

Appendix

Arrhythmia

Arrhythmias identified on ECG, except Sinusbradycardia

Coagulopathy

Any disorder requiring treatment in order to maintain or recover normal haemostasis according to unit's policy

Cooling method:

passive cooling (gel or ice packs)
active cooling (with cooling device)

Delivery complications

This can include prolapsed cord, abruption, shoulder dystocia, ruptured uterus, head entrapment etc

Diabetes

Existing diagnosis of diabetes or gestational diabetes requiring treatment

Head entrapment

Severely delayed second stage during breech delivery, vaginally or at caesarean section

Hypoglycaemia (infant)

Blood glucose < 2.5mmol/L

Hyperglycaemia

Blood glucose > 10mmol/L

Hypotension

Mean arterial blood pressure < gestational age and requiring treatment (as per unit policies) for hypotension; includes neonates that are normotensive receiving fluid boluses or catecholamines

Illicit drug use

Recorded drug or alcohol use that may lead to social, occupational, psychological, or physical problems

Late onset sepsis (>72h after birth) confirmed by blood or CSF culture

Any evidence of infection requiring antibiotic therapy which is confirmed on culture

Major cerebral anomaly

Including evidence of parenchymal haemorrhage as determined by ultrasound, ventricular dilatation (defined as >97th centile for gestational age) or the presence of porencephalic cysts or cystic leukomalacia

Maternal seizure

Convulsions due to eclampsia or other causes, e.g. epilepsy

Maternal Thyroid disorder

Thyroid dysfunction requiring treatment during pregnancy

Mecanical ventilation

positive pressure ventilation via Ambu bag or ventilator

Meconium aspiration syndrome

The presence of meconium stained amniotic fluid at birth and severe respiratory distress within 1 hour of birth and compatible x-ray changes

Necrotising Enterocolitis

Infants with abdominal distension, blood in stools together with abdominal x-ray showing bowel oedema, pneumatosis or pneumoperitoneum, Bell stag 2 or 3

Plazental abruption

Separation of a normally situated placenta after 28th week of pregnancy

Placenta praevia

Placenta partially or wholly covering the internal cervical os

Pre-eclampsia

Hypertension greater than 140/90mmHg during pregnancy

Pregnancy complications

This can include: pre-eclampsia, maternal seizure, thyroid disorder, diabetes, placenta praevia, known illicit drug use

Prolapsed cord

Cord presentation following rupture of membranes

Pulmonary haemorrhage

Copious bloody secretions with clinical deterioration requiring changes in ventilatory management

Pulmonary hypertension

Severe hypoxaemia disproportionate to the severity of lung disease, evidence of a right to left shunt and other findings suggesting PHT in echocardiography and the need for medication

Respiratory support:

- | | | |
|---|---|--|
| 1 | none | (no breathing support, no additional oxygen) |
| 2 | oxygen support via low flow nasal cannula | |
| 3 | non invasive | (CPAP, Highflow, NIPPV) |
| 4 | invasive | (intubated) |

Resuscitated > 10 min

Any form of ventilation (invasive /non invasive) necessary at the age of 10 min

Ruptured uterus

Spontaneous full-thickness tear in the uterine wall due to existing scar, obstructed labour

Seizures

Clinical or subclinical identified on aEEG/EEG (electrographical)

Sepsis

Any evidence of infection requiring antibiotic therapy which is confirmed on culture

Shoulder dystocia

Failure of the shoulders to rotate into the anteroposterior diameter of the pelvis following delivery of the head, resulting in a substantial delay in delivery

Maternal Thyroid disorder

Thyroid dysfunction requiring treatment during pregnancy