Que	estior	nnair	e No	:		

DELIVERY QUESTIONNAIRE

To be completed from medical records

1.	Is there	any cor	nflicting	informa	tion in thi	s questi	onnaire?		
		1	Yes		2	No			
		If <u>yes</u> , p	olease d	escribe	:				
2.	Is this a	a multiple	e birth?						
		1	Yes		2	No			
			If <u>yes</u> ,	twin	2	triplet	3	quadruplet	4
3.	Was the	e baby a	dmitted	to SCB	U?				
		1	Yes		2	No			
			If <u>yes</u> , a	and a m	ıultiple biı	th, plea	se state wh	nich baby or b	abies
			were a	dmitted	to SCBU	, eg., tw	in 1/triplet	2 etc.	
	Was ar	ny inform	ation:						
	a)	illegible	!						
		1	Yes		2	No			
			If <u>yes</u> , ¡	olease o	describe .				
	b)	missing	I						
		1	Yes		2	No			
			If <u>yes</u> ,	olease (describe				

SECTION A: IDENTIFICATION 19 Mother's date of birth: A1. A2. Hospital no. A3. Place where mother was originally intended to deliver: BMH/St. Michaels Southmead Weston Home can't tell Other (specify) A4. Date of delivery: A5. Place of delivery: BMH/St. Michaels Southmead Weston Home can't tell Other (specify)

e.g. consultant care/midwife only/planned home delivery

Other – please specify

A6.

Type of A/N Care

Shared care

B1. ANTENATAL MEASUREMENTS

Please give all measurements taken (whether during antenatal care or as an inpatient prior to the commencement of labour).

Code for care status:

1 = A.N.C., 2 = in-patient, 3 = home visit, 4 = hospital/consultant clinic visit (i.e. hospital clinic sheet completed).

Code for protein in urine:

0 = nil, 1 = trace, 2 = +, 3 = ++, 4 = +++ or more 5 = blood.

Code for oedema:

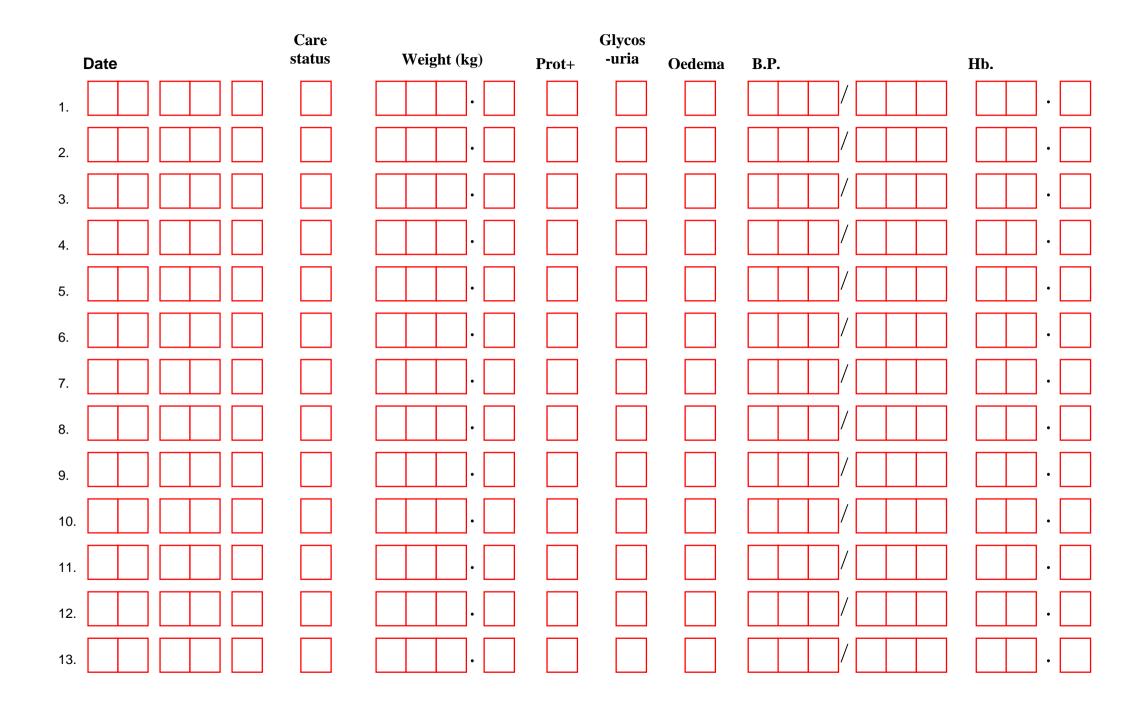
0 = none, 1 = ankles only, 2 = hands only, 3 = face only, 4 = generalised,

5 = not otherwise specified, 6 = more than one site.

Code for glycosuria

 $0 = \text{none}, \quad 1 = \text{trace to +}, \quad 2 = ++, \quad 3 = +++ \text{ or more}, \quad 4 = \frac{1}{4}\%, \quad 5 = \frac{1}{2}\%,$

6 = 1% or more.



SECTION B: SUMMARY OF THE PREGNANCY

B2.	a)	Date of first day of her last menstrual period:	
	b)	Was mother certain of this?	
		yes 2 no 3 unsure 9 can't tell from notes	
	c)	What was the final clinical estimate of expected date of delivery?	
		199	
B3.		Please give mother's blood group:	
	a)	ABO: A B O 3 AB 4 NS 9	
	b)	Rhesus: +ve 1 -ve 2 NS 9	
	c)	Rubella immune: Yes No NS NK 9	

Type of scan

- A. "Clinic scan"
- B. Dating scan
- C. Departmental
- D. Doppler
- E. Follow-up scan
- F. Mini scan
- G. Private scan
- G. Private scan
 H. Real time scan
- I. Routine scan
- J. 'Survey' scan
- K. Trans-vaginal
- Z. Not stated

Reason for scan

- 1. Abnormalities in mum e.g. fibroids, ovarian cysts
- 2. Amniocentesis
- 3. Biophysical profile4. Bleeding
- 5. Choroid plexus seen on previous scan
- 6. CVS
- 7. Dates
- 8. Fetal anomaly/anatomy
- 9. Fetal growth
- 10. Fetal movements
- 11. Multiple pregnancy
- 12. Pelvimetry
- 13. Placental location
- 14. Presentation of baby
- 20. Not stated
- 21. Multiple reasons
- 22. Liquor volume
- 23. Pre-eclampsia symptoms queried
- 24. Fetal well-being
- 25. Viability
- 26. As part of fertility regime
- 27. Suspected fetal abnormality

Results

- 1. normal
- 2. abnormal and write down what the abnormalities are

ULTRASOUND SCANS

Use codes on preceding page where appropriate.

	DATE	!	TYPE	REASON	RESULTS
1.		199			
2.		199			
3.		199			
4.		199			
5.		199			
6.		199			
7.		199			
8.		199			
9.		199			
10.		199			
11.		199			
12.		199			
13.		199			
14.		199			
15.		199			

B5.	Was hy	pertens	rtension/pre-eclampsia diagnosed at any time during the pregnancy?		
		1	Yes No 2		
	If <u>yes</u> ,	a)	what was the exact diagnosis? (words used)		
		b)	what was the date of diagnosis?		
			199		
		c)	what treatments were given?		
B6.	Were a	ny of the	e following noted during pregnancy before the onset of labour.		
			Yes		
	a)	Abnorn	nal AFP1		
		List all	abnormal APF results with dates taken:		
		Date			
			Yes		
	b)	Amnio	centesis* 1		
		*If <u>yes</u> ,	give reason		

		Yes
c)	Anaemia	1
d)	Anti D	1
e)	Biophysical profile (BPP)	1
f)	Breech presentation	1
g)	Blood sugars	1
h)	Cervical cerclage (e.g. Shirodkar's suture)	1
i)	Chorionic villus sampling *	1
	give reason	
j)	Creatinine	1
k)	Diabetes	1
l)	Eclamptic convulsions	1
m)	Excessive vomiting (hyperemesis)	1
n)	E.C.V (external cephalic version)	1
0)	Failed E.C.V	1
p)	Genital herpes	
q)	Gonorrhoea	1
r)	Hepatitis B	1

			Yes
B6.	s)	In-vitro fertilisation (IVF)	1
	t)	Ketones	1
	u)	Oligohydramnios	1
	v)	Other antibodies (specify*	1
	w)	Placental abruption (detachment ofplacenta)	1
	x)	Placenta praevia (covering or adjoining the Internal OS)	1
	y)	Polyhydramnios/hydramnios	1
	z)	Random blood sugar	1
	aa)	Rh antibodies	1
	bb)	Suspected fetal growth retardation (I.U.G.R)	1
	cc)	Syphilis	1
	dd)	Threatened abortion	1
	ee)	Threatened pre-term labour	1
	ff)	Transverse lie	1
	gg)	Unstable lie	1
	hh)	Urinary Tract Infection	1
	ii)	Urea & electrolytes	1
	jj)	Vaginal bleeding in 1 st trimester(up to 13 weeks and 6 days)	1
	kk)	Vaginal bleeding in 2 nd trimester(14 weeks to 27 weeks and 6 days)	1

			Yes			
B6.	II)	Vaginal bleeding in 3 rd trimester(28 weeks to term)	1			
	mm)	Vaginal discharge/infection	1			
	nn)		1	None	9	NK
B7.	a)	Please list all other complications arising during the pregnancy: (eg. Influenza, migraines, cramps etc)				
						•••
						•••
						•••
						•••
B7.	b)	Please list all current chronic diseases/disorders noted in the clin mental illness, alcoholism, diabetes etc)	ical red	cords. (eg. epil	epsy,
						•••
						•••
B7.	c)	List all treatments, drugs and investigations not otherwise noted:				

B8.	a)	Was this a multiple pregnancy?					
		Yes No 2					
	b)	If <u>yes</u> , give date when this was first diagnosed:					
		199					
B9.	a)	During this pregnancy was the mother ever made to rest in bed for more than a week?					
		Yes No 2					
		If <u>yes</u> , (i) for what reason(s)					
	b)	During this pregnancy was the mother ever made to rest in bed for less than a week?					
		Yes No 2					
		If <u>yes</u> , (i) for what reason(s)					
	c)	During pregnancy was the mother ever advised to rest (not in bed)?					
		Yes No					
		(i) If <u>yes</u> , for what reason(s)					
	d)	Was her salt intake restricted at any time during this pregnancy?					
		Yes No					
		(i) If <u>yes</u> , for what reason(s)					
		() . <u>1</u>					
	e)	Was she put onto any special diet?					
		Yes No					
		(i) If you for what reason(s)					
		(i) If <u>yes</u> , for what reason(s)					
B10.	a)	Was the mother admitted to hospital during this pregnancy					
	- /	Yes No → Go to C1					
		1 2					

B10.	Date of admission	Days stayed	Hospital	
b) 1st	199		St. Southmead Michael's	other describe
	Reasons for admission and b	rief details of a	ny treatment	
c) 2nd	199		St. Michael's Southmead	other describe
	Reasons for admission and b	rief details of a	ny treatment	
d) 3rd	199		St. Southmead Michael's	other describe
	Reasons for admission and b	rief details of a	ny treatment	

B10.			
e) 4th		Southmead ael's	other describe
	Reasons for admission and brief details of any treatm	ent	
f) 5th	199 St. 1 Micl	Southmead	other describe
	Reasons for admission and brief details of any treatm	ent	
g) 6th	199 St. Micl	Southmead	other describe
	IVIIO	14010	describe
	Reasons for admission and brief details of any treatm	ent	

SECTION C: LABOUR AND DELIVERY

If this is a multiple pregnancy please fill in the labour and delivery details for the $\underline{\text{first born}}$ on this Section C and complete a separate C section for each subsequent birth.

C1. Please give the following where possible

			Date	Time (24 hr clock)
	a. Admi	ission	Day Month •	
	b. Membrane rupture		·	
	c. Onset of 1st stage			•
	d. Onse	et of 2nd		•
	e. Deliv	ery		
	f. End c		•	
C2.	a)	When w 1 2 3 4 5	before onset of labour in 1 st stage in 2 nd stage or transition in labour n.o.s. not admitted (home delivery) admitted not known when	
	b)	Was mo	other: admitted from home transferred during labour from one hospital to	another
		3	other (please describe) ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

C3.	a)	How did the membranes rupture?
		spontaneously artificially at caesarean section 3
		spontaneously & spontaneously and at caesarean section
		other
	b)	How long was the interval between rupture and delivery?
		5-59min 2 1-5hr 59 mins 3
		6-23hr 59min 24-47hr 59 mins 6 48hr+
		9 NK
	c)	Did membranes rupture before or after onset of regular contractions?
		before after no contractions 7
		with onset of regular contractions (ie. Simultaneously)
		unclear 9 NK
C4.(i)		How did labour start?
		spontaneously after induction 2
		no labour in other way (eg. elective)

C4.(II)		It labour induced, please indicate methods:
		Yes
	a)	prostaglandin gel (vaginal) 1 not induced go to C4 (iii) below
	b)	prostaglandin pessaries 1
	c)	extra-amniotic prostoglandins
	d)	oral protaglandins1
	e)	artificial rupture of membranes (ARM)
	f)	syntocinon infusion1
	g)	'other' please specify1
C4.(ii)	h)	If labour was induced, please list reasons
(iii)	a)	Was labour augmented?
		Yes $\begin{array}{ c c c c c }\hline & No & & \rightarrow Go \text{ to C5a} \\\hline 1 & & 2 & & \\\hline \end{array}$
		If labour was augmented, please indicate methods:
		Yes
	b)	artificial rupture of membranes (ARM)
	c)	mobilisation of mother 1
	d)	syntocinon infusion 1
	e)	other, please specify 1

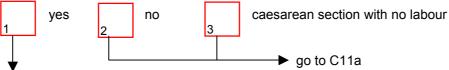
	f)	If labour was augmented, please list reasons	
C5.	a)	What was t he presentation onset of labour?	
		vertex breech 2	
		other 9 not known	
	b)	What was the presentation at delivery or at caesarean section?	
		vertex OA vertex OP 2	
		breech other (describe)	
C6.	a)	What was the method of delivery?	
		spontaneous	
		assisted breech [ormal breech delivery, often with forceps to after-coming head (ACH)]	
		breech, extraction (rare/emergency procedure when baby remains in uterus)	
		3 caesarean section	
		forceps 4	
		vacuum extraction (ventouse)	
		other, please describe	

C6.	b)	If forceps used, please indicated which type:		
		Wrigleys Rhodes 2	9	NK
		Neville Barnes Keillands	5	Other, please specify
		not delivered by forceps		
	c)	Was delivery by caesarean section?		
		yes elective yes emergency 2	7	no → go to C7
	d)	please give reasons for caesarean		
C7.	(i)	Indicate which of the following analgesics/anaesthetics used dur stages of labour or at caesarean section?	ing the f	ïrst or second
			Yes	
	a)	Birthing pool	. 1	
	b)	Caudal epidural (needle through caudal hiatus)	1	
	c)	Diamorphine	1	
	d)	Epidural n.o.s	1	
	e)	Fentanyl	1	
	f)	Gas and air	1	
	g)	General anaesthetic	1	
	h)	Hot bath		

C7.	i)	Lumbar epidural (needle in lumbar region)	1			
	j)	Perineal infiltration	1			
	k)	Pethidine	1			
	l)	Pethilorfan	1			
	m)	Pudendal block	1			
	n)	Spinal anaesthetic	1			
	0)	T.E.N.S.	1			
	p)	Other, please describe	1			
	q)		1	None	1	Not known
-						
C7.	(ii)	Were any other drugs given during the first or second stages of la section?	abour c	or at caes	sarear	ו
C7.	(ii)	section?	abour o	or at caes	sarear	1
C7.	(ii) a)	section?		or at caes	sarear	1
C7.	, ,	section? Antibiotics	Yes	or at caes	sarear	1
С7.	a)	Antibiotics Please specify.	Yes	or at caes	sarear	1
С7.	a) b)	Antibiotics Please specify Dexamethasone	1 1 1 1	or at caes	sarear	1
С7.	a) b) c)	Antibiotics Please specify Dexamethasone Diazepam (Valium)	1 1 1 1	or at caes	sarear	1
С7.	a) b) c) d)	Antibiotics Please specify Dexamethasone Diazepam (Valium) Dichloralphenazone (Welldorm)	1 1 1 1	or at caes	sarear	1
С7.	a) b) c) d)	Antibiotics Please specify Dexamethasone Diazepam (Valium) Dichloralphenazone (Welldorm) Ephidrine	1 1 1 1	or at caes	sarear	1

C7.(ii)	i)	Phenobarbitone
	j)	Phenytoin1
	k)	Ranitidine1
	l)	Ritodrine (Yutopar)1
	m)	Salbutamol1
	n)	Sodium citrate1
	0)	Stemetil1
	p)	Temazepam1
	q)	Other1
		please specify:
	r)	None Not known
C8.		During labour, prior to actual delivery did the mother haemorrhage?
		yes, placenta praevia no haemorrhage
		yes, APH unspecified yes abruption
		no labour other
		please specify

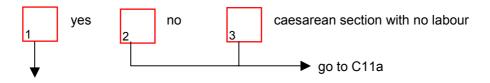
C9. a) Was the mother's blood pressure taken in labour?



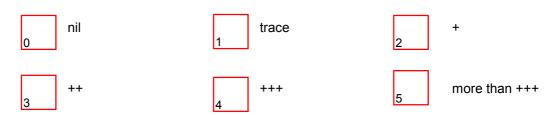
b) If <u>yes</u>, what was the reading with the highest diastolic?



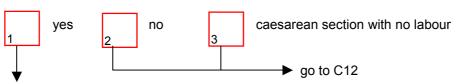
C10. a) Was the mother's urine tested for protein in labour?



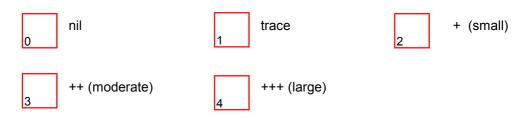
b) If <u>yes</u>, give result:



C11. a) Was the mother's urine tested for ketones in labour?



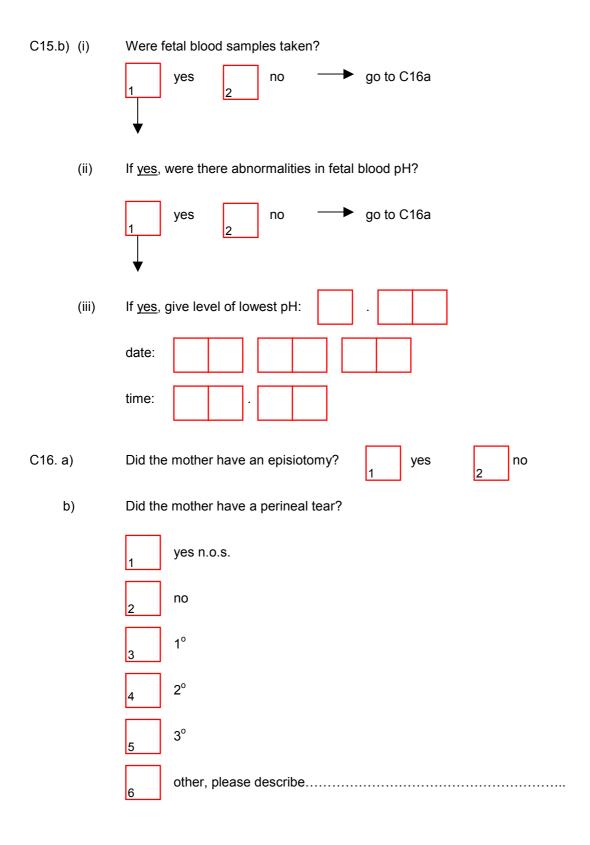
b) If <u>yes</u>, give result:



C12.	a)	Was any odema present in labour?
		yes 2 no caesarean section with no labour
		If <u>yes</u> , b) what sites were involved?
		generalised ankles only hands only 2
		face only other only site
C13.		Were any of the following <u>noted</u> as occurring in labour or at caesarean section?
		Yes
	a)	Blood transfusion
	b)	Catheterization1
	c)	Cord around neck1
	d)	Cord prolapse1
	e)	Distress (if stated)
	f)	Eclamptic convulsions1
	g)	Failure to progress
	h)	Fresh meconium in liquor
	i)	Left lateral position
	j)	Meconium n.e.c
	k)	Obstructed labour
	I)	Old meconium in liquor1

			Yes
C13.	m)	Precipitate labour	1
	n)	Prolonged 1 st stage (if stated)	1
	0)	Prolonged 2 nd stage (if stated)	1
	p)	Pyrexia	give temperature .
	q)	Right lateral position	1
	r)	Water birth	1
	s)	Other complications(please describe, eg. shoulder dy cephalopelvic disproportion etc)	
	t)		None Not known
C14.	(i)	Monitoring. Were any of the follo	owing noted: Yes
	a)	CTG – intermittent	no labour no monitoring noted
	b)	CTG - continuous	1
	c)	FSE	1
	d)	Auscultation	1
	e)	Sonicaid	1
	f)	Fetal heart heard not known with what	1
	g)	Other (please specify)	1

C15.a)	(i)	Were there any abnormalities no yes no		rt rate in labour? plicable	no indication in notes
	(ii)	If <u>yes</u> , please indicated which ab	onormalities wer	e noted:	
			1 st stage	2 nd stage	not clear when
	a)	Tachycardia N.O.S.	1	1	1
	b)	Base line tachycardia (160 bpm or more)	1	1	1
	c)	Bradycardia N.O.S.	1	1	1
	d)	Base line bradycardia (110 bpm or less)	1	1	1
	e)	Type I Dips/early decels	1	1	1
	f)	Type II Dips/late decels	1	1	1
	g)	Loss of beat to beat variability	1	1	1
	h)	Reduced or poor variability	1	1	1
	i)	'Flat trace'/sinusoidal pattern	1	1	1
	j)	Variable decelerations	1	1	1
	k)	Decelerations with slow recovery	1	1	1
	I)	Other, please specify	1	1	1



SECTION D: POST PARTUM

D1.		Were any of the following noted as having occurred	ed during the first 14 days postpartum?
			Yes
	a)	Anaemia	Result .
	b)	Blood transfusion	1
	c)	Breast problems	specify
	d)	Catheterization	1
	e)	Clots passed	1
	f)	Depression	1
	g)	D.V.T.(deep vein thrombosis)	1
	h)	Eclamptic convulsions	1
	i)	Genital infection	1
	j)	Haemorrhoids,,,,	1
	k)	Infection of caesarean wound	1
	l)	Infection of episiotomy/tear	1
	m)	Manual removal of placenta	1
	n)	Mastitis	1
	0)	Micturation problems	1
	p)	Perineum problems	specify
	q)	Psychosis	1
	r)	Pulmonary omboliom	

D1.		Yes
	s)	Pyrexiatemperature
	t)	Retained placenta1
	u)	Sterilisation
	v)	Urinary infection1
	w)	Uterine infection
	x)	Other (please describe)
	y)	
Blood	loss at o	or after delivery
D2.	a)	Did the mother have a post-partum haemorrhage?
	ŕ	yes go to D3
	g) If <u>y</u>	es was it 'primary' (loss of 500mls or more within 24 hrs of delivery)? or 'secondary' (loss of 500mls or more after 1 st 24 hrs of delivery).
		primary secondary both NK
	c)	Please give amount in mls of haemorrhage

D3. Drugs in postpartum during and following completion of 3rd stage.

Did the mother have: Yes, not sure if Yes After delivery before or after delivery a) antibiotics (please specify)..... anti d..... b) c) anusol..... d) co-dydramol..... e) coproxamol..... f) ergometrine..... fentazin..... g) h) folic acid...... i) fybogel..... general anaesthetic..... j) k) iron..... I) kamillosan..... m) lactulose..... n) lignocaine..... metoclopramide (Maxalon)..... o) mini-pill..... p)

q)

morphine.....

D3.		Yes Yes, not sure if After delivery before or after delivery
	r)	omnopan/paparvertum1
	s)	paracetamol2
	t)	pethidine2
	u)	progesterone2
	v)	stemetil
	w)	syntocinon ₁
	x)	syntometrine ₁
	y)	temazepan
	z)	voltarol
	za)	witch hazel
	zb)	other (please specify)2
	zc)	None noted
D4.		Date mother left maternity hospital:
D5.		Where did mother first go?
		her own home someone else's other hospital home 3 with baby
		other hospital without baby elsewhere specify)
		maternal death

D6.	Did mother take her own discharge?
	yes no 2
D7.	Was mother re-admitted at all (prior to 6 week postnatal check)?
	yes no 2
	If <u>yes</u> , give date reason
D8.	Blood pressure of mother after delivery (give latest recorded)
	on 199

SECT	ION E:	OUTCOME OF PREGNANCY
E1.	Baby's	Hospital No.
E2.	Questi	onnaire No.
*	(If twin born)	triplet or quad please fill in Sections E & F on a separate questionnaire for all except the first
E3.	a)	Weight of placenta g or not weighed 8
	b)	Were there any abnormalities of the placenta or umbilical cord noted? yes 1 2
	h) If <u>y</u>	es, please describe
E4.	a)	What was the outcome of delivery?
		date of death time of death day month year
		alive now 2 alive at birth died later
		born dead 4 other (describe)
	b)	If <u>born dead</u>
		(i) when was the fetus thought to have died?
		before onset during labour and/or delivery of labour
		not known

fresh

(ii)

what condition was the fetus in?

macerated

not known

E5.		What is the sex of the baby/fetus?		
		Male female 2	3	intersex
E6.	a)	Is the baby a singleton, twin or triplet?		
		singleton twin 2	3	triplet
		other		
	b)	If <u>multiple birth</u> , state whether this baby was 1 st , 2 nd , 3 rd or 4 th to	be born.	
		first second 2	3	third
		fourth 4		
E7.		Birthweight of this baby: gms		
E8.	a)	Crown-heel length: . cms		
		(please code as 88.8 if not stated)		
	b)	Head circumference . cms		

SECTION F: THE LIVEBORN BABY – AT DELIVERY

F1.	a)	Did the	baby cry i	mmedia	itely after b	oirth?	7		ı
		1	yes	2	no	8	NS	9	NK
	b)	How lo	ng before l	baby too	ok first brea	ath?			
		1	<1 min	2	1-3 min	3	>3 mir	า 8	NS
	c)	establis (If note	ng until reg shed? s say less s 66 secs)						
	d)	Apgar a	at 1 min:			Apga	ar at 5 mir	ns:	
	i)	Was the ba	ıby resusci	tated					
		1	yes	2	no \rightarrow	go to F1.g	J		
	j)	▼ Method of r	resuscitatio	nn.					
	J <i>)</i>	Wethod of t	Codocitatio	711.		Yes	_		
		(i)	bag & ma	isk		1			
		(ii)	bag & ma	isk & ox	ygen	1			
		(iii)	cardiac m	nassage		1			
		(iv)	facial oxy	gen		1			
		(v)	intubatior	ı		1			
		(vi)	IPPV with	ı intubat	ion	1			
		(vii)	mouth to	mouth 8	& nose	1			
		(viii)	ventilatio	n nos		1			
		(ix)	Other, sp	ecify		1			

F1.	g)	Drugs given at delivery:
		naloxone 1
		other (specify
		No drugs
	h)	Treatment given at or shortly after delivery: Yes
		(i) suction 1
		(ii) chest compression 1
		(iii) none 1
		(iv) other (specify)
		(v) cords visualised If <u>yes</u> , was meconium seen?
		Yes 2 No 8 NS
UP UN	IIL IHE	TIME OF DISCHARGE
F2.	a)	Was the baby transferred?
		no 0
		SCBU in this hospital
		SCBU in other hospital
		Transitional care ward
		Other, please describe
	b)	Give reason(s) for transfer (if known)
F2.	c)	For how long was baby there?
	•	<hr +<="" 1="" 1-5hr="" 59="" 6-23hr="" day="" min="" p=""/>
		1 2 1-5111 59 11111 3 0-25111 59 11111 4 1 1 day +

(If baby is SCBU throughout, leave rest of Section F blank. When baby not in SCBU answer for postnatal notes only).

F3.		What type of feed was baby having at 24hrs?
		breast 2 bottle 3 breast and bottle
		other, describe content and method: (eg. expressed breast milk, oral glucose, intravenous dextrose dextrose etc) NS
F4.		Was the baby given Vitamin K?
		yes,orally no yes, IM
		yes,not yes,IV Not stated in notes 6
F5.		Did the baby have convulsions?
		yes no 2
F6.		What was the lowest temperature recorded: (99.9 if not taken, 88.8 if not stated)
F7.		Was the baby ever examined by a paediatrician?
		yes no 2
F8.	a)	Were the hips examined?
		yes $0 \rightarrow 0$ no $0 \rightarrow 0$ go to F9
	b)	If <u>yes</u> , were any abnormalities noted?
	,	yes no
		▼ please describe
F9.		Please list all congenital malformations and other abnormalities (eg. cephalhaematoma)
		- , , , , , , , , , , , , , , , , , , ,

F10.	a)	Has a formal paediatric assessment of gestation	been carried out?
		yes 2 no 3	can't tell
	b)	If <u>yes</u> , give gestational assessment:	wks
		(or 55 preterm, 56 term, 57 post-term)	
F11.		Were any of the following noted on the postnatal days?	
			Yes
	a)	Apnoeic attack(s) (baby stops breathing)	1
	b)	Cyanotic attack(s) (baby turns blue)	1
	c)	Feeding problems	1
	d)	High pitched or abnormal cry	1
	e)	Moist eyes	1
	f)	Mucousy	1
	g)	Pyrexia	Result .
	h)	Sticky eye(s)	1
	i)	Twitching	1
	j)	Umbilical infection	1
	k)	Unsettled	1
	I)	Other (specify)	1
	m)	None	1

F11.	n)	Was jau	undice present?
		(i)	yes $0 \rightarrow 0$ no $0 \rightarrow 0$ go to F110
		(ii)	If <u>yes</u> , was SBR taken Yes 1 No 2 NK 9
		(iii)	If <u>yes</u> , what was the highest level bilirubin µmol
			Date 199
	o)	Please	list all drugs given to baby Yes
		(i)	Antibiotics please specify:
			<u></u>
		(ii)	Dextrose 1
		(iii)	Other please specify:
		(iv)	none 1
	p)	Any oth	ner treatment or investigations
		(i)	1 Blood sugar assessments
		(ii)	1 Cot shield
		(iii)	1 Incubator
		(iv)	1 Light meter
		(v)	1 Meconium observations
		(vi)	Phototherapy/Double Phototherapy
		(vii)	Other, please specify
		(viii)	1 None

F12.		Date of baby discharge/transfer from hospital:
F13.	a)	Baby discharged to:
		1 mother 2 foster parent
		3 other person (specify)
		4 other hospital/unit
		not yet discharged
F13.	b)	If to other hospital/unit
		1 BMH/St Michael's
		2 Southmead
		3 Weston General Hospital
		4 Barrow Hospital
		5 Children's Hospital
		6 Other, please specify
F14.		Has baby been readmitted since discharge up to time of 6 week post-natal check? yes no 2
		If <u>yes</u> , give date of admission
		reason
F15.		Were there any problems in the data collection you would like to add? yes no 2