



Post Birth Data Collection Chart B (Baby) Neonatal Encephalopathy Data

INFANT Study number:

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Please tick which baby this form refers to:

Baby 1 Baby 2

This form should only be completed if a baby delivered to a woman randomised in the INFANT study had neonatal encephalopathy (NNE). 1 form should be completed for every day a baby is in a higher level of care and has been classified as having NNE.

Please complete this form for care received by this baby in this hospital:

Baby's first name: _____ Baby's surname: _____

Day (1)

Date of assessment _____ Date: / /

1. Did this baby have neonatal encephalopathy? Yes

Please circle the corresponding answer to the below hypoxic ischaemic encephalopathy signs. (Indicate most severe manifestation and please circle EVERY sign)

Sign	0	1	2	3
Tone	Normal	Hyper	Hypo	Flaccid
LOC	Normal	Hyper- alert, stare	Lethargic	Comatose
Fits	None	Infrequent <3/day	Frequent >2/day	
Posture	Normal	Fisting, cycling	Strong distal flexion	Decerebrate
Moro	Normal	Partial	Absent	
Grasp	Normal	Poor	Absent	
Suck	Normal	Poor	Absent/bites	
Respiration	Normal	Hyperventilation	Brief apnoea	Apnoeic
Fontanelle	Normal	Full, not tense	Tense	

Did the baby undergo therapeutic hypothermia to treat encephalopathy? Yes No

Was cerebral function assessed by aEEG? Yes No

Was cerebral function assessed by EEG? Yes No

If Yes to aEEG OR EEG, please summarise the findings: _____

Name: (please PRINT) _____ Date: / /



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2. Did this baby have neonatal encephalopathy? Yes

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STUDY OFFICE USE ONLY: First Entry: Second Entry: