|  |  |
| --- | --- |
| **GOLDEN HOUR SUSTAINABILITY DATA FORM** | |
| Date of birth: | \_\_\_\_ /\_\_\_\_\_ / \_\_\_\_\_ |
| Birth Weight:  (*weight in grams at birth)* | \_\_\_\_\_\_\_\_\_ |
| Gestational Age: | Weeks: \_\_\_\_\_\_\_\_\_ Days: \_\_\_\_\_\_\_\_\_ |
| Gender (*of infant*) | 🞎 Male 🞎 Female 🞎 Unknown |
| Race (*of mother*) | 🞎 White 🞎 Black 🞎 Hispanic 🞎 Asian 🞎 Other |
| Admitted  (*Answer yes if infant was admitted to neonatal ICU or Special Care Nursery)* | 🞎 Yes 🞎 No |
| **Delivery Room Care** | |
| Debrief Done  (*Discussion of delivery with team occurred after delivering)* | 🞎 Yes 🞎 No |
| Delayed Cord Clamping Done | 🞎 Yes (30+ Seconds)  🞎 No (<30 Seconds or Not Attempted) |
| **Admission** | |
| Temperature  (*Axillary temperature measured at 30 minutes of age +/- 15 minutes. Answer N/A if not admitted* | \_\_\_\_\_\_\_\_\_ |