

LAMBS – Late And Moderately preterm Birth Study Neonatal Data Collection



Survey ID:

MATERNAL DATA

1. Mother's Details

1.1 Surname

1.2 First name

1.3 Address

1.4 Postcode

1.5 Hospital number

1.6 NHS number

1.7 Date of birth

 / / 1 9 OR Age years

NEONATAL DATA

6. Baby's Details

6.1 Surname

6.2 First name

6.3 Address

6.4 Postcode

6.5 Hospital number

6.6 NHS number

6.7 Date and time of birth

6.8 Birth weight

6.9 Head circumference

6.10 Gestation at birth (weeks + days)

6.11 Birth order and multiplicity

6.12 For multiple births:

- Monochorionic Monoamniotic
 Dichorionic Diamniotic

6.13 Sex

- Male
 Female
 Indeterminate
 Unknown

6.14 Is this baby involved in any other research study or trial?

- No
 Yes (please specify)

7. Resuscitation at Delivery

7.1 Did the baby require resuscitation at delivery ?

Please tick all that apply

- No active support required
- Facial oxygen
- Bag / T piece and mask
- Intubation

7.2 Apgar scores

at 1 minute

at 5 minutes

at 10 minutes

7.3 Were drugs or volume replacement given at resuscitation?

Please tick all that apply

- Sodium bicarbonate
- Adrenaline
- Blood
- Saline
- Naloxone
- Glucose / Dextrose
- Other (please specify)

8. Place of postnatal care

8.1 Was all of the baby's postnatal care from delivery to discharge given on the postnatal ward?

- No
- Yes

If Yes, please give total length of postnatal ward stay.

Days / hours (please circle)

If No, where did the baby receive postnatal care?

Please tick all that apply and give length of stay for each

- Postnatal ward Days / hours (please circle)
- Transitional care Days / hours (please circle)
- Neonatal unit Days / hours (please circle)
- Other (please specify) Days / hours (please circle)

8.2 Date of discharge from postnatal ward to home

/ / 20

9. Medical Management on postnatal / Transitional Care Ward

9.1 Did the baby have a routine baby check on the postnatal ward? No
 Yes

9.2 Did the baby require review by a doctor/ANNP from the neonatal team (excluding routine baby check)? No
 Yes

9.3 What was the reason for the medical review? Planned following antenatal concerns / neonatal alert
 Clinical concern postnatally

9.3 Did the baby require more than one review by a doctor/ANNP? No
 Yes

9.4 Condition(s) requiring review by a doctor/ANNP:

Please tick all that apply

- Prematurity
 Low birth weight
 Hypoglycaemia

Method Haemocue
 BM or similar
 Lab test
 Not known

Lowest blood sugar . |

Jaundice Max SBR | | Day of life

Respiratory distress

Hypothermia Lowest temp . |

Poor feeding

Heart murmur

Neonatal abstinence syndrome

Seizures

IUGR centile

Cyanotic / dusky episode

Congenital anomaly, antenatally diagnosed (*please specify*)

Congenital anomaly, new postnatal finding (*please specify*)

Suspected infection

Other (*please specify*)

9.5 Did the baby require any laboratory blood tests on the postnatal ward? No
 Yes

Did the baby require any of the following interventions on the postnatal ward?

9.6 Feeding

Please tick all that apply

- Change from breast to bottle feeding
- Cup feeds
- Nasogastric tube feeding

9.7 Temperature management

Please tick all that apply

- Heated mattress
- Overhead heater
- Incubator

9.8 Observations 4hrly or more frequently

- No
- Yes | | | days

9.9 Regular blood sugar monitoring

- No
- Yes | | | days

9.10 Regular bilirubin monitoring

- No
- Yes | | | days

9.11 Phototherapy

- No
- Yes | | | days

9.12 Oral medications

- No
- Yes (*please specify*)

9.13 Infection screen

Please tick all that apply

- Blood
- LP
- Urine
- CXR
- Other (*please specify*)

9.14 Were cultures positive?

Please tick all that apply

- No
- Yes
 - CSF
 - Blood
 - Urine
 - Other (*please specify*)

9.15 Intravenous fluids/medications

Please tick all that apply

- No
- Yes
 - Fluids | | | days
 - Antibiotics | | | days
 - Other (*please specify*)

10. Neonatal Unit Admission

10.1 Was the baby ever admitted to a neonatal unit?

- No
 Yes

➔ Please go to Question 11

10.2 Hospital of first admission

10.3 Hospital of this admission

10.4 Date and time of admission

/ / 20 :

10.5 Admitted from:

- Home
 Labour ward
 Postnatal ward
 Transitional care
 Theatre
 Other hospital (*please specify*)

- Other (*please specify*)

10.6 Reason for admission

- Hypoglycaemia Lowest blood sugar .

- Cyanotic episode

- Jaundice Phototherapy Yes Max SBR

- Phototherapy No

- Exchange transfusion Yes

- Exchange transfusion No

- Respiratory distress

- Hypothermia Lowest temp .

- Poor feeding

- Neonatal abstinence syndrome

- Seizures

- IUGR centile

- Evidence of encephalopathy Grade 0 I II III N/K

Likely cause:

- Congenital anomaly, antenatally diagnosed (*please specify*)

- Congenital anomaly, new postnatal diagnosis (*please specify*)

- Suspected infection Culture negative

- Culture positive

- Blood

- CSF

- Urine

- Other (*please specify*)

- Other (*please specify*)

10.7 Temperature on admission .

10.8 Were antibiotics given?
(Enter 0 if none given) days

10.9 Were any other drugs given?
(please specify)

10.10 Did the baby require surgery? No
 Yes (please specify)

11. Investigations

Did the baby require any of the following investigations during the neonatal stay?

11.1 Cranial ultrasound scan No
 Yes

11.1.1 Intraventricular Haemorrhage (IVH)

Highest level of IVH recorded?

(Grade I or II: bleeding into ventricle; Grade III or IV: enough bleeding to distend ventricle)

	LEFT	RIGHT
<input type="checkbox"/> None	<input type="checkbox"/> None	
<input type="checkbox"/> Grade I or II	<input type="checkbox"/> Grade I or II	
<input type="checkbox"/> Grade III or IV	<input type="checkbox"/> Grade III or IV	

Did the haemorrhage extend to the parenchyma?

<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

11.1.2 Periventricular leukomalacia (PVL)

Was there any isolated parenchymal change not caused by haemorrhage?

	LEFT	RIGHT
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<input type="checkbox"/> No	<input type="checkbox"/> No	

11.2 EEG No
 Yes

Normal
 Abnormal

11.3 MRI No
 Yes

Normal
 Abnormal

11.4 Chromosomal studies No
 Yes

Normal
 Abnormal

11.5 Chest X-ray No
 Yes

Normal
 Abnormal

Pneumonia
 RDS
 Pneumothorax
 Other (please specify)

11.6 Other investigation
(please specify)

Normal
 Abnormal

12. Interventions and Feeding

- 12.1 No of days in oxygen
- 12.2 No of days on a ventilator
- 12.3 No of days of non-invasive respiratory support
- 12.4 No of days of parenteral nutrition
- 12.5 No of days of intravenous fluids (Not TPN)
- 12.6 Date of attaining full oral feeds (Not NGT) / / 2 0
- 12.7 Date of last breast milk
Enter discharge date if baby receiving breast milk on discharge / / 2 0

13. Discharge Details

- 13.1 Date of discharge / death / / 2 0
- 13.2 Discharged to: (name of hospital, home, death etc)

Type of care (for transferred babies)

- Continuing care (includes return to home unit)
- Specialist care
- Surgical care
- Cardiac care
- Other (please specify)

- 13.3 Diagnoses on discharge
1.
2.
3.
4.
5.

- 13.4 Infant feeding on discharge
- None
- Breast
- Formula
- Mixed
- Not known
- 13.5 Method of feeding on discharge
Please tick all that apply
- Breast
- Bottle
- Nasogastric tube
- Gastronomy
- Parenteral feeding
- None
- Did the baby require home oxygen therapy?
- Yes
- No

14. Cause of death

14.1 Main disease or condition in infant

14.2 Other diseases or conditions in infant

14.3 Main maternal diseases or conditions affecting infant

14.4 Other maternal diseases or conditions affecting infant

14.5 Other relevant causes

14.6 Post mortem

- No
 Yes, Coroner
 Yes, Hospital

14.7 Post mortem findings

14.8 Midwife's initials

14.9 Midwife's notes/comments: