PERIPrem Perinatal Passport

This checklist must be completed for all births <34/40 and must accompany the baby on transfer to NNU

Southern Health and Social Care Trust

Time of birth: __ : __	Gestation:
Type of birth:	/40
Time of admission to	
Apgars: @1 @5	

Name:
DOB:
Hosp No:
NHS No:
Or patient sticker here

1. Place of Birth:

Tertiary unit if <27/40, EFW <800g or multiple pregnancy <28/40

Born in a maternity center with a NICU? Y / N

If not, why was intrauterine transfer not achieved?

Antenatal Steroids:

Antenatal Consult? Y / N

Date

Dexamethasone / Betamethasone (<34 weeks) Full course (2 doses 12-24hrs apart)? Y / N

Date and time of last dose: __/__/____:__

3. Magnesium Sulphate:

(if <30 weeks)

$MgSO_4$

Given? Y / N

Date and time of last dose: __/__/____:__

4. Early Breast Milk:
(a)

Antenatal counselling and advice for mother re benefits of EBM and early & frequent expressing? Y / N

Consent for DEBM: Y / N

Given Early Breast Milk information leaflet? Y / N
__/__/____:__

*** * * ONLY WHEN DEEMED SAFE BY OBSTETRIC CONSULTANT * * * :** _____

Antenatal expression attempted Y / N
__/__/____:__

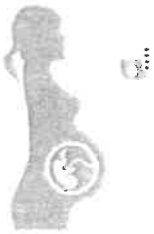
4. Early Breast Milk: (b)

Date & time Colostrum first available: __/__/____:__
(Aim for <1hr post-delivery)

Date & time Colostrum given to baby: __/__/____:__

Breast Pump for stimulation used from birth? Y / N

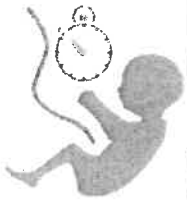
5. Antibiotic Prophylaxis



Required? Y / N **Given?** Y / N

Given > 4hrs pre birth? Y / N

6. Optimal Cord Management (OCM):



Time of OCM: _____ (minutes and seconds)

Thermal Care interventions during OCM:

Hat on all babies? Y / N

>32 Dried and hat on? Y / N

<32 neo-help bag used? Y / N

7. Thermal Care:

Theatre/ Room temp optimised (26 degrees C)? Y / N

Resuscitaire pre warmed? Y / N

Servo control probe used? Y / N

Method of transfer to NNU:

Resuscitaire: Y / N

Transport incubator: Y / N

Admission Temp: °C

Time taken: _ _ : __

Age of first temperature: _____

8. Respiratory Management:

<32/40) RPAP provided: Y / N

32 – 34 RPAP (optional) - Used Y / N

Humidified RPAP? Y / N

Was NEOPUFF required: Y / N

If yes please provide details:

_____

9. Caffeine Citrate:

(<30 weeks but consider up to 32-34 weeks)

Time of administration (within 6h admission): __ : __

10. Probiotics:

(<32 weeks or <1.5kg)

Consent for probiotics? Y / N

Probiotics started (minimum feed volume: 1ml/ 2hrly made up in EBM / DEBM)

Date: __ / __ / ____ Time: __ / __