

Mother's name					
Baby's name:					
Baby's Date of Birth:					
Fetal Cardiac Diagnosis:					
Delivery Hospital:					
Delivery Location	L&D room	OR: vaginal delivery		OR: cesarean section	
Names of NICU team members at delivery					
Apgar Scores	1 min:			5 min:	
Was a postnatal SSC plan available?	Yes- identified on eligible patient fetal list		Yes- other documentation		
	No plan available or patient not known to be eligible				
Was DR SSC completed?	Yes	No			
If Yes, how long?	_____ min				
Was DR Breastfeeding attempted?	Yes	No			
If SSC NOT performed, why not?	Neonatal DR eligibility requirements NOT met	NICU staff not available	L&D staff reservations/objections	Maternal indications	Delivery team unaware mother/baby were eligible for SSC
	Other:				
Was there a complication during SSC?	No	Yes- cardiorespiratory event		Yes- other concern	
NICU admission temperature					
Reported Staff Anxiety	None	Mild	Moderate	Severe—not comfortable with SSC plan	
Maternal Satisfaction	Unsatisfied ----- Neutral ----- Extremely satisfied				
	1	2	3	4	5
Other Comments					