**Neonatal Nutrition Network Case Report Form**

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|  | **Unit code** | **Patient ID** |
| Infant ID: | **XXX** | **X** | **X** | **X** | **X** |

**Instructions for Handling and Completing the Case Report Form (CRF)**

* Please use only black ball point pen to complete CRFs
* Only authorized individuals should write on these CRFs
* Please fill in the header on each page and date and sign pages when required
* Data correction: Cross out the mistake (the mistake has to remain readable). Write the correction alongside together with your initials and date of correction. In case of a not self-explanatory mistake, please add the reason for correction. Do not use typewriter correction fluid (Tipp-Ex).

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| 0 | 1 | 1 | 1 | 0 | 8 |

1. 3 RCH 03/11/2008

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| --- | --- | --- | --- | --- | --- | --- |
| * Into boxes, please enter numbers or ticks:
 | 1 | **.** | 6 | 4 |  | ✓ |
| * Date: enter as Day / Month / Year:
 | D D/M M/Y Y |

|  |  |
| --- | --- |
| **Eligibility criteria** |  |
| Age less than 48 hours  | Yes No-ineligible  |
| Parent/guardian consent given\*  | Yes No-ineligible |
|

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| --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y |

**I confirm baby is eligible. Initials** ­**\_\_ \_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

\*Not applicable in all sites

|  |
| --- |
| **Section 1: Mother / Pregnancy** |
| Mother’s age (years) |  |  |
|  |  |  |
| Education category (choose no. from 1 to 5 from table at end) |  |  |
|  |  |  |
| Occupation category (choose no. from 1 to 5 from table at end)  |  |  |
| Marital status (please circle): | Married Single Divorced Not known/missing |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of live births |  |  |  |  |  |
|  |  |  |  |  |  |
| Number of stillbirths  |  |  |  |  |  |
|  |  |  |  |  |  |
| Number of miscarriages/terminations |  |  |  |  |  |
|  |  |  |  |  |  |
| Number of children alive |  |  |  |  |  |
|  |  |  |  |  |  |
| Number of antenatal clinic visits  |  |  |  |  |  |
|  |  |  |  |  |  |
| Number of foetuses in this pregnancy |  |  |  |  |  |
|  |  |
| HIV antibody status | Positive Negative Not known  |
| Hepatitis B surface antigen (HBsAg) test result | Positive Negative Not known  |
| Syphilis test result | Positive Negative Not known  |
| Gestational diabetes  |  Yes No Not known  |
| PIH/pre-eclampsia/eclampsia |  Yes No Not known  |
| Antepartum haemorrhage |  Yes No Not known  |
| Other mother/pregnancy complication - specify  | **­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Section 2: Labour/delivery** |
| Place of delivery |  Health facility Home Other |
| Other place of delivery – specify | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_** |
| Prolonged rupture of membranes ≥ 18 hours |  Yes No Not known |
| Maternal peripartum fever |  Suspected Confirmed No Not known  |
| Mother treated with antibiotics within 24 hours before/after birth |  Yes No Not known |
| Absent or reversed end-diastolic flow velocity (AREDFV) in foetal aorta or umbilical artery |  Yes No Not measured |
| Mother received antenatal dexamethasone |  Full (4 doses) Partial (1-3 doses)  None Not known  |
| Mode of delivery |  Vaginal unassisted Vaginal assisted  Caesarian section Not known  |
| Needed bag/valve/ mask resuscitation |  Yes No Not known |

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| **Section 3: Newborn** |
| Admitted to neonatal unit from | Labour ward Postnatal ward Home Referred from health facility Other  |
| If other, specify: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Sex |  Male Female |
|  |  |  |  |
|  |  |  |  |  |  |  |
| Date of birth  | D | D | M | M | Y | Y |
|  |  |  |  |  |  |  |
| Birth weight in kg (to 2dp) |  | **.** |  |  |
| Date of admission  | D | D | M | M | Y | Y |
|  |  |  |  |  |  |  |
| Weight on admission in kg (to 2dp) |  | **.** |  |  |
|  |  |  |  |  |  |  |
| Length on admission in cm (to 1 dp) |  |  | **.** |  |
|  |  |  |  |  |  |  |
| Head circumference on admission in cm (to 1 dp) |  |  | **.** |  |
|  |  |  |  |  |
| Gestational age (GA) in weeks |  |  |  |  |
|  |  |  |  |  |
| Method of GA assessment (tick all that apply) | Mother’s dates Early USS  Early USSBallard or other charts  |
|  |  |
| Any congenital anomalies? | Yes No  |
|  |  |
| If congenital anomalies, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Prophylactic antibiotics given? (Well babies with risk factors only -no clinical signs of sepsis) |  Yes No Not known |
| If Yes: |  |  |
| * Betalactam

(e.g. penicillin/ampicillin) | Yes No   | If Yes, name:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Aminoglycoside

(e.g. gentamicin) | Yes No   | If Yes, name:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Cephalosporin
 | Yes No   | If Yes, name:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Macrolide

(e.g. erythromycin) | Yes No   | If Yes, name:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Quinolone

(e.g. ciprofloxacin) | Yes No   | If Yes, name:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Other
 | Yes No   | If Yes, name:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Section 4: Feeding and growth (Please remember to complete the weekly growth file)** |
| Did the baby die before the first feed? |  Yes No Not known |
| If no, first feed within 1st hour of birth?  |  Yes No Not known |
|  |  |
| * If no, time to 1st feed (in hours)
 |  |  |  |  |  |  |
|  |  |
| Type of 1st feed  | Colostrum Preterm formula Standard formula Other Don’t know  |
| * If 1st feed other, specify
 |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Indicate all types of enteral feed received during admission | Breast milk Preterm formula Standard formula Other  |
| * If other, specify
 | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Indicate all nutritional supplements received during admission | Human milk fortifiers Vitamin D Calcium Phosphorus Iron Folic acid  |

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| Were full feeds (120ml/kg/day) established? |  Yes No Not known |
|  |  |  |  |  |  |  |
| If yes, date when full feeds tolerated for 24 hours  | D | D | M | M | Y | Y |
|  |  |
| Indicate all methods of feeding received during admission  | Direct breastfeeding Tube feeding (OGT/NGT) Cup/ cup and spoon Other  |
| If other type of feeding – specify  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Parenteral IV amino acid solution given?  | Yes No  |
| Parenteral IV lipid solution given? | Yes No  |
| * If Yes, parenteral feeds date started
 | D | D | M | M | Y | Y |
|  |  |  |  |  |  |  |
| * If Yes, parenteral feeds date stopped
 | D | D | M | M | Y | Y |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Date when birth weight was regained(enter 09-09-9999 if not regained) | D | D | M | M | Y | Y |

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| **Section 5: Morbidity and drugs** |
| Congenital heart disease present? |  Yes No Not known |
| Umbilical vein catheterized? |  Yes No Not known |
| Umbilical artery catheterized? |  Yes No Not known |
| Patent ductus arteriosus requiring treatment (diuretics, indomethacin/ibuprofen)? |  Yes No Not known |
| Transfused during admission? |  Yes No Not known |
| * If transfused, indicate type of transfusion
 |  Whole blood Packed RBCs  Plasma Platelets Not known |
| Had exchange blood transfusion for jaundice? |  Yes No Not known |
| Received phototherapy?  |  Yes No Not known |
| Received antifungals (oral or IV)? |  Yes No Not known |
| Received antacid, H2 blocker or PPI? |  Yes No Not known |
| Common morbidities: *please tick all that apply and complete the relevant Diagnostic Criteria form*  | Asphyxia Sepsis Respiratory Abdominal signs  |
|  |  |
| Number episodes of sepsis during admission (*enter “0” if none; enter “99” if not known)* |  |  |  |  |  |  |
|  |  |
| Number episodes of NEC during admission (*enter “0” if none; enter “99” if not known)* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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| **Section 6: Final outcome infant** |
| Outcome date | D | D | M | M | Y | Y |
| Infant final outcome  |  Discharged home with no morbidities  Discharged home with morbidities Transferred out  Absconded/discharged against medical advice Died  |
| * If infant died, specify cause of death
 | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| If discharged home with morbidities |  |
| * Any neurological deficit?
 |  Yes No Not known |
| * If neurological deficit, specify
 | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| * Hydrocephalus present?
 |  Yes No Not known |
| * If other morbidity, specify:
 | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| Discharge weight (kgs to 2dp) |  |  |  | **.** |  |  |
|  |  |  |  |  |  |  |
| Discharge length (cms to 1 dp) |  |  |  |  | **.** |  |
|  |  |  |  |  |  |  |
| Discharge head circumference (cms to 1 dp) |  |  |  |  | **.** |  |
|  |  |
| Was infant discharged on tube feeding (OGT/NGT)? | Yes No Not known  |
| On discharge was the baby prescribed:  |  |
| iron | Yes No Not known  |
| multivitamins | Yes No Not known  |
| * If yes specify which multivitamins
 | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Calcium | Yes No Not known  |
| Folic acid | Yes No Not known  |
| Probiotics | Yes No Not known  |
| * If yes specify which probiotics
 | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Other nutritional supplement on discharge | Yes No Not known  |
| * If other specify
 | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Section 7: Final outcome of mother**  |
| Final outcome of mother | Alive Died  |
| * If mother died, date of death
 | D | D | M | M | Y | Y |
| * If mother died, cause of death
 | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **CRF checked by** |
| Initials **\_\_ \_\_** Signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | D | D | M | M | Y | Y |

**Table: Occupation and Education category**

|  |  |
| --- | --- |
|  | **Category** |
|  | **1** | **2** | **3** | **4** | **5** |
| **Occupation**  | Senior public servants, professionals, managers, large scale traders, businessmen and contractors. | Intermediate grade public servants and senior school teachers. | Junior school teachers, drivers and artisans. | Petty traders, labourers, messengers and similar grades. | Unemployed, students, full time house-wives and subsistence farmers. |
| **EDUCATIONAL LEVEL NIGERIAN** | University graduates or equivalents. | School certificate (ordinary level (GCE) holders who have teaching or other professional training. | School certificate holders or grade II teachers certificate holders or equivalents. | JSS 3 and primary 6 certificate. | Those who can either just read and, write or are illiterate. |
| **EDUCATIONAL LEVEL KENYAN** | University graduates or equivalents. | KCSE holders who have college certificates or diplomas or other professional training. | KCSE holders (have finished secondary school) but have not been to college. | KCPE holders (have finished primary school.) | Some primary school or no formal education. |