

SEA-ORCHID Preterm Form

1 **Survey record number of mother (eg IPH/0532 etc.)**

2 **Patient status (tick one only)**
 Public Private Unknown

3 **Booked for birth at hospital (tick one only)**
 Yes No Unknown

4 **Number of babies this pregnancy**(singleton=1; twins=2; triplets=3)

For second and third born babies, please complete the preterm multiple births form.

5 **Reason at risk of preterm birth (tick one main reason)**
 Antepartum haemorrhage Cervical incompetence
 PPROM Poor obstetric history
 Twin-twin transfusion Preterm labour
 Multiple pregnancy Isoimmunisation
 IUGR Polyhydramnios
 Congenital Abnormality Hypertension in pregnancy
 Other _____

6 **Given antenatal corticosteroids**
 Yes No (if no, go to 10) Unknown

7 **Date first dose given**
 Unknown
 D D M M Y Y

8 **Type of steroid given**
 Dexamethosone Other _____
 Betamethasone Unknown

9 **After the initial course, was the course of antenatal corticosteroids repeated?**
 Yes (please specify number of courses) _____
 No Unknown

10 **Date and time of birth**
 Unknown
 D D M M Y Y
 - Unknown
 TIME (24 hours)

11 **Respiratory distress**
 Yes No Unknown
 (defined as respiratory distress needing supplemental oxygen or other assistance > 24 hours)

12 **Was oxygen therapy needed after resuscitation?**
 Yes No Unknown
 If yes, number of days:

13 **Was mechanical ventilation used?**
 Yes No Unknown
 If yes, number of days:

14 **Maximum inspired oxygen (FiO₂)**
 Unknown

15 **Length of hospital stay for baby (days)**
 Unknown

16 **Proven infection**
 Yes No (if no, go to 20) Unknown
If culture-proven, was onset of infection 48 hours or less after birth?
 ≤ 48 hrs after birth > 48 hrs after birth
 Both Unknown

17 **Organism cultured (tick all that apply)**
 Group B Streptococcus
 Coagulase negative Staphylococcus Staph aureus
 E coli Klebsiella Pseudomonas
 Enterobacter Other _____

18 **For Staphylococcus infection indicate if antibiotic resistance:**
 methicillin resistant methicillin sensitive Unknown

19 **If E coli, Klebsiella, Pseudomonas, Enterobacter or Other, indicate if antibiotic resistance:**
 ESBL* non-ESBL* Unknown
 * ESBL = extended spectrum beta lactamase producer

20 **Suspected infection**
 Yes No Unknown
 If yes, duration of antibiotics: days Unknown