

Name  NHS/CHI number  DoB 

## Form B LOOKED AFTER CHILDREN

# Neonatal report on child

*To be completed by a doctor or senior nurse*

### Consent to the sharing of health information

The signed Consent Form (or photocopy) **must** be attached to this form

### Guidelines for completing Form B

#### Introduction

The named child has become looked after and the local authority children's services have a statutory responsibility to ensure that the child has a comprehensive health assessment to address health inequalities and promote the child's current and future health and well-being. The neonatal information requested here is essential to a high quality assessment, so all sections should be completed and the form returned promptly to meet statutory timescales.

#### Who should complete the form?

**Part A** should be completed by the agency/local authority.

**Part B** should be completed by a doctor, midwife or senior nurse from the birth records of the child

#### Purpose of the form:

- To provide information on the child's health and behaviour in the neonatal period, relevant to their current and future health care and to inform decisions regarding future placements.
- To contribute to the written information given by the agency to prospective adopters or foster carers to enable them to care appropriately for the child.
- To provide information for the new GP, in accordance with regulations throughout the UK.
- To provide essential information for the child about their earliest days, the availability of which will be greatly valued by the child when he/she reaches adulthood, and which will promote their sense of identity.

#### Why this information is important

Form B should be completed for all children and young people becoming looked after, preferably shortly after they come into care to prevent valuable information being lost to them and their carers. Pregnancy and neonatal history remains essential information for older children and young people as this period of life forms the foundation upon which future health, development and, to some extent, behaviour rests. The information on Form B is essential to the completion of a comprehensive health assessment and health care plan. It also enables a carer, or the child or young person when they reach adulthood, to provide a health professional with information about the child's earliest history that may be essential to the making of an accurate diagnosis.

Tracing the early records of an older child can be problematic but the information is invaluable to adopted people and those individuals who are, or have been, in long-term care, both in terms of their health and in the formation of their identity. Community health records are often invaluable sources of relevant information.

**Consent:** Consent is required to access the information requested on Form B; the CoramBAAF Consent Form is a convenient way of recording this. It **must** accompany a request to complete Form B and provides guidance as to who may give consent to access health information.

**Sharing information:** Secure email **must** be used when sharing relevant information on these forms with other agencies. Practitioners should be familiar with the systems in use in their locality and

**Form B**

CONFIDENTIAL

Name  NHS/CHI number  DoB

protocols for sharing confidential information.

**Part A and procedure for the agency/local authority**

- **Part A** contains the information that identifies the looked after child and their mother, and should be completed in full by the agency.
- In order to maintain confidentiality, it is essential to correctly indicate the name and contact details of the agency health adviser to whom the form should be returned.
- A copy of the signed Consent Form **must** accompany a request for the completion of Form B.

**Part B and procedure for the doctor, midwife or senior nurse completing the form**

- Part B should be completed by a doctor, midwife or senior nurse from the birth records of the child; it is essential to provide full details. Whoever signs it will be responsible for the accuracy of the information on it.
- This form will cover the essential information needed for most children. However, if the child has had a very complicated neonatal course, please attach further reports or a discharge summary from the hospital records.
- The completed form should be returned to the agency health adviser indicated in Part A below.

**Part A To be completed by the agency – type/write clearly in black ink**

<i>Include all known names and underline surname</i>	Mother	Child
Given name		
Family name		
Date of birth		
Sex MF		

Name of agency	Social worker	
Address		
Postcode	Telephone	
Email	Fax	

**Form to be returned to the agency health adviser**

Health adviser's name	
Address	
Postcode	Telephone
Email	Fax

Name  NHS/CHI number  DoB 
**Part B To be completed by a doctor, midwife or senior nurse**

1	Hospital where born		Single or multiple birth	
2	Type of delivery		Gestational age	weeks
	Who delivered the baby?			
	Who was mother's birthing partner?			
3	Time of birth		Birth weight	OFC
4	What was the child's condition at delivery?			
	Apgar	1 min	5 min	10 min
	Spontaneous respiration established at	mins	Resuscitation	Yes/No
	Admitted to NICU/SCBU	Yes/No	Readmitted	Yes/No Date

**5 Postnatal period**

Condition	Yes/No	Details of condition and treatment
Feeding		Breast or bottle, feeding difficulties
Jaundice		Include maximum bilirubin and duration of treatment
Symptomatic hypoglycaemia		Include duration and lowest level
Neonatal withdrawal syndrome		Include maximum score and treatment details
Respiratory distress		Include details of ventilation
Infection		
Seizures		
Others		

**6 Were there any abnormalities on neonatal examination? If yes, provide full details**

**7 Any concerns or observations about the mother's relationship with the baby**

Name  NHS/CHI number  DoB 
**8 Screening tests and investigations**

Neonatal blood spot screening obtained	Yes/No	Date	
--	--------	------	--

	Tested	Results	Date
Ophthalmology screening	Yes/No		
Hearing screening	Yes/No		
Hepatitis B	Yes/No		
Hepatitis C	Yes/No		
HIV	Yes/No		
Ultrasound scan	Yes/No		
Toxicology	Yes/No		
Other	Yes/No		

**9 Neonatal immunisations**

	Yes/No	Date
BCG		
Hepatitis B Immunoglobulin		
Hepatitis B vaccine first dose		
Other		

**10 Discharge details****Attach copy of discharge summary if available**

Date of discharge from maternity unit	
Discharged to care of	
Medications at discharge	
Referrals made	

<b>Signature of doctor/ senior nurse</b>		Date	
Name			
Designation			
Qualifications			
Registration authority	GMC: NMC: (delete inapplicable)	Number	
Address			
Postcode		Telephone	
Email		Fax	