



National Collaborative Perinatal Neonatal Network (NCPNN)
Normal Nursery questionnaire (printing version)

Entry Date Questionnaire Code /
 Month of Birth Center Code

Section I: Socio-Demographics

Mother's admitted class 1 2 3

Place of Residence

Area Province

Area of origin

Mother Province

Father Province

Mother's Religion Moslem Druze Christian Other

Father's religion Moslem Druze Christian Other

Mother's Age Father's Age

Mother's Education Illiterate Read and Write Elementary Intermediate
 Secondary Technical University (Undergrad.) University (Grad.)

Mother's Work No Yes

Parental Consanguinity No Yes **Specify** 1st cousins (mother & father are cousins)
 2nd cousins (parents are cousins)
 More (related, but to a lesser extent)

Relationship

Total # of people (excluding current newborn) living in the house?

Total # of rooms (excluding kitchen & bathrooms) in the house?

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Section II: Maternal Obstetric History

Obstetrician Male Female

Gravidity Parity

Abortions, Total Spontaneous Induced Living Children

Previous neonatal death (1st 28 days of life) No Yes **If yes, number**
 Previous c-section No Yes **If yes, number**
 Previous preterm birth No Yes **If yes, number**
 Cigarette smoking during pregnancy No Yes **If yes, #cig/day**
 Arguileh smoking during pregnancy No Yes **If yes, #arg/week**
 Alcohol drinking during pregnancy No Yes **If yes, #glass/week**

Prenatal care No Yes **If yes, total # of visits**
Earliest visit 1st trimester 2nd trimester 3rd trimester

Ultrasound Abnormality No (Normal) Yes (Abnormal)

Height **cm** **Weight before pregnancy** **kg** **Weight at delivery** **kg**

Section II (continue): Maternal Obstetric History

Maternal chronic conditions

Chronic hypertension No Yes **Heart disease** No Yes
Asthma No Yes **Hypothyroidism** No Yes
Epilepsy No Yes **Hyperthyroidism** No Yes
Anemia No Yes **Hemoglobinopathies** No Yes
Diabetes Mellitus No Yes **If yes, type:** IDDM NIDDM

Pregnancy-related complication

Urinary tract infection No Yes
Bleeding No Yes **If yes** 1st trimester 2nd trimester 3rd trimester
 Spotting Placenta previa Chronic abruptio
Hypertensive disorders No Yes **If yes** Eclampsia Preeclampsia
Gestational diabetes mellitus No Yes **If yes, did she receive insulin** No Yes
Hospitalization during pregnancy No Yes **If yes, total number of days**

Medications during pregnancy

Regular folic acid intake at least 1 month prior to pregnancy No Yes
Antenatal Steroids No Yes **If yes, # of courses** 1 2 > 2
Anti-coagulants No Yes **If yes,** Heparin Aspirin Sintrom

Section III: Delivery Characteristics

Intrapartum fever (>38 C) No Yes
Duration of rupture of membranes **hours**
Intrapartum Group B Streptococcus prophylaxis (Penicillin, Ampicillin, Erythromycin) No Yes
Mode of delivery Normal Vaginal Operative Vaginal Cesarean Section

Vaginal birth after C-Section (VBAC) No Yes

Indication for c-section

- Fetal distress/Non reassuring fetal heart/Bradycardia/Deceleration/prolapsed
- Cephalopelvic Disproportion (CPD) / Dystocia / Failure to progress / unfavorable
- Presentation (breech, transverse..)
- Multiple pregnancy
- Previous c-section / scar in uterus / previous myomectomy
- Elective c/s (precious infant, IVF, old maternal age, tubal ligation...)
- Other

Anesthesia

- None 1) Epidural 2) General 3) Local 4) Spinal Combination of two

Combination 1 **Combination 2**

Amniotic fluid

- Oligohydramnios Polyhydramnios Meconium clear

Section IV: Postpartum Complications

In hospital postpartum complications

Maternal death No Yes

Thromboembolic events No Yes

Postpartum Hemorrhage (bleeding) No Yes If yes, hemorrhage treated with:

Pitocin No Yes **Methergine** No Yes

Prostaglandins No Yes **Hysterectomy** No Yes

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Section V: ADMISSION & GENERAL CHARACTERISTICS TO THE NORMAL NURSERY

Newborn admission status NN Observation

Gestation Single Twins Triplets Plus

Assisted reproductive technology No Yes **If yes, type** IVF ET ICSI GIFT ZIFT IUI

Newborn Sex Male Female **If male, circumcision** No Yes

Apgars Score 1-min /10

Apgar Score 5-min /10

Gestational Age weeks + (0-6) days

Birthweight grams

Birth FOC cm

Birth Length cm

Admission Temperature °C

- Nutrition**
- Exclusive breastfeeding
 - Exclusive formula feeding

Mixed feeding

Hyperbilirubinemia

- Unconjugated hyperbilirubinemia (indirect)** No Yes
- Conjugated hyperbilirubinemia (direct)** No Yes
- If hyperbilirubinemia yes, Phototherapy** No Yes
- Exchange transfusion** No Yes

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BIRTH DEFECTS

Birth Defects Diagnosed No Yes

Cardiovascular

- | | |
|--|--|
| <input type="checkbox"/> Atrial Septal Defect (ASD) | <input type="checkbox"/> Atrioventricular Canal - AV canal |
| <input type="checkbox"/> Coarctation of the Aorta | <input type="checkbox"/> Dextroposition of the heart |
| <input type="checkbox"/> Hypoplastic Left Heart Syndrome (HLHS) | <input type="checkbox"/> Malformations of the mitral/aortic valves |
| <input type="checkbox"/> Malformations of the tricuspid/pulmonary valves | <input type="checkbox"/> Pulmonary Stenosis (PS) |
| <input type="checkbox"/> Single Ventricle | <input type="checkbox"/> Tetralogy of Fallot (TOF) |
| <input type="checkbox"/> Transposition of Great Vessels (TGV) | <input type="checkbox"/> Ventricular Septal Defect (VSD) |

Gastrointestinal

- | | |
|---|---|
| <input type="checkbox"/> Atresia of esophagus with or without fistula | <input type="checkbox"/> Absence, atresia & stenosis of anus or rectum /imperforated anus |
| <input type="checkbox"/> Absence, atresia & stenosis of intestine /intestinal obstruction | <input type="checkbox"/> Congenital fistula of rectum and anus |
| <input type="checkbox"/> Congenital malformation of intestinal fixation | <input type="checkbox"/> Hirschprung's disease / megacolon |
| <input type="checkbox"/> Liver malformation | <input type="checkbox"/> Macroglossia |
| <input type="checkbox"/> Meckel's divertulum | <input type="checkbox"/> Pyloric stenosis |

Cleft lip & Palate

- Cleft lip Cleft palate Cleft lip and palate

Neurological

- | | |
|--|--|
| <input type="checkbox"/> Agenesis of corpus callosum | <input type="checkbox"/> Anencephaly |
| <input type="checkbox"/> Arnold Chiari | <input type="checkbox"/> Dandy walker syndrome |
| <input type="checkbox"/> Encephalocele | <input type="checkbox"/> Hydrocephalus |
| <input type="checkbox"/> Spina bifida / Myelomeningocele / Meningocele | |

Chromosomal

- Down's syndrome(T21) Edward's syndrome(T18) Patau's syndrome

Respiratory

- Choanal atresia Hypoplasia and dysplasia of lung

Musculoskeletal

- | | |
|---|--|
| <input type="checkbox"/> Clubfoot | <input type="checkbox"/> Congenital hip dislocation or displacia |
| <input type="checkbox"/> Diaphragmatic hernia | <input type="checkbox"/> Gastroschesis |
| <input type="checkbox"/> Omphalocele | <input type="checkbox"/> Prune Belly |

Urogenital

- | | |
|---|--|
| <input type="checkbox"/> Absent testis | <input type="checkbox"/> Cystic kidney disease |
| <input type="checkbox"/> Hypospadias | <input type="checkbox"/> Indeterminate sex / ambiguous genitalia |
| <input type="checkbox"/> Renal agenesis / Potter's syndrome | |

Other major, or life threatening, birth defect No Yes

If please describe in details

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Discharge Characteristics from Normal Nursery

Mode of payment

- 1) Self 2) Insurance company 3) NSSF 4) MOH
 5) HIP 6) Army / Forces 7) COOP 8) Other private
 9) Other public combination of two

Combination 1 Combination 2

discharge characteristics

- Alive dead

If alive, Discharged home Transferred to another hospital specify

Discharged against medical advice No Yes

Newborn discharge weight grams

If dead, Age of death < 24 hours 1-7 days

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Preterm Labor

1) Preterm labor: No Yes

At what gestational age: Weeks

Cervical dilation cm

2) Was the patient admitted to hospital for preterm labor? No Yes

How many times?

At what gestational age? weeks OR months

3) Was the patient maintained on tocolytics? No Yes

Period on tocolytics: < 1 week > 1 week and < 1 month

> 1 month and less than 2 months > 2 months

At what gestational age were tocolytics discontinued? weeks



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