



Neonatal admission

Study 01/17

Data Collection Form – CASE

**Please report all women meeting the case definition on or after 1st March 2017
and before 1st March 2018**

Case Definition:

Any woman who gives birth in an alongside midwifery unit (AMU) and whose baby:

- Is admitted to neonatal care (neonatal intensive care, high dependency care or special care) within 48 hours of birth or before discharge home, whichever is sooner, **FOR AT LEAST FOUR HOURS**
OR
- Is stillborn or dies with 48 hours of birth without admission to neonatal care.

Exclude:

Any woman who gives birth in an AMU and whose baby is admitted to transitional care (i.e. on a dedicated transitional care ward or within a postnatal ward) **ONLY**.

Any woman who gives birth in an AMU and whose baby is admitted to neonatal care (neonatal intensive care, high dependency care or special care) **for less than four hours**.

Any woman whose baby is confirmed to have died before the start of care in the AMU.

Instructions:

This is a Sample Data Collection Form for information only. **Please do not use this form to provide us with information on a case you have reported.** Data should be entered using our OpenClinica system at <https://openclinica.npeu.ox.ac.uk/OpenClinica>

Section 1. Case definition

Please complete this section first. These questions will confirm whether this woman fits our case definition or not. If your responses indicate that this woman is NOT a case you will not need to enter any further data and should contact the UKMidSS office.

1.1 Did this woman give birth in the midwifery unit/birth centre?

Yes/No

If Yes, go to **1.2** If No, **this woman is NOT a case, please contact the UKMidSS office. Do NOT enter any further data for this Case ID**

1.2 Was this woman's baby admitted to neonatal care within 48 hours of birth or before discharge home (whichever was sooner)?

[Note: Neonatal care means neonatal intensive care, high dependency care or special care, NOT admission to transitional care ward or transitional care on postnatal ward only. Do NOT include if baby was admitted or died AFTER discharge home.]

01. Yes

02. No, the baby was stillborn

03. No, the baby died after birth and was never admitted to neonatal care

If 01 Yes, go to **1.2.1 & 1.2.2**, then either **Section 2** or no further questions

If 02 No, go to **1.2.3**, then either **1.2.3.1** and **Section 2**, or no further questions

If 03 No, this woman **IS a CASE**, go to **1.2.4 & 1.2.5**, then **Section 2**

1.2.1. Date & time of admission to neonatal care

Dd/mm/yy

hh.mm

1.2.2. Date and time of discharge from neonatal care or transfer to another hospital

Dd/mm/yy

hh.mm

Or Not yet discharged

If difference between **1.2.2** and **1.2.1** is four hours or more (or not yet discharged) this woman **IS a CASE**, go to **Section 2**

If difference between **1.2.2** and **1.2.1** is <4 hours **this woman is NOT a case**, please contact the UKMidSS office. Do NOT enter any further data for this Case ID

1.2.3. Did the baby die after the start of care in labour?

Yes/No

If No, this woman is **NOT a case**, please contact the UKMidSS office. Do

NOT enter any further data for this Case ID.

If Yes, this woman **IS a CASE**, go to **1.2.3.1**, then **Section 2**

1.2.3.1 What was the cause of death?

_____ [free text]

1.2.4. Date and time of death

Dd/mm/yy

hh.mm

1.2.5. Primary cause of death

01. Congenital anomaly

02. Antepartum infection

03. Immaturity related conditions

04. Intrapartum asphyxia, anoxia or trauma

05. Infection

06. Other _____

07. Not known

Section 2. Woman's details

2.1 Age at delivery (years)

2.2 Ethnic group

01. White British
02. White Irish
03. Any other White background
04. Mixed White & Black Caribbean
05. Mixed White & Black African
06. Mixed White & Asian
07. Any other mixed background
08. Indian
09. Pakistani
10. Bangladeshi
11. Any other Asian background
12. Black Caribbean
13. Black African
14. Any other Black background
15. Chinese
16. Any other ethnic group
17. Not recorded

2.3 Is the woman currently in paid employment?

Yes/No/Not recorded

If Yes, Woman's occupation _____

2.4 Is the woman's partner currently in paid employment?

Yes/No/No partner/Not recorded

If Yes, Partner's occupation _____

2.5 Children in Low-income Families Measure score

0.000 [Note: This is derived from the woman's postcode _____ You will need to click on a link in the online data collection form and enter the woman's postcode when prompted. Then copy the number returned and paste into the form.]

2.6 Height at booking (cm)

_____ cm [Or not recorded]

2.7 Weight at booking (kg)

_____ kg [Or not recorded]

2.8 Smoking status at delivery

- 01. Never smoked
- 02. Gave up prior to pregnancy
- 03. Gave up during pregnancy
- 04. Current smoker
- 05. Not recorded

Section 3. Pregnancy/antenatal history

3.1 Has this woman had any previous pregnancies?

Yes/No [If Yes, go to 3.1.1; if no, go to 3.2]

3.1.1. Number of completed pregnancies ≥ 24 weeks, prior to this pregnancy

3.1.2. Number of pregnancy losses < 24 weeks

3.1.3. Was this woman known to have had complications in a previous pregnancy?

Please tick all that apply:

- 01. Unexplained stillbirth/neonatal death or previous death related to intrapartum difficulty
- 02. Previous baby with neonatal encephalopathy
- 03. Primary postpartum haemorrhage needing treatment or transfusion
- 04. Shoulder dystocia
- 05. Other, please specify _____
- 06. None of the above

3.2 Was this pregnancy conceived through assisted conception?

Yes/No/Not recorded

3.3 Final Estimated Date of Delivery (EDD)

[Note: Use the best estimate (ultrasound scan or date of last menstrual period) based on a 40 week gestation]

DD/MM/YY

3.4 Immediately prior to the onset of labour was this woman known to have any medical risk factors?

Please tick all that apply:

01. Group B Streptococcus
02. Essential hypertension
03. Confirmed cardiac disease
04. Thromboembolic disorder
05. Atypical antibodies
06. Hyperthyroidism
07. Diabetes
08. Renal disease
09. Epilepsy
10. Other, please specify _____
11. None of the above

3.5 Were any current pregnancy risk factors identified antenatally, prior to admission?

Please tick all that apply:

01. Multiple birth
02. BMI at booking $>35\text{kg/m}^2$
03. Post-term (>42 weeks)
04. Previous Caesarean section
05. Pre-eclampsia / pregnancy induced hypertension
06. Preterm prelabour rupture of membranes
07. Substance misuse / alcohol dependency
08. Gestational diabetes
09. Malpresentation (breech or transverse lie)
10. Small for gestational age ($<5^{\text{th}}$ centile or reduced growth velocity on ultrasound)
11. Other, please specify _____
12. None of the above

Section 4. Labour and birth care

4.1 Date and time of start of labour care in the midwifery unit

DD/MM/YY hh:mm [24hr clock]

4.2 Was this woman's labour induced?

Yes/No/Not recorded

4.3 On initial assessment at the start of labour care were any of the following identified?

Please tick all that apply:

01. Maternal tachycardia (Pulse >120 beats/minute on 2 occasions, 30 minutes apart)
02. Hypertension (Single blood pressure reading - diastolic ≥ 110 mmHg or systolic ≥ 160 mmHg OR diastolic ≥ 90 mmHg or systolic ≥ 140 mmHg on 2 readings 30 minutes apart)
03. Proteinuria (2+ of protein or more and single reading of either diastolic blood pressure ≥ 90 mmHg or systolic ≥ 140 mmHg)
04. Maternal pyrexia (Temperature of $\geq 38^{\circ}\text{C}$ on a single reading, or $\geq 37.5^{\circ}\text{C}$ on 2 readings 1 hour apart)
05. Vaginal blood loss (Other than a show)
06. Prolonged rupture of membranes (>24 hours before onset of established labour)
If Yes, please specify duration _____ hrs
07. Significant meconium (Dark green or black amniotic fluid that is thick or tenacious, or any meconium-stained amniotic fluid containing lumps of meconium)
08. Non-significant meconium (Pale green to yellow amniotic fluid without lumps or any meconium that is not 'significant')
09. Reported pain differing from pain normally associated with contractions
10. Abnormal presentation, including cord presentation
11. Transverse or oblique lie
12. High or free-floating head (4/5–5/5 palpable, or free-floating head in a nulliparous woman)
13. Suspected fetal growth restriction or macrosomia
14. Suspected anhydramnios or polyhydramnios
15. Fetal heart rate abnormality (<100 or >160 beats/minute)
16. Deceleration in fetal heart rate
17. Reduced fetal movements in the last 24 hours
18. None of the above

4.4 Stage of labour at start of labour care

01. Latent stage [Please specify cervical dilatation at start of labour care __ cm]
02. Active 1st stage [Please specify cervical dilatation at start of labour care __ cm]
03. Passive 2nd stage
04. Active 2nd stage

4.4.1. Date and time of start of active 1st stage of labour

DD/MM/YY hh:mm [24 hr clock]

4.4.2. Date and time of start of active 2nd stage of labour

DD/MM/YY hh:mm [24 hr clock]

4.5 Did this woman receive intravenous antibiotics during labour?

Yes/No

4.6 Did this woman use immersion in water for pain relief at any time during labour?

Yes/No

4.7 Did this woman receive pethidine or diamorphine for pain relief at any time during labour?

Yes/No [If yes, go to **4.7.1**]

4.7.1. Date and time of last dose

DD/MM/YY hh:mm [24 hr clock]

4.8 Were there any documented difficulties with fetal heart monitoring?

[Note: Record any problems which made it difficult to monitor the fetal heart, not concerns identified through monitoring]

Yes/No [if yes, please specify_____]

4.9 Were any concerns identified as a result of fetal heart monitoring?

Yes/No [If Yes, go to **4.9.1**, If No, go to **4.10**]

4.9.1. What action was taken as a result of these concerns?

Please tick all that apply:

01. Cardiotocography (CTG)
02. Consultation with obstetrician and/or transfer to obstetric care
03. Other, please specify_____

4.10 Were any of the following identified during labour care (after initial assessment) before birth?

Please tick all that apply:

01. Maternal tachycardia
02. Hypertension
03. Maternal pyrexia
04. Vaginal blood loss
05. Prolonged rupture of membranes
If Yes, please specify duration
06. Significant meconium
07. Reported pain differing from pain normally associated with contractions
08. Confirmed/suspected delay in first stage of labour
09. Confirmed/suspected delay in second stage of labour
10. Obstetric emergency
11. Abnormal presentation, including cord presentation
12. Transverse or oblique lie
13. High or free-floating head
14. Fetal heart rate abnormality
15. Deceleration in fetal heart rate
16. None of the above

4.11 Was an obstetrician (trainee or consultant) consulted about this woman's care at any point during labour care before birth?

Yes/No [if Yes go to **4.11.1**; if No go to **4.14**]

4.11.1. Date and time of decision to call obstetrician

DD/MM/YY hh:mm [24 hr clock]

4.11.2. Primary reason for calling obstetrician

- 01. Maternal tachycardia
- 02. Hypertension
- 03. Maternal pyrexia
- 04. Vaginal blood loss
- 05. Prolonged rupture of membranes
- 06. Significant meconium
- 07. Reported pain differing from pain normally associated with contractions
- 08. Confirmed/suspected delay in first stage of labour
- 09. Confirmed/suspected delay in second stage of labour
- 10. Obstetric emergency
- 11. Abnormal presentation, including cord presentation
- 12. Transverse or oblique lie
- 13. High or free-floating head
- 14. Fetal heart rate abnormality
- 15. Deceleration in fetal heart rate
- 16. Other, please specify_____

4.12 Was this woman seen by an obstetrician (trainee or consultant) at any point during labour care before birth?

Yes/No [if yes go to **4.12.1**; if no go to **4.13**]

4.12.1. Date and time woman first seen by obstetrician

DD/MM/YY hh:mm [24 hr clock]

4.13 Was responsibility for this woman's care transferred to an obstetrician before birth?

Yes/No

4.14 Was shoulder dystocia documented?

Yes/No

4.15 Were any other concerns or problems, not already noted, identified during labour?

Yes/No If yes, please specify_____

4.16 Was this a multiple birth?

Yes/No [If Yes, please specify number of fetuses_____]

4.17 Date and time of delivery

DD/MM/YY hh:mm

4.18 Did this woman give birth in water?

Yes/No

4.19 Mode of birth

01. Spontaneous vertex birth
02. Vaginal breech
03. Ventouse
04. Forceps

Section 5. Baby care and outcomes

5.1 Birthweight

_____grams

5.2 Sex of baby

01. Male
02. Female
03. Indeterminate

5.3 Apgar at 5 minutes:

_____ [0-10]

5.4 Was the baby resuscitated after birth?

Yes/No [If Yes, go to **5.4.1**; if No, go to **5.5**]

5.4.1. What type of resuscitation was carried out?

Please tick all that apply:

01. Stimulation
02. Positioning/managing airways
03. Five inflation breaths
04. Oxygen
05. Ventilation breaths
06. Intubation
07. Chest compression
08. Neonatal resuscitation drug

5.5 Was the neonatal team consulted about this baby whilst on the midwifery unit?

Yes/No [If Yes, go to **5.5.1**; if No, go to **5.6**]

5.5.1. Date and time baby first seen by member of neonatal team

[Note: If neonatal team present at birth, please enter date and time of birth]

DD/MM/YY hh:mm

5.5.2. Primary reason for consultation

01. Respiratory problems (e.g. grunting, dusky episodes)
02. Suspected perinatal asphyxia
03. Physical trauma/birth injury
04. Feeding problems
05. Suspected infection
06. Meconium aspiration
07. Other, please specify _____

5.6 Was the baby admitted to neonatal care?

[Note: neonatal intensive care, high dependency or special care]

01. Yes
02. No

[If Yes, go to **5.6.1**; if No, go to **Section 6**]

5.6.1. Where was the baby admitted from?

01. Birth room
02. Postnatal ward

5.6.2. What was the highest level of neonatal care the baby received?

01. Intensive care, Please specify duration of intensive care: ____ hours **OR** ____ days

[Note: If <48 hours please specify duration in hours]

02. High dependency care
03. Special care

5.6.3. Reasons for admission to neonatal care:

Please tick all that apply:

01. Respiratory problems
02. Suspected perinatal asphyxia
03. Hypoglycaemia
04. Physical trauma/birth injury, Please specify _____
05. Feeding problems
06. Suspected infection
07. Meconium aspiration
08. Jaundice
09. Congenital anomaly
10. Maternal admission to higher level care
11. Maternal substance-misuse
12. Other, please specify _____

5.6.4. Was the baby breastfed at least once before discharge home?

Yes/No

5.6.5. Did the baby receive skin to skin care after birth, before discharge home?

Yes/No

5.6.6. Did this baby die during neonatal care?Yes/No [If Yes, go to **5.6.5.1** and **5.6.5.2**, then **Section 6**; if No, go to **5.6.7**]**5.6.6.1. Date and time of neonatal death**

DD/MM/YY hh:mm

5.6.6.2. Primary cause of neonatal death

01. Congenital anomaly
02. Antepartum infection
03. Immaturity related conditions
04. Intrapartum asphyxia, anoxia or trauma
05. Infection
06. Other (please specify) _____
07. Not yet known

5.6.7. Destination on discharge from neonatal care

01. Postnatal ward, transitional care or similar
02. Home
03. Transferred to another hospital
04. Not yet discharged

5.6.8. Diagnoses on discharge (or current diagnoses if not yet discharged)

Please tick all that apply:

01. Respiratory Distress Syndrome
02. Congenital Pneumonia
03. Transient Tachypnoea of Newborn
04. Hypoxic-ischaemic encephalopathy
05. Meconium Aspiration Syndrome
06. Feeding problems
07. Hypoglycaemia
08. Sepsis (suspected or confirmed)
09. Birth injury
10. Jaundice
11. Congenital anomaly
12. Social
13. Neonatal Abstinence Syndrome
14. Other (please specify) _____

5.6.9. Date of discharge home

DD/MM/YY OR Not yet discharged

Section 6. Any other information**6.1 Please enter any other information you feel may be important**