



WV Birth Score-Developmental Risk Screen And Newborn Hearing Screen

Draft

Delivery Hospital

Mother's Last Name

Infant's Last Name

Mother's First Name

Infant's First Name

Mother's Maiden Name

Infant's Birth Date

Mother's SS #

Mother's Race White Hispanic
 Black Mixed Race
 Asian Other

Parent Phone

Payment Method Insurance WV Medicaid Self-Pay Other

Street Address

City

State Zip Code

DEVELOPMENTAL RISK Automatic High Score
 Answer each. Definition of abnormalities on back.

Birth Weight 1500 gms or less YES NO Congenital Abnormalities

5 Minute APGAR 3 or less YES NO

PRIMARY CARE PHYSICIAN/CLINIC

City

Office Phone WV OH KY PA MD VA Other Zip Code

Was infant transferred to NICU?
 NO YES Cabell Huntington WVU Hospital Women & Childrens Other

ITEM	ANSWER CODE	SCORE
Birth Weight (grams)	<input type="radio"/> <1501 (90)	<input type="text"/>
	<input type="radio"/> 1501-2000 (77)	
	<input type="radio"/> 2001-2500 (55)	
	<input type="radio"/> 2501-3000 (10)	
	<input type="radio"/> >3000 (0)	
Maternal Age	<input type="radio"/> <17 (75)	<input type="text"/>
	<input type="radio"/> 17-19 (60)	
	<input type="radio"/> >19 (0)	
Infant's Sex	<input type="radio"/> Male (40)	<input type="text"/>
	<input type="radio"/> Female (0)	
Feeding Intention	<input type="radio"/> Breast Only (0)	<input type="text"/>
	<input type="radio"/> Bottle or Both (36)	
Previous Pregnancies	<input type="radio"/> None (0)	<input type="text"/>
	<input type="radio"/> 1-3 (3)	
	<input type="radio"/> 4-6 (12)	
	<input type="radio"/> 7-8 (18)	
	<input type="radio"/> 9 or more (21)	
Maternal Education	<input type="radio"/> 10th grade or lower (12)	<input type="text"/>
	<input type="radio"/> 11th grade or above (0)	
Nicotine use during pregnancy	<input type="radio"/> No (0)	<input type="text"/>
	<input type="radio"/> Yes (12)	
	<input type="radio"/> Smoking	
	<input type="radio"/> Oral tobacco Patch	

QUESTIONS FOR MOTHER:

Have you ever been diagnosed by a physician with the following conditions?
 No, I have never been diagnosed with diabetes
 Type I diabetes (juvenile type)
 Type II diabetes (adult onset)
 Gestational diabetes (pregnancy related)

Height - self reported by mom ft inches Pre-Delivery Admission Weight lbs

NEWBORN OXYGEN SATURATION SCREENING: Yes No Not Screened

1st reading: Rt. Hand _____ Rt. Foot _____ Age (hours) _____
 2nd reading: Rt. Hand _____ Rt. Foot _____ Age (hours) _____
 3rd reading: Rt. Hand _____ Rt. Foot _____ Age (hours) _____

NEWBORN HEARING

- Type of Test: ABR OAE
- Test Results:
 - Left Ear Pass Fail Not Screened
 - Right Ear Pass Fail Not Screened
- Reason if not screened: Infant Death Parent Refusal Equipment Failure Other

WAS THE INFANT FED BREAST MILK EXCLUSIVELY?

Yes No

Gestational Age Birth Score Total
 High Birth Score is above 99.