

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
Type of birth:				Birth weight:	g	
Time of adn	nission	to NN	IU: :			
Apgars:	@1	@5	@10			

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 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)



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



Given 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



Required? Y / N Given? Y / N

Given > 4hrs pre birth? Y / N

6. Optimal Cord Management (OCM):



Time of OCM: _ _: _ _ (minutes and seconds)

Airway & Breathing support during OCM:

Thermal Care interventions during OCM:

If no OCM, reason why:

7. Thermal Care:



Admission Temp: °C

Time taken: _ _ : _ _

8. Respiratory Management:



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: __/__: __:

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

10. Probiotics:

(<32 weeks or <1.5kg)



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

__/__:__

11. Prophylactic Hydrocortisone:

(<28 weeks)



0.5mg/kg BD started on Day 0? Y / N / NA

__/__:__