

Affix FRONT PAGE sticker here

Neonatal morbidity/mortality follow-up

This form relates to a baby who was part of the Birthplace cohort study. This study is designed to compare outcomes of births planned at home, in different types of midwifery units and in hospital obstetric units (www.npeu.ox.ac.uk/birthplace).

Our study records show that this baby was admitted to a neonatal unit and/or experienced significant morbidity. We now need further information about the baby whose details are given above. **Further guidance on completing this form is given on the inside of the front page.**

Instructions for the Birthplace Local Coordinating Midwife:

Please complete the relevant stickers and attach to the front and back of this form.

tick here if the baby was **admitted to a neonatal or paediatric unit**. This form should be completed by, or with the help of, a member of the clinical team on the admitting unit, with the agreement of the clinical director for neonatal services.

tick here if the baby was **not admitted to a neonatal or paediatric unit** – please complete this form yourself.

After completion, please:

Tick here if no relevant morbidity/mortality has been recorded (see page 6)

- Remove this front page and store securely with the Birthplace documents.
- Return the rest of the form to the Birthplace office using the Freepost envelopes provided.

Thank you

Instructions to the person completing this form

Please complete this form and return to the Birthplace Local Coordinating midwife (LCM). See back page for return address.

Please enter your name and contact details here in case the LCM has any queries.

Name: _____ Phone/email: _____

The LCM will check the completed form and remove the front page and all identifying details before returning to the Birthplace office. The front page will be kept in a secure location by the LCM in the Trust where this baby was born.

Thank you for your help.

If you have any questions about the form or about this study please contact:

- the Birthplace Local Coordinating midwife (LCM) whose address is given on the back page of this form; or
- the Birthplace Project Manager

Tel: [REDACTED]

Fax: [REDACTED]

Email: [REDACTED]

MREC reference number: 07/H0505/151

Definitions: Levels of neonatal care

Intensive care: for babies with the most complex problems, receiving any respiratory support via a tracheal tube and in the first 24 hours after its withdrawal; receiving NCPAP for any part of the day and less than five days old; below 1000g current weight and receiving NCPAP for any part of the day and for 24 hours after withdrawal; less than 29 weeks gestational age and less than 48 hours old; requiring major emergency surgery, for the pre-operative period and post-operatively for 24 hours; requiring full exchange transfusion, peritoneal dialysis, infusion of an inotrope, pulmonary vasodilator or prostaglandin and for 24 hours afterwards; any other very unstable baby considered by the nurse-in-charge to need 1:1 nursing; a baby on the day of death.

High dependency care: babies receiving NCPAP for any part of the day and not fulfilling any of the criteria for intensive care; below 1000g current weight and not fulfilling any of the criteria for intensive care; receiving parenteral nutrition; having convulsions; receiving oxygen therapy and below 1500g current weight; requiring treatment for neonatal abstinence syndrome; requiring specified procedures that do not fulfil any criteria for intensive care: care of an intra-arterial catheter or chest drain, partial exchange transfusion, tracheostomy care until supervised by a parent; requiring frequent stimulation for severe apnoea.

Special care: provided for all other babies who could not reasonably be expected to be looked after at home by their mother.

Normal care: provided for babies who themselves have no medical indication to be in hospital.

Section A: Neonatal or paediatric unit admission

1. Was this baby admitted to a neonatal or paediatric unit for intensive care, high dependency care, special care or transitional care within 48 hours of birth?

Yes No

If No, please go to section B.

2. Date of admission:

/

3. Type of unit

Neonatal unit

Other

If Other, please specify unit type: _____

4. How many days care did the baby receive at each level of care?

Include part of any day as 1 day

Intensive care days

High dependency care days

Special care days

Normal care (including on postnatal ward) days

Total days: days

See definitions of levels of care inside front page of this booklet.

5. Did this baby have any respiratory support (ventilator or continuous positive airway pressure, CPAP) during their admission?

Yes No

If Yes, for how many days? Include part of any day as 1 day

Total number of days receiving respiratory support days

Total number of days receiving supplemental oxygen days

6. Has the baby been discharged home?

Yes No

If Yes, please give date:

/ /

7. What were the main reasons for admission?

Section B: Meconium aspiration

1. Was this baby diagnosed with meconium aspiration syndrome?

Yes No

If No, please go to section C.

2. Date of diagnosis:

/

3. Did this baby receive ECMO during admission? Yes No
 If Yes, please give total number of days baby received ECMO: days
4. Were any of the following diagnosed at any time during the baby's stay in the unit, in addition to the diagnosis of meconium aspiration syndrome? Please tick all that apply
- | | |
|------------------------|--------------------------|
| Pneumonia | <input type="checkbox"/> |
| Pulmonary air leak | <input type="checkbox"/> |
| Pulmonary haemorrhage | <input type="checkbox"/> |
| Pulmonary hypertension | <input type="checkbox"/> |

Section C: Encephalopathy

1. Was this baby diagnosed with neonatal encephalopathy? Yes No
 If No, please go to section D.
2. Date of diagnosis: / /
3. What was the most severe grade of encephalopathy recorded?
- | | |
|----------|--------------------------|
| Mild | <input type="checkbox"/> |
| Moderate | <input type="checkbox"/> |
| Severe | <input type="checkbox"/> |
4. Was a specific cause of the encephalopathy identified? Yes No
 If Yes, please give details of any causes identified, in addition to presumed perinatal asphyxia.

5. Did the baby have seizures requiring treatment? Yes No
6. Was the baby treated with hypothermia (cooling)? Yes No

Section D: Seizures

1. Was this baby diagnosed with isolated seizures? Yes No
 If No, please go to section E.
2. Date of diagnosis: / /
3. Was a specific cause of the isolated seizures identified? Yes No
 If Yes, please give details of any causes identified, in addition to presumed perinatal asphyxia.

4. Was the baby prescribed medication to control seizures at any time? Yes No

Section E: Sepsis

1. Was this baby diagnosed with neonatal sepsis (proven or suspected)? Yes No

If No, please go to section F.

2. Date of diagnosis:

/ /

3. Clinical risk factors for infection:

Did the mother have a diagnosis of clinical chorioamnionitis? Yes No

What was the duration of membrane rupture prior to delivery? days hours

OR Not Known

Was the mother known to be a carrier of GBS prior to birth? Yes No

4. Up to and including the 5th postnatal day, did the baby have?

A positive blood culture Yes No

If Yes, please specify organism: _____

Evidence of infection in CSF Yes No

If Yes, please specify white cell count: _____

Please specify organism: _____

A positive culture from another site (not blood or CSF)? Yes No

If Yes, please specify usually sterile site(s) and organism(s): _____

Bowel perforation or definite necrotising enterocolitis? Yes No

Chest X-ray changes consistent with pneumonia? Yes No

Section F: Cephalhaematoma

1. Was this baby diagnosed with cephalhaematoma or subaponeurotic bleeding?

Cephalhaematoma Yes No

Subaponeurotic bleeding Yes No

If No to both, please go to section G.

2. Date of diagnosis:

/ /

Section G: Cerebral haemorrhage

1. Was this baby diagnosed with an intracranial haemorrhage? Yes No

If No, please go to section H.

2. Date of diagnosis:

/ /

Section L: Other details

For all babies: please check all sections and add any additional information that you think might be relevant regarding this baby's condition:

Confirmation of significant neonatal morbidity or mortality

1. **Have at least one of the outcomes listed below been identified for this baby?**

Yes No

- Neonatal or paediatric unit admission (Section A)
- Meconium aspiration (Section B)
- Encephalopathy (Section C)
- Seizures (Section D)
- Sepsis (Section E)
- Cephalhaematoma (Section F)
- Cerebral haemorrhage (Section G)
- Injuries (Section H)
- Kernicterus (Section I)
- Feeding difficulties (Section J)
- Neonatal death (Section K)

If **No**, were any of the above conditions suspected but not confirmed on investigation?

Yes No

If **Yes**, please give details

If **No**, please tick the **blue** box on the front page and give any relevant details below

Job title of person completing this form _____

Date form completed

D	D	M	M	Y	Y
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**Please return this form to the Birthplace Local Coordinating Midwife
(see back cover for the address details)**

Affix BACK PAGE sticker here

Return instructions for the person completing this form

Please return this form to the Birthplace Local Coordinating Midwife at the above address. *Do NOT return to the Birthplace office.*

Thank you very much for completing this form.

If you have any questions, please contact the Birthplace office:

Birthplace Project Manager
Birthplace in England Research Programme
National Perinatal Epidemiology Unit
University of Oxford
Old Road Campus
Oxford
OX3 7LF

Tel: [REDACTED]

Fax: [REDACTED]

Email: [REDACTED]



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