newborn's jaw is moving. ○ Newborn presents with satiation cues after feeding. ○ Adequate stools and void.
Consumption of breast milk	• Indicate newborn's breast milk consumption after birth through to discharge according to the definitions by the Breastfeeding Committee of Canada. ○ Exclusive – No food or liquid other than breastmilk, not even water is given to the infant from birth. ○ Total – No food other than breastmilk, not even water is given to the infant in the past seven days. ○ Predominant – Breastmilk plus 1 other or a maximum of 2 feeds of any food or liquid including non-human milk during the last 7 days. ○ Partial-Breastmilk plus 3 or more feeds of any food, liquid including non-human milk in the last seven days.
Maternal	• Mother (√ all that apply) ○ Breastfeeding independently, no concerns. ○ Able to identify newborn cues to feed. ○ Assessed by lactation consultant. Implies IBC certified. ○ Using nipple shield. ○ Concerns, refer to comments.

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Variable	Instructions
Measurements	• Indicate the newborn's last documented measurements prior to discharge. If measurements were not done at birth, they should be done prior to discharge.
Newborn Medications on Discharge	• Indicate if newborn discharged on medications. If yes, specify or indicate Med Rec Attached.
Admitted	• Indicate if newborn was admitted to NICU/SCN or other. Specify reason for admission.
Transferred	• Indication reason for transfer and location.
Follow-up Consultations :	• Indicate any recommendations for follow-up of newborn conditions and concerns. Identify name of consultant(s), contact information and if referral made with appointment date.

Hearing screening (EHDI)	• Completion Guidelines:
	  ○ √ Not Required if: hearing screening was completed in hospital; parent refused screening; or, a "missed screen" referral to community audiology/screening site was already submitted. Infants born with aural atresia or presenting with meningitis are not eligible for screening. These infants will bypass hearing screening and be referred directly to audiology services for diagnostic assessment.
	  ○ √ Required if: the infant is eligible for hearing screening, but screening was not completed in hospital (either screening not offered at the birth site or a "missed screen" referral was not made to community audiology/screening site).
	• Refer to attached instructions for each Zone.

Comments/Concerns	• Specify any relevant newborn issues that impact newborn's care. May include but not limited to feeding plan or concerns, jaundice, risk of hypoglycemia, temperature control, drug withdrawal, attachment concerns, ability for parents to provide safe sleep environment.
Discharged	• Yes: Indicate with whom newborn was discharged including mother/co-parent, foster care, and care by agreement, adoptive parents or palliative care. No: Indicate if newborn remains in hospital or has deceased.

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Variable	Instructions
Follow-up Information	• Not discharged with mother – complete information identifying person responsible and contact information Physician/Midwife: Identify physician or midwife to provide follow-up to mother after discharge. Follow-up Physician for Newborn: Identify physician contact for newborn for medical concerns.
Discharge Date and Time	• Document Date and Time of Discharge for mother and newborn.

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EHDI Program

Instructions for Public Health – July 2021

Newborn hearing screening through the Early Hearing Detection and Intervention (EHDI) Program is indicated in **Section 5 under "Follow-up Consultations**".

Hearing Screening (EHDI)	☐ **Not Required**	☐ **Required**

A "required" indication means that the infant is eligible for hearing screening, but screening was not completed in hospital (either a "missed screen" with no referral process to community audiology/screening site or screening not offered at the birth site). Infants born with aural atresia or presenting with meningitis are not eligible for screening. These infants will be referred directly to audiology services for diagnostic assessment.

The process used to action a "required" indication differs by zone:

Zone	Instructions
North	• Complete the EHDI Program Referral form for community screening • Fax completed form to the nearest EHDI Program community screening site – a list of sites currently offering hearing screening can be accessed via the service record on AHS.ca/ehdi • Parent or guardian will be contacted to book an appointment
Edmonton	• Complete the Audiology Service Consultation Request form • Indicate "Hearing screening (EHDI)" under "reason for referral" • Fax completed form to Glenrose Rehabilitation Hospital (Fax: 780-735-6031) • Parent or guardian will be contacted to book an appointment Return TofC

Zone	Instructions

Central	• Contact the parent or guardian identified on the Notice of Birth. This can be done independently or as part of the well-baby/child visit.
	• Inquire as to whether the family has been contacted by Central Zone EHDI to book hearing screening appointment for their infant.
	  ○ If so, no further action
	  ○ If not, provide the Central Zone central booking line to the parent or guardian to book a hearing screening appointment for their infant
	  ○ Central booking line: 1-844-314-6805

Calgary (urban)	• During first postpartum visit, instruct the parents to contact Community Audiology to schedule a hearing screening appointment • Provide parent with the EHDI Missed Screen handout with Community Audiology (Richmond Road Diagnostic Treatment Centre) contact information
Calgary (rural)	• During first postpartum visit, instruct the parents to contact Rural Site Hospital (Canmore or High River) to schedule a hearing screening appointment • Provide parent with the EHDI Missed Screen handout with Rural Site contact information
South (SW)	• Call Audiology and Children's Allied Health at the Lethbridge Community Health Centre to book a hearing screening appointment for the infant (Phone: 403-388-6575 or 1-888-388-6575) • Complete the EHDI Program Referral form for community screening • Fax completed form to Audiology and Children's Allied Health (Fax: 403-328-5139) • Parent or guardian will be contacted to book an appointment
South (SE)	• Call Audiology at the Medicine Hat Regional Hospital to book a hearing screening appointment for the infant (Phone: 403-528-8175) • Complete the EHDI Program Referral form for community screening • Fax completed form to Audiology (Fax: 403-528-8190) • Parent or guardian will be contacted to book an appointment

If necessary, the EHDI Program Missed Screen: Your baby's hearing needs to be screened form can be used to guide discussions with parents and guardians about newborn hearing screening.

For more information about the EHDI Program, visit AHS.ca/ehdi or search "EHDI" on Insite.

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