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Contact: QldMaternityandNeonatalNetwork@health.qld.gov.au

Queensland Government

Birthing Record

Documentation Notes

(Additional Page)

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Every person documenting in this record **must** supply a sample of their initials and signature in the Signature Log *(pg 1)* on the *Birthing Record (SW1200)*. This additional page **must** be kept with the original *Birthing Record*.

Date	**Time** (24hr)	**Document all communication, including telephone communication** (include name, designation, signature, date and time with all entries) MAKE ALL NOTES CONCISE AND RELEVANT	**Initials**

DO NOT WRITE IN THIS BINDING MARGIN

BIRTHING RECORD DOCUMENTATION NOTES (ADDITIONAL PAGE)

v1.00 - 02/2026
WINC Code: 1NY45127
SW1200b

Queensland Government

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