Preterm Study Entry

Study Subject Number from **FETAL GROWTH LONGITUDINAL STUDY** ☐☐ – ☐☐☐☐

Date of birth D D – M M – Y Y

Date of this visit D D – M M – Y Y

Newborn Hospital Record Number ☐☐☐☐☐☐☐☐☐

Delivery Hospital Code ☐☐

This form should be completed between 48 and 72 hours after birth or at hospital discharge of the newborn (whichever is first)

Section 1: Status of the neonate

1. Status of the neonate

☐ Alive ☐ Dead If dead, date of death D D – M M – Y Y

Since birth, has the neonate spent time in any of the following;

2. High dependency unit/NICU (any hospital) yes ☐ no ☐
3. Intermediate dependency unit yes ☐ no ☐
4. Low dependency unit/Nursery yes ☐ no ☐
5. Another special care unit yes ☐ no ☐
6. Hospital with mother i.e. Rooming-in yes ☐ no ☐
7. Is the neonate being discharged home today? yes ☐ no ☐

Section 2: Status of the mother

8. Where is the mother? (cross one box only)

Still in hospital ☐ At home/with family ☐ Dead ☐

Section 3: Feeding Practices

9. Which of the following liquids has the neonate been given since birth? (cross as many as apply)

- Breast milk ☐
- Breast milk with fortifiers ☐
- Standard infant formula ☐
- Preterm formula ☐
- High energy formula ☐
- Soy based formula ☐
- Hydrolysed formula ☐
- Any other special formula ☐
- Animal milk ☐
- Water based drinks/fruit juice ☐

10. Which method(s) were used? (cross as many as apply)

- Oral feeding ☐
- Tube feeding ☐
- Parenteral nutrition including dextrose infusion ☐

11. Number of days exclusive TPN (total parenteral nutrition) since birth ☐

Section 4: Neonate anthropometry (to be done 24-72 hours after birth)

12. Date of measurement D D – M M – Y Y

13. Time of measurement H H : M M

	1st set of anthropometric measurements	Repeat measurements, if required	Repeat measurements, if required
14. Weight	☐. ☐☐☐ kgs	☐. ☐☐☐ kgs	☐. ☐☐☐ kgs
15. Length	☐☐. ☐ cm	☐☐. ☐ cm	☐☐. ☐ cm
16. Head circumference	☐☐. ☐ cm	☐☐. ☐ cm	☐☐. ☐ cm

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Section 4: Neonate anthropometry continued

	2nd set of anthropometric measurements	Repeat measurements, if required	Repeat measurements, if required
17. Weight	☐.☐☐☐ kgs	☐.☐☐☐ kgs	☐.☐☐☐ kgs
18. Length	☐☐.☐ cm	☐☐.☐ cm	☐☐.☐ cm
19. Head circumference	☐☐.☐ cm	☐☐.☐ cm	☐☐.☐ cm

Section 5: Morbidities/treatments

20. Since birth, has the neonate received respiratory support? yes ☐ no ☐

21. If yes, number of days on respiratory support, since birth(if part of a day round up to the next whole day) ☐ days

22. If on respiratory support, type of respiratory support:
Mechanical ventilation ☐ Nasal C-PAP/ High flow nasal cannula ☐ Oxygen hood ☐

Since birth has the neonate been given any of the following:

23. Corticosteroids postnatally yes ☐ no ☐
24. Surfactant replacement therapy yes ☐ no ☐
25. Diuretics yes ☐ no ☐
26. Antibiotics yes ☐ no ☐
27. Antipyretics yes ☐ no ☐

Since birth, has the neonate been diagnosed with/treated for any of the following conditions?

28. Intraventricular hemorrhage yes ☐ no ☐ Grade I ☐ Grade II ☐ Grade III ☐ Grade IV ☐
29. Necrotising enterocolitis yes ☐ no ☐ Stage I ☐ Stage IIa ☐ Stage IIb ☐ Stage III ☐
30. Respiratory distress syndrome yes ☐ no ☐
31. Pneumonia/bronchiolitis yes ☐ no ☐
32. Transient tachypnea of the newborn yes ☐ no ☐
33. Meconium aspiration with respiratory distress yes ☐ no ☐
34. Hypoxic-ischaemic encephalopathy yes ☐ no ☐
35. Apnea of prematurity yes ☐ no ☐
36. Any gastro-intestinal condition requiring surgery (complete an **adverse event** form) yes ☐ no ☐
37. Any other condition requiring surgery (complete an **adverse event** form) yes ☐ no ☐
38. Hyperbilirubinemia requiring exchange transfusion yes ☐ no ☐
39. Major neurological impairment yes ☐ no ☐
40. Seizures yes ☐ no ☐
41. Periventricular leukomalacia yes ☐ no ☐
42. Hypoglycaemia yes ☐ no ☐
43. Hypotension requiring inotropic treatment or steroids yes ☐ no ☐
44. Anaemia (requiring transfusion) yes ☐ no ☐
45. Sepsis yes ☐ no ☐
46. Endocrine abnormalities yes ☐ no ☐
47. Inborn errors of metabolism yes ☐ no ☐
48. Any other serious condition yes ☐ no ☐
49. Any congenital abnormality (complete a **Neonatal abnormality** form) yes ☐ no ☐

Section 6: Next Examination

Please now arrange the next follow-up examination (2 weeks from birth)

50. Date of the next study follow-up examination D D – M M – Y Y

Name of Researcher					
Signature					
Researcher Code	☐☐	Code of 1st anthropometrist	☐☐	Code of 2nd anthropometrist	☐☐