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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) | |