Te Whatu Ora Health New Zealand Capital, Coast and Hutt Valley

Surname: NHI:
First Names:
Date of Birth: / Sex:
PLACE PATIENT ID HERE

HOMEBIRTH EQUIPMENT ORDER FORM

Te Whatu Ora: Capital, Coast and Hutt Valley are providing homebirth consumables and loan equipment for use in the community. Lead maternity carers who have access agreement in the district, who have clients planning a homebirth can be supplied birth packs and loan equipment by completing this form and returning to the Maternal Health Co-Ordinator at: homebirth@ccdhb.org.nz

Order and loan agreement with * required information									
LMC name*			Phone*		Email*				
Additional information									
Collection site*	Patien		nt NHI*		Preferred collection date				
Wellington, Kenepuru, Hutt, Paraparaumu		Patient name*			EDD for loan items				
Order will be confirmed by email. Orders will only be accepted between 32-41 weeks gestation (to ensure equitable access).									
Minimum 3 days between order and pickup. ENSURE YOUR CONFIRMATION IS RECEIVED BEFORE ATTEMPTING COLLECTION									
Equipment must be collected and returned by Lead Maternity Carer (or midwife/medical representative)									
Additional information									

#	Tick all items required (quantities cannot be increased)		Size requested	Requested 🗸	Packed ✓
1	Delivery pack				
1	Disposable birth instrument set				
1	Episiotomy scissors				
1	Peri-Suture set with instruments				
1	Syntometrine 500mcg 1ml ampule MIDWIFE TO C	OLLECT	MEDICATION ROOM & CHART		
1	Syntocinon 10iu ampule MIDWIFE TO C	COLLECT	MEDICATION ROOM & CHART		
2	Lignocaine 1% 5mls MIDWIFE TO C	OLLECT	MEDICATION ROOM & CHART		
5	Pairs non sterile gloves SPECIFY SIZE Small / Medium /	Large			
3	Sterile gloves SPECIFY SIZE 6.0 / 6.5 / 7.0 / 7.5	5/8.0			
1	ACC Injury Claim Form for perineal trauma (ACC45)				
1	Vicryl rapide 2.0				
1	Vicryl rapide 3.0				
2	1ml syringe				
1	20ml syringe				
2	20g needle				
1	Blunt fill needle				
1	Blunt fill with filter needle				
2	Alcohol swab				
1	Tape measure				
1	Amnihook				
1	Cord clamp				
3	Inco pad (greenie)				
2	Combine dressing/sterile pad				
1	In/out catheter				
3	Lubrication Sachets (Optilube)				
1	10mls Chlorhexidine				
2	Large plastic bags				

Te Whatu Ora Health New Zealand

Capital, Coast and Hutt Valley

Surname: NHI:
First Names:
Date of Birth: / Sex:
PLACE PATIENT ID HERE

HOMEBIRTH EQUIPMENT ORDER FORM

#	Loan Equipment – subject to availabili	ty		Requested LMC ✓	Packed HCA ✓	Returned LMC ✓	Packed HCA ✓	
1	Birth Pool – regular professional kit (all items required) Pool in backpack Water birth guideline Air pump Thermometer Regular fitted liner with instructions (disposable) Regular fitted cover (disposable)							
1	Pool filling and emptying kit – regular Bucket with lid 2 x Y adaptor hoses with fitting. 1 x connector for single hose fit 1 x aerator adaptor kit (for showed 1 x filling hose (not for emptying)) 1 x emptying kit (orange/grey posterilising tablet Detergent wipes	s (for double ta ting er attachment)	ps)					
1	1 Obstetric TENs Machine kit Obstetric Tens machine with (probe connectors) Connectors (reusable / non-disposable) Pack of 4 stick on pads (disposable)							
1 02 saturation monitoring kit / pulse oximeter Pulse oximeter machine Probe with connectors (reusable / non-disposable) Posie to hold probe on foot/hand (disposable)								
	CKUP – INFORMATION & LOAN AGES DER CONFIRMATION From Maternal He		Collection site					
Pick	c-up date Drop-off	date		Instructions				
 ON PICKUP Loan agreement - as the Lead Maternity Carer (or their representative midwife), by signing this, you: agree that the items listed have been collected from Te Whatu Ora: Capital, Coast and Hutt Valley agree to take responsibility for return of all of items listed as 'loan equipment' agree to use the equipment for the sole purpose of providing support in labour and homebirths will provide and highlight all included instructions to ensure safe use to prevent injury and damage will ensure all loan items, are free of cleaned with included cleaning products prior to packing and return will report any missing or damaged items on their return (to prevent the next birth being impacted) agree to return any loan items before, or on the day return 								
Cler	rk/ACMM	CMM Lo		Loan agreement – signed				
RET	TURNS – ALL LOAN ITEMS TO BE SIG	NED BACK IN	BY CLERK / A	CMM (RM Ken	epuru & Para _l	paraumu or	nly)	
	maged or missing items all missing or damaged item on return)							
Che	ecked by		Return by LM	С				
HC	A check and list items All loan ite	ms returned	Missing it	ems Dam	aged items	Stock red	quired	
Afte	After equipment returned/checked, please email to Maternal Health Co-ordinator at homebirth@ccdhb.org.nz							