

MATERNITY UNIT SURVEY
Administered in 2011
MEDICAL FILE DATA



Data collected face-to-face
 Questionnaire for of-age mothers of children born at 33 weeks or more
 (single or twin births)

Greyed-out questions must absolutely be completed

UPD Updates (constructed variables and corrected variables) are included at the end of the chapter, indicated by this symbol.

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GENERAL INFORMATION

<DMNIE>

Medical data ID:

|_|_|_|_|_|

DM

DM questionnaire available

0 Unavailable

1 Available

<DMUSERNAME>

Interviewer ID: _____

***DMCREATION**

Date created

|_|_|_|_|_|_|_|

***TRMOTABSQ**

Reason for absence of questionnaire: _____

PREGNANCIES

NGROSS

Total number of pregnancies (not including current pregnancy) |_|_|

If NGROSS>0:

NACC

Number of births (not including current birth)..... |_|_|

NMORTNE

Number of stillbirths: |_|_|

NDNEONAT

Number of neonatal deaths (between 0 and 27 days) |_|_|

NPREMA

Number of children born prematurely (<37 weeks) |_|_|

NHYPOT

Number of children born small for gestational age |_|_|

GMULT

Number of multiple pregnancies |_|_|

ANTCESAR

Previous caesarian births:

- 0 No
- 1 Yes
- 9 Doesn't know

***DREGLES**

Date of last period (dd/mm/yy) ... |_|_|_|_|_|_|_|_|

***DCONCEPC**



Start date of pregnancy (corrected) |_|_|_|_|_|_|_|_|

JUMEAUX

Expecting twins?

- 0 No
- 1 Yes
- 9 Doesn't know

BIRTH ORDER

Order of twin |_|_|

RANGALEA

Order of twin (generated randomly, enabling random selection of one of the twins) |_|_|

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TYPJUM

Is the twin pregnancy:

1 Monochorionic/monoamniotic

2 Monochorionic/diamniotic

3 Dichorionic

4 Other

9 Doesn't know

(Question asked starting from wave 2)

PRIOR PATHOLOGIES

HTA

High blood pressure

- 0 No
- 1 Chronic HBP
- 2 HBP during a prior pregnancy only

DIABETE

Diabetes

- 0 No
- 1 Type 1 (insulin dependent)
- 2 Type 2 (non insulin dependent)
- 3 Pregnancy-related diabetes (prior pregnancies)

AUTPATHO

Other chronic or severe pathology/pathologies or handicap(s)

- 0 No
- 1 Yes
- 9 Doesn't know

If AUTPATHO=1

*AUTPATHOP

Specify: _____

INFECTIOUS DISEASES, SCREENING, TREATMENT

Blood analysis made between 3rd and 8th month (if several, choose first)

HEMOGL

Haemoglobin (g/100 ml) (value between 5 and 25)

|_|_|_|,|_|

HEMAT

Haematocrit % (value between 20 and 50)

|_|_|_|,|_|

*DBS

Date of analysis (dd/mm/yy)

|_|_|_|_|_|_|_|_|_|

⇒ See end of chapter for corrected variable and constructed variable: date of analysis in amenorrhoea days

TOXO

Serological status relative to toxoplasmosis (result of last test made during pregnancy):

- 1 Lack of antibodies (seronegative woman)
- 2 Presence of IgMs (alone or together with specific IgGs)
- 3 Presence of specific IgGs (immunised woman)
- 4 Test not carried out due to known immunisation (positive test before pregnancy)
- 5 Test not carried out (unknown reason)
- 6 No information on test realisation or result

If TOXO≠1

TRTTOXO

Treatment against toxoplasmosis

- 0 No
- 1 Spiramycin (Rovamycine®)
- 2 Pyrimethamine / Sulfamides (Malocide® + Adiazine® or Fansidar®)
- 3 Both
- 4 Treatment carried out but drug(s) non-specified
- 9 Not documented

If TRTTOXO>0

DATETOXO

Treatment start date known?

- 0 No
- 1 Yes
- 9 Not documented

If DATETOXO=1

*DTRTTOXO

Specify:

|_|_|_|_|_|_|_|_|_|

⇒ See end of chapter for corrected variable and constructed variable: treatment start date in amenorrhoea days

SEROCONV

Seroconversion dating:

- 1 Documented seroconversion (positivation of serology of toxoplasmosis during the pregnancy)
- 2 Suspected infection acquired during the pregnancy
- 9 Not documented

If SEROCONV=1

*DEXNTOXO

Date of last negative examination (dd/mm/yy)

|_|_|_|_|_|_|_|_|_|

⇒ See end of chapter for corrected variable and constructed variable: date of last negative examination in amenorrhoea days

*DEXPTOXO

Date of last positive examination(dd/mm/yy)

|_|_|_|_|_|_|_|_|_|

⇒ See end of chapter for corrected variable and constructed variable: date of last positive examination in amenorrhoea days

If SEROCONV=2

*DPTOXOSI

Date of first positive examination (seroconversion undocumented) (dd/mm/yy)

|_|_|_|_|_|_|_|_|_|

⇒ See end of chapter for corrected variable and constructed variable: date of first positive examination in amenorrhoea days (seroconversion undocumented)

CMV

Serological status regarding CMV (result of first test carried out during pregnancy)

- 1 Lack of antibodies (seronegative woman)
- 2 Presence of IgMs (alone or together with specific IgGs)
- 3 Presence of specific IgGs (immunised woman)
- 4 Test not carried out
- 5 No information

AGHBSG

Testing the mother for the HBs antigen during current pregnancy

- 1 HBs Ag negative
- 2 HBs Ag positive
- 3 Test not carried out due to known HBs Ag before pregnancy
- 4 Test not carried out because woman vaccinated
- 5 Test not carried out, other reason (e.g. unmonitored pregnancy)
- 6 No information on test realisation or result

INT: IMPORTANT: THIS IS THE HBs Ag, NOT THE ANTI-HBs Ab

If AGHBSG≠1

AGHBSPN

Testing for HBs Ag after birth:

- 1 HBs Ag negative
- 2 HBs Ag positive
- 3 Test not carried out owing to known HBs Ag before pregnancy
- 4 Test not carried out because woman vaccinated
- 5 No information on test realisation or result
- 9 Not documented

If AGHBSPN≠1

IGHBENF

Was/were the child/children given anti-HBs immunoglobulins? (IM-LFB)

- 0 No
- 1 Yes
- 2 Unknown
- 9 Not documented

If IGHBENF=1

***DIGHBENF**

Date of injection (dd/mm/yy)

|_|_|_|_|_|_|_|_|_|

⇒ See end of chapter for corrected variable and constructed variable: number of days between child birth date and corrected injection date

If AGHBSPN≠1

VACCVHB

Was/were the child/children vaccinated for HB (first dose)? (GenHevac B, Engenrix B10, HBvac Pro5)

- 0 No
- 1 Yes
- 2 Unknown
- 9 Not documented

If VACCVHB=1

***DVACCVHB**

Date of injection (dd/mm/yy)

|_|_|_|_|_|_|_|_|_|

⇒ See end of chapter for corrected variable and constructed variable: number of days between child birth date and vaccination date

DEPSYPHG

Screening for syphilis (TPHA and VRDL) during pregnancy?

- 1 Yes, once
- 2 Yes, several times
- 3 No examination
- 4 No information on realisation or results of tests

If DEPSYPHG<3

DEPIS

Positive?

- 0 No
- 1 Yes
- 9 Doesn't know

If DEPIS=1

TRTEXT

Treated with Extencilline (injectable)?

- 0 No
- 1 Yes
- 2 Unknown
- 9 Doesn't know

If DEPIS=1

SDEPSYPHG

Pregnancy period in weeks of amenorrhoea

__|__|

***DBSC**

UPD Date of six-month examination (corrected)

__|__|__|__|__|

__|__|

DBSJR

UPD (Constructed variable) Date of six-month examination in amenorrhoea days:

__|__|

Corrected date of six-month examination – conception date + 14

***DTRTTOXOC**

UPD Start date of toxoplasmosis treatment (corrected)

__|__|__|__|__|__|

DTRTTOXOJR

UPD (Constructed variable) Start date of treatment in amenorrhoea days

__|__|

Start date of treatment – conception date + 14

***DEXNTOXOC**

UPD Date of last toxo examination (documented seroconversion) (corrected)

__|__|__|__|__|__|

DEXNTOXOJR

UPD (Constructed variable) Date of last negative examination in amenorrhoea days

__|__|

Date of last negative examination – conception date + 14

***DEXPTOXOC**

UPD Date of first toxo + examination (documented seroconversion) (corrected)

__|__|__|__|__|__|

DEXPTOXOJR

UPD (Constructed variable) Date of first toxo positive examination in amenorrhoea days

__|__|

Date of first positive examination – conception date + 14

DPTOXOSIJR

UPD (Constructed variable) Date of first toxo positive examination in amenorrhoea days (undocumented seroconversion)

__|__|

Date of first positive examination – conception date + 14

***DIGHBENFC**

UPD Date child injected with anti-HBs immunoglobulins (corrected)

__|__|__|__|__|__|

DIGHBENFJR

UPD (Constructed variable) Number of days between date of birth and corrected date of anti-HBs immunoglobulins injection

__|__|

***DVACCVHBC**

UPD Date of HB vaccination (corrected)

__|__|__|__|__|__|

DVACCVHBJR

UPD (Constructed variable) Number of days between date of birth and date of HB vaccination

|_|_|

OTHER PATHOLOGIES AND COMPLICATIONS

MAP

Threat of premature delivery (repeated and painful uterine contractions and/or cervical modifications)

- 0 No
- 1 Yes, having required hospitalisation
- 2 Yes, with outpatient treatment only (medicine and/or rest)

RUPTMEMB

Premature rupture of membranes (at least 12 hours before start of labour)

- 0 No
- 1 Yes
- 9 Doesn't know
(Question duplicated for twins)

If RUPTMEMB=1

*DRUPTMEMB

Date of rupture (dd/mm)

|_|_|_|_|_|

⇒ See end of chapter for corrected variable and constructed variable: Date of membrane rupture in amenorrhoea days

(Question duplicated for twins)

HEMORR

Haemorrhage in second or third trimester

- 0 No
- 1 Placenta praevia
- 2 Retroplacental haematoma
- 3 Other

HTAG

High blood pressure developed during pregnancy (systolic \geq 140 mmHg or diastolic \geq 90 mmHg)

- 0 No
- 1 Yes, with proteinuria (\geq 0.3 g/l or per 24h)
- 2 Yes, without proteinuria

If HTAG>0

*DHTAG

Date at diagnosis (dd/mm)

|_|_|_|_|_|

⇒ See end of chapter for corrected variable and constructed variable: Date at HBP diagnosis in amenorrhoea days

If HTAG>0

TRHTAG

Treatment?

- 0 No

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- 1 Yes
- 9 Not documented

DIABGEST

Gestational diabetes

- 0 No
- 1 Yes
- 9 Doesn't know

If DIABGEST=1

DIABGESTP

Treatment?

- 1 Insulin
- 2 Diet only
- 3 Not documented

ANOPOI

Suspected foetal weight anomaly during pregnancy

- 0 No anomaly
 - 1 Intra-uterine growth restriction (IUGR)
 - 2 Macrosomia
- (Question duplicated for twins)*

CORTIC

Prenatal administration of corticosteroids for foetal maturation

- 0 No
- 1 Yes
- 9 Doesn't know

If CORTIC=1

***DCORTIC**

Date of first injection

|_|_|_|_|

⇒ See end of chapter for corrected variable and constructed variable: Date of first injection in amenorrhoea days

NBCORTIC

Number of treatments (1 treatment= several injections)

|_|

CORTICP

Corticosteroid administered

- 1 Betamethasone
- 2 Dexamethasone
- 3 Other
- 9 Doesn't know

***DRUPTMEMBC**

UPD Date of membrane rupture (corrected)

|_|_|_|_|

DRUPTMEMBJR

UPD (Constructed variable) Date of membrane rupture in amenorrhoea days

|_|_|

Date of membrane rupture (corrected) – conception date + 14

***DHTAGC**

UPD Date at HBP diagnosis (corrected) |_|_|_|_|

DHTAGJR

UPD (Constructed variable) Date at HBP diagnosis in amenorrhoea days |_|_|
 Date at HBP diagnosis (corrected) – conception date + 14

***DCORTICC**

UPD Date of first injection (corrected) |_|_|_|_|

DCORTICJR

UPD (Constructed variable) Date of first injection in amenorrhoea days |_|_|
 Date of first corticosteroid injection (corrected) – conception date + 14

PRENATAL IMAGING AND DIAGNOSIS

(Duplicated for twins)

First-trimester ultrasound

ECHO1SEM

Gestational age in amenorrhoea weeks |_|_|

ECHO1JR

Gestational age: days in addition to number of weeks |_|_|

ECHO1CC

Measurement of cranio-caudal (CC) length (mm) |_|_|_|

ECHO1LF

Length of femur (LF) (mm) |_|_|_|

ECHO1DAT

Transverse abdominal diameter (TAD) (mm) |_|_|_|

ECHO1CA

If TAD unavailable, abdominal circumference (mm) |_|_|_|

ECHO1BIP

Biparietal diameter (BPD) (mm) |_|_|_|

Second-trimester ultrasound

ECHO2SEM

Gestational age in amenorrhoea weeks |_|_|

ECHO2SEMJ

Gestational age: days in addition to number of weeks

|_|_|

ECHO2LF

Length of femur (LF) (mm)

|_|_|_|

ECHO2DAT

Transverse abdominal diameter (TAD) (mm)

|_|_|_|

ECHO2CA

If TAD unavailable, abdominal circumference (mm)

|_|_|_|

ECHO2BIP

Biparietal diameter (BPD) (mm)

|_|_|_|

Third-trimester ultrasound

ECHO3SEM

Gestational age in amenorrhoea weeks

|_|_|

ECHO3SEMJ

Gestational age: days in addition to number of weeks

ECHO3LF

Length of femur (LF) (mm)

|_|_|_|

ECHO3DAT

Transverse abdominal diameter (TAD) (mm)

|_|_|_|

ECHO3CA

If TAD unavailable, abdominal circumference (mm)

|_|_|_|

ECHO3BIP

Biparietal diameter (BPD) (mm)

|_|_|_|

Have any of the following examinations been made?

AMNIO

Amniocentesis

0 No

1 Yes

2 Unknown

9 Doesn't know

BIOPSY

Trophoblast biopsy

0 No

1 Yes

2 Unknown

9 Doesn't know

PRELEVSF

Foetal blood sample

- 0 No
- 1 Yes
- 2 Unknown
- 9 Doesn't know

If AMNIO=1 or BIOPSIE=1 or PRELEVSF=1 (one of the examinations has been made)

MOTEXAM

For what reason?

- 1 Maternal age alone
- 2 Nuchal translucency
- 3 Another ultrasound warning sign
- 4 Blood test
- 5 Integrated risk (nuchal translucency + blood test)
- 6 Another reason, code and specify
- 9 Doesn't know

If MOTEXAM=6

***MOTEXAMP Specify** _____

If AMNIO=1 or BIOPSIE=1 or PRELEVSF=1 (one of the examinations has been made)

Has the examination led to:

ANOCONG

The diagnosis of a congenital anomaly

- 0 No
- 1 Yes
- 2 Unknown
- 9 Doesn't know

TOXOCONG

The diagnosis of a congenital toxoplasmosis

- 0 No
- 1 Yes
- 2 Unknown
- 9 Doesn't know

CMVCONG

The diagnosis of a CMV congenital infection

- 0 No
- 1 Yes
- 2 Unknown
- 9 Doesn't know

DELIVERY

Gestational age at delivery

AGEGESTS

Weeks

__

AGEGESTJ

Days

__

PRESENT

Type of birth

1 Cephalic

2 Breech

3 Other

9 Doesn't know

(Question duplicated for twins)

DEBTRAV

Start of labour

1 Spontaneous labour

2 Induced *(including cervical ripening alone)*

3 Caesarean before start of labour

If DEBTRAV>1

Reasons

MOTTRAV_1

Intra-uterine growth restriction

0 No

1 Yes

9 Doesn't know

MOTTRAV_2

Severe foetal distress (IUGR anomaly, reduced foetal movements, anomaly with umbilical or cerebral dopplers)

0 No

1 Yes

9 Doesn't know

MOTTRAV_3

Suspected chorion amnionitis

0 No

1 Yes

9 Doesn't know

MOTTRAV_4

Maternal reason

0 No

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1 Yes
9 Doesn't know

MOTTRAV_5

No medical reason

0 No
1 Yes
9 Doesn't know

MOTTRAV_6

Other

0 No
1 Yes
9 Doesn't know

INT: 2 POSSIBLE REASONS

If MOTTRAV 4=1

***MOTTRAVM**

Specify _____

If MOTTRAV 6=1

***MOTTRAVP**

Specify _____

ANALG

Analgesia

0 None
1 Epidural
2 Spinal anaesthesia
3 Combined epidural/spinal anaesthesia (or sequential)
4 General anaesthetic
5 Other

INT: NOT INCLUDING POST-DELIVERY ANAESTHETICS, SAY THE HIGHEST

ANALG=1

ANALGP

Specify _____

TYPACC

Delivery

1 Spontaneous vaginal
2 Forceps, spatulas, vacuum
3 Caesarean
9 Doesn't know
(Question duplicated for twins)

If TYPACC=3

TYPES

Was the caesarean:

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- 1 Planned
 - 2 Carried out as an emergency
 - 9 Doesn't know
- (Question duplicated for twins)*

If TYPACC >1 (caesarean or vaginal using instruments)

MOTCES

Reason

- 1 IUGR or lactate anomaly
- 2 Another foetal indication
- 3 Another maternal indication
- 4 Other
- 9 Doesn't know

INT: 2 POSSIBLE REASONS

(Question duplicated for twins)

If MOTCES=4

***MOTCESP**

Specify _____

(Question duplicated for twins)

EPISIO

Episiotomy

- 0 No
- 1 Yes
- 9 Doesn't know

POIPLAC

Weight of placenta (grammes)

(Question duplicated for twins)

|_|_|_|_|

CHILD

(Duplicated for twins)

REA

Reanimation in delivery room

- 0 No
- 1 Yes
- 9 Doesn't know

If REA=1

REAP

Reanimation technique

- 1 Bag-mask ventilation
- 2 NeoPuff ventilation
- 3 Nasal CPP
- 4 Intubation
- 9 Doesn't know

PRLVCORD

Umbilical cord sample

- 0 No
- 1 Yes
- 9 Doesn't know

If PRLVCORD=1

PHCORD

pH

__,__

LACCORD

Lactates (mmol/l)

__,__,__

PRLVPERI

Peripheral blood sample

- 0 No
- 1 Yes
- 9 Doesn't know

If PRLVPERI=1

TPSPERI

At what hour of life?

__

PHPERI

pH

__,__

LACPERI

Lactates (mmol/l)

__,__,__

APGAR1M

Apgar at 1 minute

__

APGAR5M

Apgar at 5 minutes

|_|_|

***SEXEC1**

(Select the SEX variable from the FCC maternity unit questionnaire)

UPD

Sex (corrected)

1 Male

2 Female

9 Doesn't know

POIENF

Weight (grammes)

|_|_|_|_|

TAIENF

Size (cm)

|_|_|

INT: IF THE MEASUREMENT WAS NOT MADE ON BIRTH, GIVE THE VALUE OF A MEASUREMENT MADE BEFORE LEAVING THE MATERNITY UNIT *(text added in wave 3)*

PC

Cranial perimeter (cm)

|_|_|

INT: IF THE MEASUREMENT WAS NOT MADE ON BIRTH, GIVE THE VALUE OF A MEASUREMENT MADE BEFORE LEAVING THE MATERNITY UNIT *(text added in wave 3)*

Girl

GENIC1

UPD

Anomaly with external genital organs (corrected)

0 No

1 Yes

9 Doesn't know

If GENI=1

***GENIPC1**

UPD

Specify (corrected) _____

Boy

TESTICC1

UPD

At least one undescended testicle (corrected)

0 No

1 Yes

9 Doesn't know

HYOSPC1

UPD

Hypospadias (corrected)

0 No

1 Yes

9 Doesn't know

MICROPC1

UPD

Micropenis (corrected)

0 No

1 Yes

9 Doesn't know

GENIAUTC1

UPD

Other malformation of external genital organs (corrected)

0 No

1 Yes

9 Doesn't know

If GENIAUT=1

***GENIAUTPC1**

UPD

Specify (corrected) _____

ANOAUT

Other congenital anomaly

0 No

1 Yes

9 Doesn't know

If ANOAUT=1

***ANOAUTP Specify** _____

DMATER

Maternity death (if live birth)

0 No

1 Yes

9 Doesn't know

PHOTOTH

Phototherapy

0 No

1 Yes

9 Doesn't know

If PHOTOTH=1

PHOTOP

Type of phototherapy

1 Intensive

2 Conventional

3 Not documented

ANTIBIO

IV antibiotherapy

- 0 No
- 1 Yes
- 9 Doesn't know

GAVAGE

Tube feeding

- 0 No
- 1 Yes
- 9 Doesn't know

TESTAUD

Hearing screening

- 0 No test
- 1 Otoacoustic emissions (OAEs)
- 2 Automatic auditory evoked potentials (AEPs)
- 3 Not documented

If TESTAUD=1 or 2

RETEST

Result:

- 1 Normal
- 2 Bilateral abnormal
- 3 Unilateral abnormal
- 9 Not documented

POISORTCONNU

Was the child's weight known at the end of the survey period?

- 0 No
- 1 Yes
- 9 Doesn't know

INT: WAIT UNTIL THE LAST DAY OF THE SURVEY TO ANSWER THIS QUESTION NEGATIVELY IN ORDER TO DOCUMENT THE HIGHEST NUMBER OF EXIT WEIGHTS POSSIBLE

(Question added in wave 2)

If POISORTCONNU=1

POISORT

Exit weight of child (grammes)

|_|_|_|_|

***DSORTENF**

Maternity unit exit date (child) (dd/mm/yy)

|_|_|_|_|_|_|_|

⇒ See end of chapter for corrected variable and constructed variable: Number of days between the child's date of birth and corrected date of leaving maternity unit (child)

***DSORTM**

Maternity unit exit date (mother) (dd/mm/yy)

|_|_|_|_|_|_|_|

⇒ See end of chapter for corrected variable and constructed variable: Number of days between the child's date of birth and corrected date of leaving maternity unit (mother)

HOSPM

Particular hospitalisation or transfer of mother

0 No

1 Yes

9 Doesn't know

If HOSPM=1

HOSPMP

Specify:

1 In reanimation or intensive care for over 24 hours

2 In another unit for maternal medical reason

3 To be with the child

9 Doesn't know

***DSORTENFC**

UPD Maternity unit exit date (child) (corrected)

|_|_|_|_|_|_|_|

DSORTENFJR

UPD (Constructed variable) Number of days between the child's date of birth and maternity unit exit date (corrected) (child)

|_|

***DSORTMC**

UPD Maternity unit exit date (mother) (corrected)

|_|_|_|_|_|_|_|

DSORTMJR

UPD (Constructed variable) Number of days between the child's date of birth and maternity unit exit date (corrected) (mother)

|_|

TRANSFER
(Duplicated for twins)

TRANS

Transfer of child

- 0 No
- 1 Yes
- 9 Doesn't know

Reason for transfer

MOTTRAN_1

Prematurity or hypotrophy

- 0 No
- 1 Yes
- 9 Doesn't know

MOTTRAN_2

Respiratory distress

- 0 No
- 1 Yes
- 9 Doesn't know

MOTTRAN_3

Suspected infection

- 0 No
- 1 Yes
- 9 Doesn't know

MOTTRAN_4

Congenital anomaly

- 0 No
- 1 Yes
- 9 Doesn't know

MOTTRAN_5

Other

- 0 No
- 1 Yes
- 9 Doesn't know

INT: 2 POSSIBLE REASONS

If MOTTRAN_5=1

***MOTTRANP**

Other reason, specify _____

ETTRANS

Transfer:

- 1 In same establishment

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- 2 To another establishment
- 9 Doesn't know

If ETTRANS=1 (transfer in same establishment)

TRMMET

To which unit?

- 1 Reanimation or intensive care
- 2 Neonatal
- 3 Neonatal unit in the maternity unit (including "kangaroo" mother-child units)
- 4 Other
- 9 Doesn't know

If TRMMET=4

***TRMMETP** Other unit, specify: _____

If ETTRANS=1 (transfer to another establishment)

TRAUTET

To which unit?

- 1 Reanimation or intensive care
- 2 Neonatal
- 3 Other
- 9 Doesn't know

If TRAUTET=3

***TRAUTETP**

Other unit, specify _____

→ Child 2 if twins, or end of questionnaire

TRNBTRANS

Number of transfers

|_|_|

***TRD1TRANS**

Date of arrival at first transfer location

|_|_|_|_|_|_|_|_|_|

⇒ See end of chapter for the corrected variable and constructed variable: number of days between the child's date of birth and the date of arrival at the first transfer location (corrected)

TRT1SERV

Unit:

- 1 Reanimation
- 2 Neonatal
- 3 Unit in maternity unit
- 4 Other
- 9 Doesn't know

If TRT1SERV=9

***TRT1SERVP**

Other unit, specify _____

TRT1NIV

Level:

- 1 Level 1
- 2 Level 2A

- 3 Level 2B
- 4 Level 3
- 9 Doesn't know

***TRT1VILLE**

Town _____

***TRDDERTRANS**

Date of arrival at last transfer location

|_|_|_|_|_|_|_|_|_|

⇒ See end of chapter for the corrected variable and constructed variable: number of days between the child's date of birth and the date of arrival at the last transfer location (corrected)

TRDSERV

Unit:

- 1 Reanimation
- 2 Neonatal
- 3 Unit in maternity unit
- 4 Other
- 9 Doesn't know

***TRDSERV**

Other unit, specify: _____

TRTDNIV

Level:

- 1 Level 1
- 2 Level 2A
- 3 Level 2B
- 4 Level 3
- 9 Doesn't know

***TRTDVILLE**

Town: _____

***TRDSORTIE**

Departure date from last transfer location

|_|_|_|_|_|_|_|_|_|

⇒ See end of chapter for the corrected variable and constructed variable: number of days between the child's date of birth and the date of departure from the last transfer location (corrected)

TRDESTI

Departure from last transfer location to:

- 1 Home
- 2 Maternity unit
- 3 Nursery
- 4 Death
- 5 Other
- 9 Doesn't know

If TRDESTI=5

***TRDESTIP**

Other destination, specify _____

If TRDESTI=4

***TRDECES**

Date of death

____|____|____|____|____|

***TRPQDECES**

Cause of death _____

RECAP OF HOSPITAL LOCATIONS

TRREANIM

Reanimation unit:

0 No

1 Yes

9 Doesn't know

TRDURREA

Total length of stay (in days):

____|____|

TRNEONAT

Neonatal unit:

0 No

1 Yes

9 Doesn't know

TRNEONMATER

Neonatal unit in maternity unit:

0 No

1 Yes

9 Doesn't know

TRCHIRURG

Surgery:

0 No

1 Yes

9 Doesn't know

TRAUTSERV

Other specialised unit:

0 No

1 Yes

9 Doesn't know

***TRAUTSERVP**

Other specialised unit, specify _____

TRDECES

Death:

0 No

1 Yes

9 Doesn't know

***TRD1TRANSC**

UPD Date of arrival at first transfer location (corrected) |_|_|_|_|_|_|_|_|

TRD1TRANSJR

UPD (Constructed variable) Number of days between the child's date of birth and the date of arrival at the first transfer location (corrected) |_|_|

***TRDDERTRANSC**

UPD Date of arrival at last transfer location (corrected) |_|_|_|_|_|_|_|_|

TRDDERTRANSJR

UPD (Constructed variable) Number of days between the child's date of birth and the date of arrival at the last transfer location (corrected) |_|_|

***TRDSORTIEC**

UPD Departure date from last transfer location (corrected) |_|_|_|_|_|_|_|_|

TRDSORTIEJR

UPD (Constructed variable) Number of days between the child's date of birth and the departure date from the last transfer location (corrected) |_|_|

TRANSFERRED CHILD: PATHOLOGIES

TRPATHOESP

Respiratory pathology

- 0 No
- 1 Yes
- 9 Doesn't know

If TRPATHOESP=1

TRDETRESP

Respiratory distress of less than 48 hours:

- 0 No
- 1 Yes
- 9 Doesn't know

TRMBHYAL

Hyaline membrane disease

- 0 No
- 1 Yes
- 9 Doesn't know

TRINHALMEC

Meconium Aspiration Syndrome:

- 0 No
- 1 Yes
- 9 Doesn't know

*TRAUTRESP

Other respiratory pathology, specify _____

TRRADTHOR

Chest X-rays:

- 0 No
- 1 Yes
- 9 Doesn't know

If TRRADTHOR=1

TRNBADTHOR

Number of chest X-rays:

|_|_|

TRTDMTHOR

Chest CT scans:

- 0 No
- 1 Yes
- 9 Doesn't know

If TRTDMTHOR=1

TRNBDMTHOR

Number of chest CT scans:

|_|_|

TRINTUB

Intubation:

- 0 No
- 1 Yes
- 9 Doesn't know

TRDURVENTIL

Total number of days of ventilation (mechanical, infant flow, CPP):

|_|_|

Specify any details:

TRDURVENTMECA

Number of days of mechanical ventilation

|_|_|

TRDURVENTIF

Number of days of infant flow

|_|_|

TRDURVENTPPC

Number of days of CPP

|_|_|

TROXYGEN

Oxygen therapy

- 0 No
- 1 Yes
- 9 Doesn't know

If TROXYGEN=1

TRDUROXYGEN

Number of days of oxygen therapy

|_|_|

***TRDOXYGEN**

Date of definitive end of oxygen therapy

|_|_|_|_|_|_|_|

⇒ See end of chapter for the corrected variable and constructed variable: number of days between the child's date of birth and the date of the definitive end of oxygen therapy (corrected)

TRINFPRECOC

Early infection (72 hours of life or less)

- 0 No
- 1 Yes
- 9 Not documented

If TRINFPRECOC=1

TRIPGERME

Germ identified?

- 0 No
- 1 Yes
- 9 Not documented

If TRIPGERME=1

TRIPQLGERM

Which germ?

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- 1 Streptococcus B
- 2 E. Coli
- 3 Other
- 9 Doesn't know

If TRIPQLGERM=3

TRIPQLGERMP

Other germ, specify _____

TRIPMENING

Meningeal infection?

- 0 No
- 1 Yes
- 9 Doesn't know

TRINFTARD

Late infection (after 72 hours of life)

- 0 No
- 1 Yes
- 9 Doesn't know

If TRINFTARD=1

TRITGERME

Germ identified?

- 0 No
- 1 Yes
- 9 Doesn't know

If TRITGERME=1

TRITQLGERM

Specify _____

TRANTIBIOIV

IV antibiotherapy

- 0 No
- 1 Yes
- 9 Doesn't know

If TRANTIBIOIV=1

TRDURANTIBIO

Length in days:

__

TRICTERE

Icterus (treated with phototherapy or exchange transfusion)

- 0 No
- 1 Yes
- 9 Doesn't know

If TRICTERE=1

TRTXBILIRUB

Maximum rate of bilirubin (micromol/L)

__

TRAGICTERE

Rate attained at which age (in days, 00 if under 24 hours)?

__ __

TRPATHODIG

Digestive pathology

0 No

1 Yes

9 Doesn't know

If TRPATHODIG=1

***TRPATHODIGP**

Specify _____

TRRADABDO

Abdomen X-rays without preparation:

0 No

1 Yes

9 Doesn't know

If TRRADABDO=1

TRNBRADABDO

Specify the number:

__ __

TRTDMABDO

Abdomen CT scan

0 No

1 Yes

9 Doesn't know

If TRTDMABDO=1

TRNBTDMA BDO

Specify the number:

__ __

TRANOCHROM

Chromosomal malformation or anomaly

0 No

1 Yes

9 Doesn't know

If TRANOCHROM=1

TRCARYOTYP

Karyotype required

0 No

1 Yes

9 Doesn't know

If TRCARYOTYP=1

TRRESCARYO

Result:

1 Pending

2 Normal

3 Abnormal

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9 Doesn't know

If TRRESCARYO=1

***TRRESCARYOP**

Describe the anomaly in detail _____

TRNEURO

Neurological anomaly or pathology

0 No

1 Yes

9 Doesn't know

If TRNEURO=1

TRENCEPHALO

Encephalopathy

0 No

1 Yes

9 Doesn't know

If TRENCEPHALO=1

TRENCEPHALOP

Stage (1, 2 or 3):

|_ |

TRECHOTF

Cranial ultrasound

0 No

1 Yes

9 Doesn't know

TRHEMORRIV

Intra-ventricular haemorrhage

0 No

1 IVH I

2 IVH II

3 IVH III

4 IVH IV

9 Doesn't know

TRLEUCOM

Leukomalacia

0 No

1 Hyperechogenicity > 14 days

2 Cavitary

9 Doesn't know

TRDILATVENT

Ventricular dilatation

0 No

1 Yes

9 Doesn't know

TRTDMCER

Brain CT scan

- 0 No
- 1 Yes
- 9 Doesn't know

If TRTDMCER=1

TRNBDMCER

Specify the number:

|||

TRRESTDMCER

Result:

- 0 Normal
- 1 Abnormal
- 9 Doesn't know

If TRTDMCER=1

***TRTDMCERP**

Specify the anomaly: _____

TRIRM CER

Brain MRIs

- 0 No
- 1 Yes
- 9 Doesn't know

If TRIRM CER=1

TRNBIRM CER

Specify the number:

|||

TRRESIRM CER

Result:

- 1 Normal
- 2 Abnormal
- 9 Doesn't know

If TRRESIRM CER=2

***TRRESIRM CERP** Specify the anomaly _____

***TRPATHO OBST**

Specify _____

TRRADAUT

X-ray performed

- 0 No
- 1 Yes
- 9 Doesn't know

If TRRADAUT=1

TRRADLOC Specify location _____

TRTDMAUT

CT scan performed

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- 0 No
- 1 Yes
- 9 Doesn't know

If TRDMAUT=1

TRDMLLOC Specify location _____

TRIRMAUT

MRI performed

- 0 No
- 1 Yes
- 9 Doesn't know

If TRIRMAUT=1

TRIRMLOC Specify location _____

***TRDOXYGENC**

 **Date of definitive end of oxygen therapy (corrected)**

|_|_|_|_|_|_|_|_|_|

TRDOXYGENJR

 **Number of days between the child's date of birth and the definitive end of oxygen therapy (corrected)**

|_|_|

TRANSFERRED CHILD: FEEDING AND OTHER INFORMATION

TRJDEBALIM

Start of feeding, specify which day of life:

__ __

TRCATHOMB

Umbilical venous catheter

0 No

1 Yes

9 Doesn't know

TRCATHCENT

Central catheter

0 No

1 Yes

9 Doesn't know

If TRCATHCENT=1

TRDURCATHC

Number of days:

__ __

TRRADPOSEC

Inspection X-rays for fitting catheter:

0 No

1 Yes

9 Doesn't know

If TRRADPOSEC=1

TRNBRADPOSEC

Number of X-rays:

__ __

TRGAVAGE

Gastric force-feeding

0 No

1 Yes

9 Doesn't know

If TRGAVAGE=1

TRDURGAVAGE

Number of days:

__ __

TRLAITMAT

Mother's milk:

0 No

1 Yes

9 Doesn't know

TRLAITPA

Initial milk:

0 No

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- 1 Yes
- 9 Doesn't know

TRLAITAUT

Other:

- 0 No
- 1 Yes
- 9 Doesn't know

TRTESTAUD

Hearing screening

- 0 No test
- 1 Otoacoustic emissions (OAEs)
- 2 Automatic auditory evoked potentials (AEPs)
- 9 Not documented

If TRTESTAUD=1 or 2

TRRESTEST

Result:

- 1 Normal
- 2 Bilateral abnormal
- 3 Unilateral abnormal
- 9 Doesn't know

TRMEREENF

Mother present with her child:

- 1 Every day or almost
- 2 A few days a week
- 3 Once a week
- 4 Less than once a week
- 9 Doesn't know

TRPOISORT

Child's weight at departure (grammes):

|_|_|_|_|

TRPCSORT

Cranial perimeter at departure (cm):

|_|_|_|_|

END