



7 - NEONATAL FORM

This form should be completed for **ALL LIVEBORN BABIES OF WOMEN WHO CONSENTED TO PARTICIPATE IN THE WILL TRIAL**
(EVEN IF THE WOMEN WERE NOT RANDOMISED)

Section 1 - Woman's details

1.1 Woman's study number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.2 Last 4 digits of woman's NHS number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.3 Woman's DOB e.g. JAN2017	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Section 2 - Neonatal care (from BIRTH until primary hospital discharge or 28 days of life, whichever is earlier)

2.1 Was the baby admitted to a neonatal care unit? No Yes

NOTE: Neonatal care unit admission refers to admission to a unit that provides more than normal newborn care. Examples of such care include intravenous fluid or medications, oxygen, frequent bottle feeds for hypoglycaemia, or incubator care.

Do NOT include admissions to units that offer only normal newborn care, such as breast or bottle-feeding. The baby may be here for maternal illness or fatigue, for example. Examples of normal newborn care include: bottle-feeding, or phototherapy for jaundice.

If **no**, please proceed to question 2.8.

If **yes**, how many times was the baby admitted?

2.2.1 1st admission information

2.2.1.1 1st admission, DATE and TIME admitted to neonatal care --:

2.2.1.2 1st admission, DATE and TIME discharged from neonatal care

--:

2.2.1.3 What was the principal indication for 1st admission? (as the principal category for admission in the BadgerNet summary). Please mark ALL that apply

- Prematurity
 Respiratory disease
 Hypoglycaemia
 Other metabolic disease
 Poor condition at birth (low APGAR)
 Infection (suspected/confirmed)
 IUGR/SGA
 Congenital anomaly (suspected/confirmed)
 Other

If other: please specify

Please confirm all above items have been considered and that only those ticked apply.

No Yes

2.2.2 2nd admission information

2.2.2.1 2nd admission, DATE and TIME admitted to neonatal care --:

2.2.2.2 2nd admission, DATE and TIME discharged from neonatal care

--:

2.2.2.3 What was the principal indication for 2nd admission? (as the principal category for admission in the BadgerNet summary). Please mark ALL that apply

- Prematurity
 Respiratory disease
 Hypoglycaemia
 Other metabolic disease
 Poor condition at birth (low APGAR)
 Infection (suspected/confirmed)
 IUGR/SGA
 Congenital anomaly (suspected/confirmed)
 Other

If other: please specify

Please confirm all above items have been considered and that only those ticked apply.

No Yes

2.2.3 3rd admission information

2.2.3.1 3rd admission, DATE and TIME admitted to neonatal care - - :

2.2.3.2 3rd admission, DATE and TIME discharged from neonatal care

 - - :

2.2.3.3 What was the principal indication for 3rd admission? (as the principal category for admission in the BadgerNet summary). Please mark ALL that apply

- Prematurity Respiratory disease Hypoglycaemia Other metabolic disease Poor condition at birth (low APGAR)
 Infection (suspected/confirmed) IUGR/SGA Congenital anomaly (suspected/confirmed) Other

If other: please specify

Please confirm all above items have been considered and that only those ticked apply.

 No Yes

2.2.4 4th admission information

2.2.4.1 4th admission, DATE and TIME admitted to neonatal care - - :

2.2.4.2 4th admission, DATE and TIME discharged from neonatal care

 - - :

2.2.4.3 What was the principal indication for 4th admission? (as the principal category for admission in the BadgerNet summary). Please mark ALL that apply

- Prematurity Respiratory disease Hypoglycaemia Other metabolic disease Poor condition at birth (low APGAR)
 Infection (suspected/confirmed) IUGR/SGA Congenital anomaly (suspected/confirmed) Other

If other: please specify

Please confirm all above items have been considered and that only those ticked apply.

 No Yes

2.2.5 5th admission information

2.2.5.1 5th admission, DATE and TIME admitted to neonatal care - - :

2.2.5.2 5th admission, DATE and TIME discharged from neonatal care

 - - :

2.2.5.3 What was the principal indication for 5th admission? (as the principal category for admission in the BadgerNet summary). Please mark ALL that apply

- Prematurity Respiratory disease Hypoglycaemia Other metabolic disease Poor condition at birth (low APGAR)
 Infection (suspected/confirmed) IUGR/SGA Congenital anomaly (suspected/confirmed) Other

If other: please specify

Please confirm all above items have been considered and that only those ticked apply.

 No Yes

2.3 Was supplemental oxygen given in the first 24 hours of life beyond the initial resuscitation period?

 No Yes

If yes, date on which oxygen was FIRST started?

If yes, at what time was oxygen FIRST started? 24hr

If yes, date on which oxygen was FINALLY stopped?

If yes, at what time was oxygen FINALLY stopped? 24hr

2.4 Was positive pressure ventilation (PPV) used in the first **72 hours of life** beyond the initial resuscitation period? *(via endotracheal tube or CPAP [continuous positive airway pressure])*

No Yes

If **yes**, date on which PPV was FIRST started?

If **yes**, at what **time** was PPV FIRST started? 24hr

If **yes**, date on which PPV was FINALLY stopped?

If **yes**, at what **time** was PPV FINALLY stopped? 24hr

2.5 Did the baby have evidence of hypoxic-ischaemic encephalopathy? *(that resulted in therapeutic hypothermia for at least 72 hours)*

No Yes

2.6 Did the baby have sepsis? *(requiring antibiotics for at least 5 days, with confirmed blood or cerebrospinal fluid culture)*

No Yes

2.7 Did the baby have a major operation?

No Yes

If **no**, go to question 2.8. If **yes**, please go to question 2.7.1

2.7.1 Did the baby have a laparotomy *(a surgical incision through the abdominal wall)*

No Yes

If **yes**, how many times?

2.7.2 Did the baby have a thoracotomy? *(a surgical incision through the chest wall; do NOT include PDA ligation)*

No Yes

If **yes**, how many times?

2.7.3 Did the baby have a craniotomy? *(operation on the brain or spinal cord)*

No Yes

If **yes**, how many times?

2.7.4 Did the baby have a major operation of another type? *(Not laparotomy, thoracotomy, or craniotomy)*

No Yes

If **yes**, how many times?

If **yes**, please specify the types of major operations:

2.8 Did the baby have a clinical respiratory problem?

No Yes

If **yes**, what was the CLINICAL diagnosis? *Please mark no or yes to EACH condition.*

Meconium aspiration syndrome No Yes

Pneumonia No Yes

Pneumothorax/pneumomediastinum No Yes

Transient tachypnoea of the newborn No Yes

Other No Yes

2.9 Did the baby have a chest X-ray(s)?

No Yes

If **yes**, how many chest x-rays were done in total?

If **yes**, was there an ABNORMAL X-ray?

No Yes

If **yes** to an abnormal X-ray, were any X-rays compatible with: *Please mark no or yes to EACH diagnosis.*

Meconium aspiration syndrome No Yes

Pneumonia No Yes

Pneumothorax/pneumomediastinum No Yes

Transient tachypnoea of the newborn No Yes

Other No Yes

If **other**: *please specify*

2.10 Did the baby die prior to discharge from hospital?

No Yes

If **no**, please go to Q2.11.

If **yes**, date on which the baby died: Time at which the baby died: 24hr

Was there a post-mortem? No Yes

Please notify the WILL Data Co-ordinating Centre within 24hr of your site becoming aware of the baby's death, and complete a '10 - SAE Form'. Please now go to **Section 3**.

2.11 Was the baby discharged home? No Yes

If **yes**, date of discharge home (then go to Q2.12)

If **no**, was the baby transferred to another hospital? No (then go to Q2.12) Yes

If **yes**, and the baby was transferred to another hospital, was this prior to 28 days of life? No (then go to Q2.12) Yes

If **yes** (the transfer to another hospital was prior to 28 days of life), please obtain records from other hospital. This form should reflect neonatal outcomes and care until primary discharge home after birth or until 28 days of life, whichever is EARLIER.

Name of hospital where baby transferred *Please specify*

Date of transfer to that hospital

Date of discharge from that hospital

2.12 Was breastfeeding established at hospital discharge (or 28 days after birth, whichever was EARLIER)? No Yes

If **yes**, was the baby receiving supplementary formula feeds? No Yes

Section 3 - Form completion details

Name of the person who completed the form:

Date of form completion