**Mother-Baby Dyad Audit - Birthing Unit**

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
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<tbody>
<tr>
<td>Birth Date</td>
<td></td>
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<tr>
<td>Time</td>
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<tr>
<td>Birth Type</td>
<td>Vaginal or C/S: Elective, Urgent</td>
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<tr>
<td>Gestational Age</td>
<td>37-39 weeks, 40-41 weeks, ≥ 42 weeks</td>
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<tr>
<td>Baby transferred to</td>
<td>mother-baby unit or special care nursery</td>
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<tr>
<td>Date</td>
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<tr>
<td>Time</td>
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**AUDITOR:** __________________________  **AUDIT DATE:** ___________ AT _______ HOURS

1. Umbilical cord clamped within: □ <10 seconds  □ 10-60 seconds  □ 1-2 minutes  □ > 2 minutes
2. Was baby suctioned? □ No  □ Yes  
   Was meconium present? □ No  □ Yes
3. Reason for suctioning: □ Non-vigorous meconium  □ Other: __________________________________________
4. If suctioned, who did the suctioning? □ Physician  □ Midwife  □ RN  □ Respiratory Therapist
5. Duration of skin to skin contact immediately after birth in birthing room or operating room:
   □ 1-5 minutes  □ 6-15 minutes  □ 16-30 minutes
   □ No skin to skin immediately after birth. Reason: __________________________________________
6. Duration of skin to skin during recovery period: □ 1-15 min.  □ 16-30 min.  □ 31-60 min.  □ > 60 min.
7. Vitamin K & Erythromycin eye drops given:
   □ 0-15 minutes after birth  □ 15-30 minutes after birth  □ 30 – 60 minutes after birth
8. First feeding type: □ Breast  □ Formula  □ No feeding offered
   Feeding initiated within (minutes from birth): □ 0-30 minutes  □ 30 – 60 minutes  □ > 60 minutes
9. Continuous observation needed for infant: □ No  □ Yes
   Reason: □ Nasal Flaring  □ Tachypnea  □ Grunting  □ Other: __________________________________________
10. If indicated, was there a dedicated care provider for baby until baby stabilized or transferred to SCN/NICU.
    □ No  □ Yes
    Reason for dedicated care provider: __________________________________________
    The dedicated care provider was an: □ RN (L&D)  □ RN (SCN)  □ RRT  □ Other: _______________________
    How long did the dedicated care provider stay? □ 0-10 min.  □ 11-30 min.  □ > 30 min.
    **Transfer to SCN/NICU** due to (if applicable): __________________________________________

*Adapted from the Transition of the Newborn audit tool created by the West Cluster Maternal Child Network hospitals, which include: Credit Valley Hospital, Halton Healthcare Services, Trillium Health Centre and William Osler Health System.*