



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO  
BUMEDINST 6320.71A  
BUMED-M3  
25 Apr 2012

BUMED INSTRUCTION 6320.71A

From: Chief, Bureau of Medicine and Surgery

Subj: PROCEDURES FOR IDENTIFYING NEWBORNS

Ref: (a) The Joint Commission Hospital Accreditation Manual, current edition  
(b) Footprinting of Infants reprinted from the FBI Law Enforcement Bulletin, October 1966 (Revised October 1977)  
(c) Best Foot Forward: Infant Footprints for Personal Identification, from the FBI Law Enforcement Bulletin, November 1994  
(d) BUPERSINST 1750.10C  
(e) NAVMEDCOMINST 6000.1A

1. Purpose. To provide procedures to identify newborns in accordance with reference (a), which is available at <https://e-dition.jcrinc.com/Frame.aspx>.

2. Cancellation. BUMEDINST 6320.71.

3. Scope. This instruction applies to all Medical Treatment Facilities (MTFs) that perform labor and delivery services.

3. Background. From a patient safety and medico-legal viewpoint, and in the interest of maintaining the highest standard of patient care, permanent, positive newborn identification records are vital to resolve any questions regarding the relationship of mother to infant.

4. Identification Required

a. Three matching identification bands must be fastened onto the newborn and the mother. One is placed on the wrist of the newborn, a second on the ankle of the newborn and the third on the wrist of the mother (either wrist is acceptable as long as it is fastened securely in place). In case of multiple births, a separate identification band must be placed on the wrist of the mother for each newborn (either wrist is acceptable as long as they are fastened securely in place). These newborn identification bands are in addition to the mother's identification band received at time of admission. Each of the three bands must:

(1) Be printed with a matching number.

(2) Include mother's full name and register number; sex of newborn written as "girl" or "boy" (leave blank in the case of ambiguous genitalia); and date and time of birth. An identification method for multiple births needs to be established, like "boy A" and "boy B."

b. Record prints of the right index finger of the mother and both feet of the newborn on NAVMED 6320/11, Newborn Identification. This form is printed on special high-gloss, cast-coated paper to aid in obtaining legible prints. If other than the right index finger print of the mother is taken, it must be properly identified. To assure legible prints, recommend:

(1) Delivery room personnel taking prints shall be adequately trained in the proper techniques in accordance with references (b) and (c). Requests for training assistance from local law enforcement agencies or the Federal Bureau of Investigation may be pursued. Local experts may be consulted periodically about technical acceptability of prints being taken.

(2) An evaluation program should be established. Inking methods such as disposable pads, reusable pads, or printer's ink and roller, are at the discretion of the commander, Commanding Officer (CO), or Officer in Charge (OIC).

5. Action. To assure that permanent, positive newborn identification records are created and appropriately recorded, all MTFs that perform labor and delivery services must adhere to the following:

a. Records of Birth

(1) In accordance with reference (d), include birth information in the certificate of live birth authenticated by the attending physician or other responsible person from a United States hospital or MTF. The same process applies to patients born overseas using the Consular Report of Birth Abroad, FS-240. Use of graphic art, size and quality of paper, and layout are determined at the local level.

(2) Ordinarily the certificate of live birth is presented to the mother while still an inpatient. If the mother of a newborn leaves the hospital prior to presentation of the certificate of live birth, send a completed record of birth to the mother within 3 working days of discharge. Indicate the place (state or other jurisdiction of birth) where the legal birth certificate can be obtained. This is especially important for births occurring aboard ships, aircraft, and in foreign jurisdictions.

(3) Reporting of all births occurring both within and outside the 50 United States, shall be done in accordance with reference (e).

b. Identification Bands

(1) At Delivery

(a) Delivery room personnel must prepare and attach identification bands, initiate NAVMED 6320/11, and record necessary fingerprint and footprints. The identification procedure (bands, finger- and footprinting) should be explained to the mother in the delivery room as both she and the infant are being banded and prints taken of the newborn.

(b) Before the departure of either the mother or newborn from the place of delivery (except in a medical emergency), a staff member must certify, by signing the newborn's NAVMED 6320/11, that:

1. The three identification bands have been attached as prescribed.
2. The three bands are identically numbered.
3. The three band inserts contain the required identical information.
4. The necessary fingerprint of the mother and footprints of the newborn have been recorded.

(c) In a medical emergency when immediate removal of the mother or newborn from the place of delivery is imperative, a staff member present at the delivery must complete the identification process and verify on NAVMED 6320/11 immediately.

(d) Prepare a NAVMED 6300/5, Inpatient Admission/Disposition Record, for the newborn and enter the assigned register number on the newborn's NAVMED 6320/11. The preparation of an admission identification band for the newborn (in addition to the two bands attached at birth) is not required. File NAVMED 6320/11 and NAVMED 6300/5 in the newborn's inpatient record.

## (2) Initial Postpartum

(a) When the newborn is transferred to the Postpartum ward, the nurse must compare the information on the newborn's identification bands with NAVMED 6320/11 to confirm identity. Prepare a crib card for the infant immediately upon confirmation of identity.

(b) Each time the infant is removed from or replaced in the bassinet, incubator, etc., a staff member must verify that the infant is correctly located by comparing the information on the crib card with the infant's identification bands.

(c) Upon the first presentation of the newborn infant to the mother in her room, the mother and a staff member must verify that the number and information on all three bands are correct and identical. This must be documented in the mother's inpatient record.

(d) During succeeding presentations of the infant to the mother, the mother and a staff member must verify that the number and information on the infant's bands and the mother's band match.

(e) If at any time before discharge of the mother or infant, one of the three matching identification bands is lost or destroyed, the entire set must be replaced with a new band number and recorded on the infant's NAVMED 6320/11.

(3) At Discharge

(a) No infant will be discharged into the custody of any person or agency except the mother or mother's spouse unless authorized by the commander, CO, executive officer, or OIC.

(b) At discharge of mother and infant together, the mother must compare the preprinted number on the infant's identification bands attached at birth with the number on her part of the three-piece set in the presence of a nurse and affirm that they are identical. This must be documented in the mother's inpatient record.

(c) At discharge of infant retained after discharge of mother, the mother (or person taking custody) must compare the information on the infant's identification bands with the identifying data on NAVMED 6320/11 in the presence of a nurse and affirm that the information is the same. This must be documented in the infant's inpatient record.

(d) One of the infant's bands attached at birth must be removed and attached to NAVMED 6320/11 with staples in the allocated space. The remaining band and the admission band (if one has been made) must not be removed before the infant's departure from the MTF.

(e) The mother (or person taking custody) must read the certification-of-identity statement on NAVMED 6320/11 and sign the form. The nurse present, other command-designated officer, or responsible civilian employee must then sign as a witness.

(f) When an infant is transported from the hospital of birth to another MTF, the medical attendant must:

1. Compare the information on the infant's identification bands with the identifying data on NAVMED 6320/11.
2. Attach one of the infant's identification bands to NAVMED 6320/11 with staples. The remaining band must stay on the infant for identification on arrival at the receiving MTF.
3. Sign the certification-of-identity statement on NAVMED 6320/11.
4. Indicate the destination of the infant on NAVMED 6320/11.

6. Forms. The following NAVMED forms are available for order from Naval Forms Online at <https://navalforms.daps.dla.mil/web/public/forms>:

- a. NAVMED 6300/5 (Rev. 3-92), Inpatient Admission/Disposition Record, S/N 0105-LF-013-9800.

- b. NAVMED 6320/11 (8-72), Newborn Identification, S/N 0105-LF-214-1620.



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