PERIPrem

## Perinatal Passport

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

| Time of birth: _ _ _ _ | Gestation: | /40 | Name: |
| :---: | :---: | :---: | :---: |
| Type of birth: | Birth weight: | g | DOB: |
|  | Birt weight. | 8 | Hosp No: |
| Time of admission to NNU: |  |  | NHS No: |
| Apgars: @1 @ 010 |  |  | Or patient sticker here |


| 1. Place of Birth: <br> Tertiary unit if $<27 / 40$, EFW $<800 \mathrm{~g}$ or multiple pregnancy <28/40 | Born in a maternity centre with a NICU? Y / N |
| :---: | :---: |
|  | If not, why was intrauterine transfer not achieved? |

## 2. Antenatal

 Steroids: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)
preCep $\mathrm{MgSO}_{4}$

Given? Y/N

Date and time of last dose: __/ __/___-_

## 4. Early Breast <br> Milk:

(a)


## Antenatal counselling and advice for mother re benefits

 of EBM and early \& frequent expressing? Y/NGiven Early Breast Milk information leaflet? Y/N
__/__/_-_-__

Hand expressing demonstrated or assisted? Y/N
__/__/__-_:_

Mother helped to express <1hr after delivery? Y/N
__/__/__-_:_-
5. Antibiotic Prophylaxis

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Required? Y / N
Given? Y/N
Given > 4hrs pre birth? Y / N
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Time of OCM: _ _ : _ (minutes and seconds)

Airway \& Breathing support during OCM:

Thermal Care interventions during OCM:

If no OCM, reason why:

Volume targeted/volume guided ventilation (if invasively ventilated)? Y / N / NA

## 9. Caffeine:

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

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

## 4. Early Breast

Milk: (b)


## Date \& time Colostrum first available: <br> $\qquad$

Date \& time Colostrum given to baby: $\qquad$ --

## 10. Probiotics: <br> (<32 weeks or <1.5kg)

Probiotics started with non-nutritive feeds? Y / N / NA

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__/___/_____:__
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## 11. Prophylactic Hydrocortisone: <br> (<28 weeks)

## $0.5 \mathrm{mg} / \mathrm{kg}$ BD started on Day 0 ? Y / N / NA

