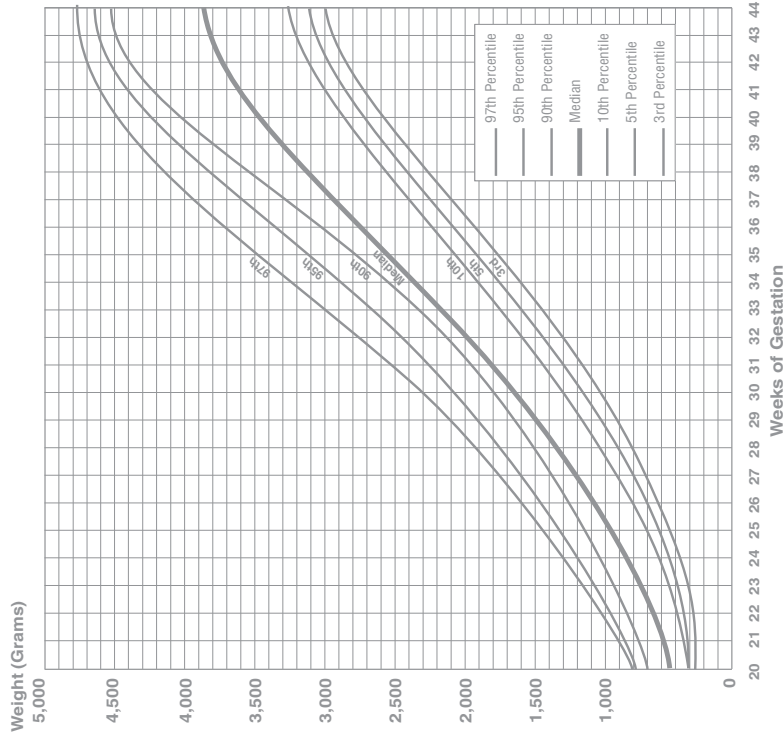


At Birth Newborn Growth Charts for British Columbia

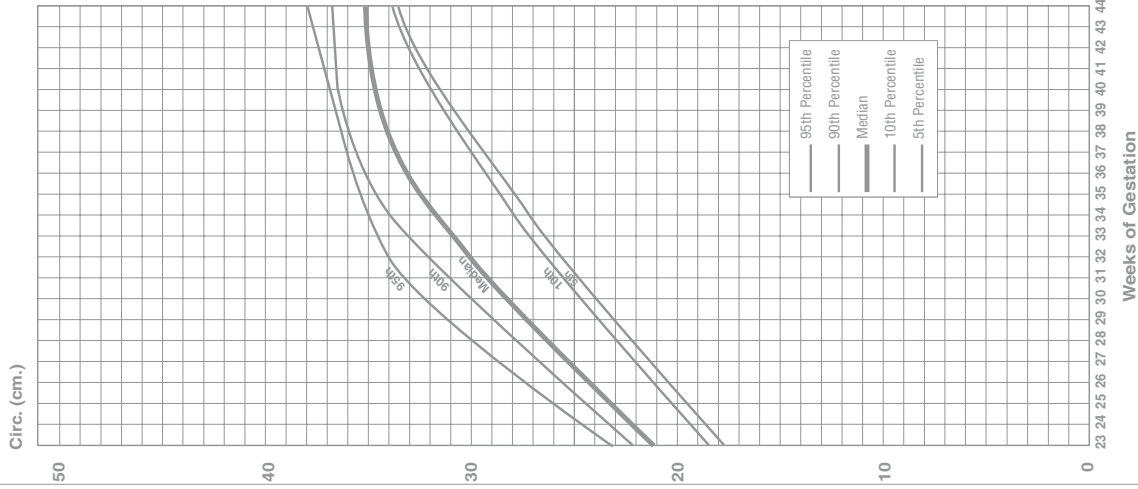
Smoothed Percentiles for the Full Population, 1981-2000



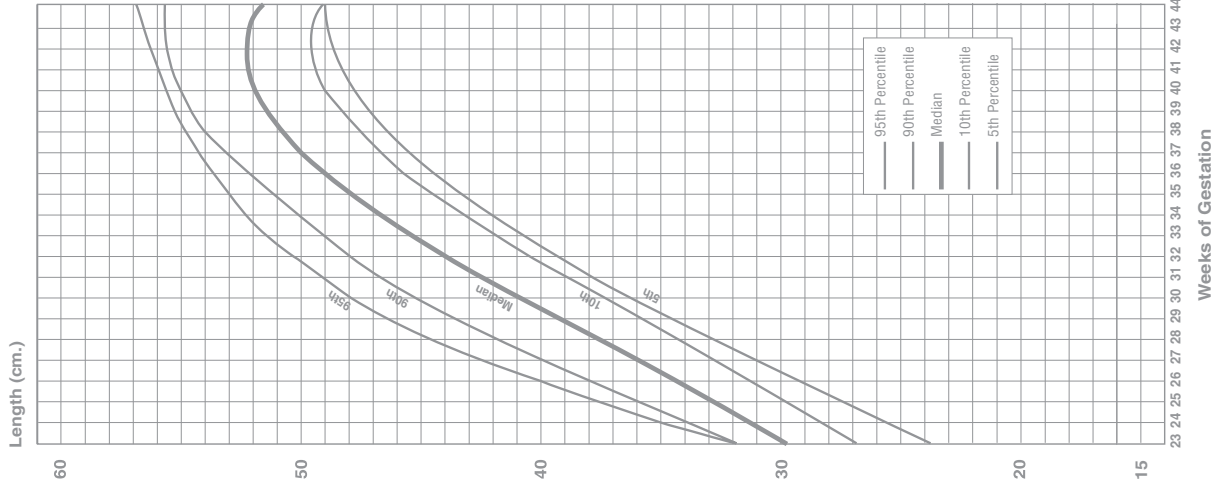
Reference: Birth Weight and Gestational Age charts for British Columbia populations, British Columbia Vital Statistics Agency.
 Additional charts are available for gender specific assessment as well as ethnic variations and geographic locations on the BCRCP website — www.rcp.gov.bc.ca.

Definitions: Appropriate for Gestational Age (AGA) \geq 10th \leq 90th percentile.
 Small for Gestational Age (SGA) $<$ 10th percentile.
 Large for Gestational Age (LGA) $>$ 90th percentile.

Smoothed Percentiles for Birth Head Circumference, 1995-2000



Smoothed Percentiles for the Birth Length, 1995-2000



British Columbia Newborn Record Part 1

1. MOTHER'S NAME			AGE	MOTHER'S HOSPITAL #	HOSPITAL NAME	DATE
SURNAME OF NEWBORN		PARTNER'S NAME		AGE	SURNAME	GIVEN NAME
G	T	P	A	L	EDD D M Y	BLOOD GROUP/Rh
						RH ANTIB.
						HBsAg
RISK FACTORS FOR INFANT (Refer to Antenatal Record, Part 2)					ADDRESS	PHONE NUMBER
					PHYSICIAN / MIDWIFE NAME	

2. APGAR SCORE

	0	1	2	1 MIN.	5 MIN.	10 MIN.
HEART RATE	ABSENT	BELOW 100	ABOVE 100			
RESP. EFFORT	ABSENT	SLOW IRREG.	GOOD CRYING			
MUSCLE TONE	LIMP	SOME FLEXION	ACTIVE MOTION			
RESPONSE TO STIM.	NONE	GRIMACE	COUGH OR SNEEZE			
COLOUR	BLUE PALE	BODY PINK BLUE EXTREM.	ALL PINK			
APGAR TOTAL SCORE						

3. RESUSCITATION SUMMARY (Use Hospital Progress Notes if insufficient space for narrative)

AMNIOTIC FLUID: CLEAR MECONIUM STAINED

SUCTION: AT PERINEUM OROPHARYNGEAL TRACHEA

MEC. BELOW CORDS STOMACH SUCTIONED

DRIED, POSITIONED, ASSESSED

O₂ FREE FLOW: START _____ STOP _____

IPPV: START _____ STOP _____ TIME TO SPONTANEOUS BREATHING _____

TIME TO HR > 100 _____

RESUSCITATION FORM COMPLETED (document resuscitation requiring IPPV on separate Neonatal Resuscitation Record)

CORD GASES: NOT DONE UA pH _____ pCO₂ _____ pO₂ _____ B.E. _____

UV pH _____ pCO₂ _____ pO₂ _____ B.E. _____

Comments: _____

4. DELIVERY ROOM

BIRTHDATE: D M Y TIME

DELIVERY TYPE: _____ NEWBORN HOSPITAL #: _____

IDENTIFIED AT BIRTH BY: _____ RN/RM

Signature: _____ RN/RM

IDENTIFIED AT TRANSFER BY: (if appropriate) _____ RN/RM

Signature: _____ RN/RM

VOIDED: No Yes PASSED MECONIUM: No Yes

FEEDING PLAN: Breast Formula

SIGNATURE _____ RM/RN SIGNATURE _____ RM/RN SIGNATURE _____ MD

5. ROUTINE PROCEDURES

CORD BLOOD: Rh Other

EYE PROPHYLAXIS: Erythromycin Other: _____ Time _____

Signature: _____ RN/RM

VITAMIN K: IM PO _____ Time _____

Signature: _____ RN/RM

8. PHYSICAL EXAMINATION AT BIRTH (INCLUDING STILLBIRTHS)

GESTATIONAL AGE FROM ANTENATAL HISTORY _____ wks. GESTATIONAL AGE BY EXAM (see reverse) _____ wks.

MALE FEMALE AMBIGUOUS

	NORMAL	ABNORMAL	COMMENTS	TEMP. _____
1. GENERAL APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>		RR. _____
2. SKIN	<input type="checkbox"/>	<input type="checkbox"/> Pallor <input type="checkbox"/> Bruising <input type="checkbox"/> Petechiae	<input type="checkbox"/> Mec. Stain <input type="checkbox"/> Peeling <input type="checkbox"/> Jaundice	HR. _____
3. HEAD	<input type="checkbox"/>	<input type="checkbox"/>		
4. EENT	<input type="checkbox"/>	<input type="checkbox"/> Cleft Lip/Palate <input type="checkbox"/> Micrognathia	<input type="checkbox"/> Suspected Choanal atresia	
5. RESP.	<input type="checkbox"/>	<input type="checkbox"/> Grunting <input type="checkbox"/> Nasal Flaring <input type="checkbox"/> Retracting	<input type="checkbox"/> Shallow breathing <input type="checkbox"/> Tachypnea	
6. CVS	<input type="checkbox"/>	<input type="checkbox"/> Murmur <input type="checkbox"/> Central Cyanosis	<input type="checkbox"/> Abn./ Delayed femoral pulses <input type="checkbox"/> Abnormal rate/rhythm	
7. ABDOMEN	<input type="checkbox"/>	<input type="checkbox"/> Scaphoid <input type="checkbox"/> Distention <input type="checkbox"/> Hepatomegaly	<input type="checkbox"/> Splenomegaly <input type="checkbox"/> Abnormal mass	
8. UMBILICAL CORD	<input type="checkbox"/>	<input type="checkbox"/> Mec. Stain <input type="checkbox"/> 2 Vessels	<input type="checkbox"/> Thin	
9. GENITO-RECTAL	<input type="checkbox"/>	<input type="checkbox"/> Hypospadias <input type="checkbox"/> Imperforate anus	<input type="checkbox"/> Undescended testes	
10. MUSCULO-SKELETAL	<input type="checkbox"/>	<input type="checkbox"/> Spine <input type="checkbox"/> Hip abnormality	<input type="checkbox"/> Extremity abnormality	
11. NEURO-LOGICAL	<input type="checkbox"/>	<input type="checkbox"/> Hypotonia <input type="checkbox"/> Cry	<input type="checkbox"/> Jittery <input type="checkbox"/> Reflexes	
12. OTHER				

6. EVALUATION OF DEVELOPMENT (growth chart and curve on reverse)

BIRTHWEIGHT	g	%
LENGTH	cm	%
HEAD CIRCUMFERENCE	cm	%

PRETERM TERM POSTTERM SGA AGA LGA

7. STILL BIRTH

	NO	YES
MACERATED	<input type="checkbox"/>	<input type="checkbox"/>
IUGR	<input type="checkbox"/>	<input type="checkbox"/>
RETROPLACENTAL CLOT	<input type="checkbox"/>	<input type="checkbox"/>
EVIDENCE OF ANEMIA	<input type="checkbox"/>	<input type="checkbox"/>
AUTOPSY CONSENT	<input type="checkbox"/>	<input type="checkbox"/>
OBVIOUS ANOMALY (describe below):	<input type="checkbox"/>	<input type="checkbox"/>

umbilical cord length _____ cm

DATE _____ TIME _____ SIGNATURE _____ MD/RM

PATIENT'S NAME _____

Examination First Hours

CLINICAL ESTIMATION OF GESTATIONAL AGE

An Approximation Based on Published Data*

PHYSICAL FINDINGS	WEEKS GESTATION																													
	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	
VERNIX		APPEARS								COVERS BODY, THICK LAYER											ON BACK, SCALP, IN CREASES	SCANT IN CREASES							NO VERNIX	
BREAST TISSUE AND AREOLA			AREOLA & NIPPLE BARELY VISIBLE NO PALPABLE BREAST TISSUE																	AREOLA RAISED	1-2 MM NODULE	3-5 MM	5-6 MM						7-10 MM	7-12 MM
EAR FORM																				BEGINNING INCURVING SUPERIOR	INCURVING UPPER 2/3 PINNAE									WELL-DEFINED INCURVING TO LOBE
CARTILAGE										PINNA SOFT, STAVS FOLDED										CARTILAGE SCANT RETURNS SLOWLY FROM FOLDING	THIN CARTILAGE SPRINGS BACK FROM FOLDING									PINNA FIRM, REMAINS ERECT FROM HEAD
SOLE CREASES										SMOOTH SOLES & CREASES										1-2 ANTERIOR CREASES	2-3 ANTERIOR OR CREASES	CREASES ANTERIOR SOLE	HEEL							DEEPER CREASES OVER ENTIRE SOLE
SKIN THICKNESS & APPEARANCE			THIN, TRANSLUCENT SKIN, PLETHORIC, VENULES OVER ABDOMEN							EDENIA										SMOOTH THICKER NO EDEMA	PINK									THICK, PALE, DESQUAMATION OVER ENTIRE BODY
HAIR NAIL PLATES		APPEAR																												NAILS EXTEND WELL BEYOND FINGER TIPS
LANUGO		APPEARS ON HEAD								EYE BROWS & LASHES																				PRECEDING HAIRLINE OR LOSS OF BABY HAIR SHORT, FINE UNDERNEATH
GENITALIA TESTES		APPEARS								COVERS ENTIRE BODY																				NO LANUGO
LABIA & CLITORIS																				TESTES PALPABLE IN INGUINAL CANAL	FEW RUGAE									IN LOWER SCROTUM
SKULL FIRMINESS																														IN LOWER SCROTUM
POSTURE RESTING																														IN LOWER SCROTUM
RECOIL - LEG																														IN LOWER SCROTUM
ARM																														IN LOWER SCROTUM

Brazier, J.V., and Lubchenco, L.O.: The estimation of Gestational Age Chart, in Kempe, Silver and O'Brien: Current Pediatric Diagnosis and Treatment, ed. 3, Los Altos, California, Lange Medical Publications, 1974, chapter 3.