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| **Part A: Antenatal Care (To be Completed by Obstetric Team)** |
|  Maternal Badger ID and initials: | Unit Name: |
| Single or multiple pregnancy🡪 Choose an item. | Name of person completing Part A: |
| Final Antenatal Admission (time / date): | Postnatal Discharge (time / date / destination): |
| **Predicting or Preventing Preterm Birth** |
| Predictive Intervention | Date | Time | Details |
| Fibronectin Test |  |  |  |
| Cervical Length |  |  |  |
| QUiPP |  |  |  |
| Amnisure / Partisure |  |  |  |
| Preventative Intervention |
| McDonald Cerclage |  |  |  |
| Shirodkar Cerclage |  |  |  |
| Abdominal Cerclage |  |  |  |
| Unscheduled antenatal contact/admission/discharge/transfer(s) in 2 weeks before birth (Date/Time/Location): |
| Further information: Antenatal Management / Concerns / Risk factors: |
| **Labour and Birth** |
| Event / Intervention | Date | Time | Details / Concerns / Risk factors |
| Rupture of Membranes |  |  |  |
| Onset of Labour:🡪 Choose an item. |  |  | If induced, what precluded IUT to a unit with a NICU?  |
| Onset of Second Stage |  |  |  |
| Date & time of birth |  |  |  |
| Mode of birth: |
| Event / Intervention | Date | Dose | Details |
| Antenatal Steroids |  |  |  |
| Tocolysis |  |  |  |
| MgSO4 Bolus |  |  |  |
| MgSO4 Infusion |  |  |  |
| Antibiotics |  |  |  |
| SSD In-utero Transfer Request: Date / Time / Staff Involved / Further Information |
| Why did transfer not take place? (Check all that apply; click the box to marked it as checked) |
| [ ]  Lack of maternal bed[ ]  Lack of neonatal cot[ ]  Lack of transport capacity[ ]  Labour too rapid | [ ]  Time lapse: arrival time to assessment[ ]  Staff concern of birth during transfer [ ]  Mother too unwell[ ]  Labour too rapid |
| Who was involved in the decision not to transfer? (Name / Role as applicable) |
| Lead Midwife: | Lead Obstetrician: |
| Lead Neonatologist: | Lead Neonatal Nurse: |
| Summary of perinatal decision making: |

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| **Part B: Baby 1**  |
| **Name of person completing part B: (Neonatal Team)** |
| Baby Badger ID and Initials: | Gestation: | Birth (Date / time): |
| Birthweight: | Apgar Scores: | Cord gas results 🡪 Choose an item. |
| Temperature at birth: | Cranial Ultrasound Outcome: | Died (date / time): |
| Summary of delivery room management (who attended the birth / care provided): |
| **Neonatal Transfer** |
| **Event** | **Date** | **Time** | **Temperature** | **Name of destination unit and staff** |
| Contacted ScotSTAR / SSD |  |  |  |  |
| Time of ScotStar Arrival |  |  |  |
| Time Baby Left birth unit  |  |  |  |
| Arrival at destination unit |  |  |  |
| Significant events during postnatal transfer: |

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| **Part B: Baby 2** |
| **Name of person completing part B: (Neonatal Team)** |
| Baby Badger ID and Initials: | Gestation: | Birth (Date / time): |
| Birthweight: | Apgar Scores: | Cord gas results🡪 Choose an item. |
| Temperature at birth: | Cranial Ultrasound Outcome: | Died (date / time): |
| Summary of delivery room management (who attended the birth / care provided): |
| **Neonatal Transfer** |
| **Event** | **Date** | **Time** | **Temperature** | **Name of destination unit and staff** |
| Contacted ScotSTAR / SSD |  |  |  |  |
| Time of ScotStar Arrival |  |  |  |
| Time Baby Left birth unit  |  |  |  |
| Arrival at destination unit |  |  |  |
| Significant events during postnatal transfer: |

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| **Part C: Governance** |
| **Name of person completing Part C:**  |
| Clinical Incident reported locally? | Choose an item. |
| Local review conducted? | Choose an item. |
| Maternity and neonatal staff involved? | Choose an item. |
| Missed opportunity for identifying PTL? | Choose an item. |
| Missed opportunity for IUT? | Choose an item. |
| Was birth at a unit with no NICU avoidable? | Choose an item. |
| **Learning identified following local review** (Please include any good practice noted or changes to practice as a result of this case/review for both antenatal & postnatal care): |
| **Communication issues identified** (with parents or wider internal / external / maternity / neonatal teams) |