



Neonatal admission

Study 01/17

Data Collection Form – CONTROL

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

Instructions:

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

Section 1. Control selection

Please read the following instructions for selecting controls for this study.

1. Identify the date and time of delivery for the woman you reported who gave birth in the midwifery unit and whose baby:
 - Was admitted to neonatal care (neonatal intensive care, high dependency care or special care) within 48 hours of birth or before discharge home, whichever was sooner, for **AT LEAST FOUR HOURS**
 - OR
 - Was stillborn or died with 48 hours of birth without admission to neonatal care.

This woman is the CASE.

2. From the unit birth register or electronic records identify the two women who **gave birth in the midwifery unit immediately before** the CASE, **who did not meet the case definition.**

These two women will act as CONTROLS.

1.1 Please confirm that this woman is one of the two women, not meeting the case definition, who gave birth in the midwifery unit immediately before the case.

Yes/No

If Yes, go to Section 2 If No, **this woman may not be correctly selected as a control. Please contact the UKMidSS office. Do NOT enter any further data for this woman at this point.**

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 (including cord prolapse, haemorrhage or maternal seizure or collapse)
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 (for less than four hours) or to transitional care?

01. Yes
02. No

[If Yes, go to **5.6.1**; if No, go to **5.7**]

5.6.1. Where was the baby admitted from?

01. Birth room
02. Postnatal ward

5.6.2. 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 _____

5.7 Was the baby breastfed at least once before discharge home?

Yes/No

5.8 Did the baby receive skin to skin care at any time after birth, before discharge home?

Yes/No

5.9 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**