



SEA-ORCHID Project

South East Asia — Optimising Reproductive and Child Health Outcomes in Developing Countries

Manual for Preterm Data Collection Form

1. Post-Intervention Preterm Data Collection Form

The data collection form consists of one page containing 20 questions. Please provide a response to all questions as directed.

Before answering each question, record the following information at the top of the form:

Today's date ____ / ____ / 200__ Data collector _____

SEA-ORCHID Preterm Form	
1 Survey record number of mother <input style="width: 100%;" type="text"/>	12 Was oxygen therapy needed after resuscitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, number of days: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
2 Patient status (tick one only)	

- Today's Date**
 Record the date the form is completed (using the format DD/MM/2008).
- Data Collector**
 Record the name (or initials) of the person completing the form.

Q 1	Write here the Survey record number for the mother assigned on the main SEA-ORCHID Post-Intervention Data Collection Form (e.g. IPH/0532).
Q 2	From chart review, TICK the appropriate box as to whether the mother is a public or private patient. <ul style="list-style-type: none"> if this information is not known, TICK the UNKNOWN box.
Q 3	From chart review, TICK the appropriate box as to whether the mother attended for antenatal care (on one or more occasions) at the hospital or an affiliated maternity clinic, and birth planned at the hospital. <ul style="list-style-type: none"> if this information is not known, TICK the UNKNOWN box.
Q 4	From chart review, record the number of babies this pregnancy. <ul style="list-style-type: none"> if a singleton enter the number 1 in the box if twins enter the number 2 in the box if triplets enter the number 3 in the box. For second and third born babies, please complete the preterm multiple births form .
Q 5	From chart review, record the main reason at risk of preterm birth. <ul style="list-style-type: none"> Antepartum haemorrhage is when there is bleeding during the antenatal period (before labour). PPROM is when the membranes rupture preterm and prelabour. Twin-twin transfusion syndrome is diagnosed by the attending doctor. Multiple pregnancy is when there are two or more babies this pregnancy. IUGR is when the baby is much smaller than normal for gestational age. Congenital abnormality is when the baby has a known congenital abnormality.

	<ul style="list-style-type: none"> • Cervical incompetence is when the cervix is shorten and/or dilated before labour. • Poor obstetric history is when there has been a poor outcome from the mother's previous pregnancies. • Preterm labour is when the mother is having spontaneous uterine contractions before 37 weeks. • Isoimmunisation is when the mother has antibodies that may make the baby anaemic. • Polyhydramnios is when the mother has extra amniotic fluid around the baby. • Hypertension in pregnancy is when the mother has a high blood pressure and proteinuria. <p>As far as possible, please TICK one of the options above. If none of the above options is the main reason for at risk of preterm birth, please tick Other and specify the reason.</p>
Q 6	<p>From chart review and/or staff interview, record whether the mother was given any antenatal corticosteroids.</p> <ul style="list-style-type: none"> • <i>If this information is not known, TICK the UNKNOWN box.</i> • <i>If YES, complete Questions 7 to 9</i> • <i>If NO, go to Question 10.</i>
Q 7	<p>From chart review and/or staff interview, record the date the FIRST dose of antenatal corticosteroids were given. The date should be in the format DD / MM / YY. Numbers less than ten should be preceded by 0.</p> <ul style="list-style-type: none"> • <i>If the date when the FIRST dose of antenatal corticosteroids were given is not known, TICK the UNKNOWN box.</i>
Q 8	<p>From chart review, TICK the appropriate box for the type of steroid given. If another steroid was given besides dexamethasone or betamethasone then tick the OTHER box and record the steroid name.</p> <ul style="list-style-type: none"> • <i>If the type of steroid given is not known, TICK the UNKNOWN box.</i>
Q 9	<p>From chart review, record whether the course of antenatal corticosteroids was repeated. If YES, record how many courses of repeat steroids were given, after the initial course.</p> <ul style="list-style-type: none"> • <i>If it is not known if repeat steroids were given, TICK the UNKNOWN box.</i>
Q 10	<p>From chart review, record the date and time of birth of the baby. The date should be in the format DD / MM / YY. Numbers less than ten should be preceded by 0. Record the time using the 24-hour clock.</p> <ul style="list-style-type: none"> • <i>If the date and time of birth of the baby is not known, TICK the UNKNOWN box.</i>
Q 11	<p>From chart review, TICK the YES box if the baby was diagnosed with respiratory distress, defined as a need for supplemental oxygen or other assistance with breathing for more than 24 hours after birth.</p> <ul style="list-style-type: none"> • <i>If the baby did not have respiratory distress, then tick NO.</i> • <i>If it is not known if the baby had respiratory distress, TICK the UNKNOWN box.</i>
Q 12	<p>From chart review, TICK the appropriate box as to whether oxygen was needed after resuscitation after birth.</p> <ul style="list-style-type: none"> • <i>If supplemental oxygen given for less than 24 hours record as 1.</i> • <i>If supplemental oxygen given from 24 but less than 48 hours record as 2.</i> • <i>If supplemental oxygen given for 48 hours or more record as the completed number of days.</i> • <i>If it is not known if the baby had supplemental oxygen after resuscitation, TICK the UNKNOWN box.</i>

<p>Q 13</p>	<p>From chart review, TICK the appropriate box as to whether the baby had mechanical ventilation (excluding any days on CPAP) to help with their breathing. If YES, record the number of complete days the baby had mechanical ventilation.</p> <ul style="list-style-type: none"> <i>If it is not known if the baby had mechanical ventilation, TICK the UNKNOWN box.</i>
<p>Q 14</p>	<p>From chart review, record the highest, appropriate inspired oxygen FiO₂ value as a percentage (%) given between admission to the nursery and 12 hours after birth.</p> <p>If the FiO₂ is given as a proportion, record as a percentage. For example 0.40 is 40%, 0.50 is 50%, 0.70 is 70%, etc.</p> <p>This question asks for the maximum <u>necessary</u> FiO₂ value (i.e. the <u>real O₂ requirement</u>). Give the maximum amount of oxygen the baby actually needed, rather than what was clinically administered in the first instance.</p> <ul style="list-style-type: none"> <i>If the FiO₂ is not known, TICK the UNKNOWN box.</i>
<p>Q 15</p>	<p>From chart review, record the number of completed days the baby stayed in hospital after birth.</p> <ul style="list-style-type: none"> <i>If the baby stayed in hospital beyond 7 days record >7.</i> <i>If the number of days the baby stayed in hospital is not known, TICK the UNKNOWN box.</i>
<p>Q 16</p>	<p>From chart review, TICK the appropriate box as to whether the baby had a PROVEN infection.</p> <ul style="list-style-type: none"> <i>If this is NO, go to question 20.</i> <i>If this is not known, TICK the UNKNOWN box.</i> <p>If YES, TICK the appropriate boxes as to whether the infections started 48 hours or less after birth, more than 48 hours after birth, or TICK the BOTH box, when there was PROVEN infection at ≤48 hours and >48 hours.</p> <ul style="list-style-type: none"> <i>If this is not known, TICK the UNKNOWN box.</i>
<p>Q 17</p>	<p>From chart review, TICK the appropriate boxes for the organisms found on culture for the PROVEN infection. If none of the given options are appropriate, please tick OTHER and specify the organism.</p>
<p>Q 18</p>	<p>From chart review, if Staphylococcus infection TICK the appropriate box as to antibiotic resistance.</p> <ul style="list-style-type: none"> <i>If this is not known, TICK the UNKNOWN box.</i>
<p>Q 19</p>	<p>From chart review, if E coli, Klebsiella, Pseudomonas, Enterobacter or Other TICK the appropriate box as to antibiotic resistance.</p> <ul style="list-style-type: none"> <i>If this is not known, TICK the UNKNOWN box.</i>
<p>Q 20</p>	<p>From chart review, TICK the appropriate box as to whether the baby had a SUSPECTED infection.</p> <ul style="list-style-type: none"> <i>If this is not known, TICK the UNKNOWN box.</i> <p>If YES, record the number of days antibiotics were given for.</p> <ul style="list-style-type: none"> <i>If this is not known, TICK the UNKNOWN box.</i>

2. Multiple births

For multiple births, complete the standard preterm form for the first born only. For the second and third births complete the supplementary data collection form (SEA-ORCHID Post-Intervention Preterm Form Multiple Births.pdf) which asks baby-specific questions (Q10-Q20).

When entering the data online, select 'Yes' in answer to the question 'Multiple child information required' at the end of the online form to display the supplementary questions.