# Appendix 4. Example Case Review or Exception Reporting Tool

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| Exception identified from BadgerNet: | | Born <34w and cord clamped for less than 60s | |
| Provider/Unit |  | Date of Report |  |
| Maternal Badger ID |  | Baby Badger ID |  |
| Date of birth |  | Time of Birth |  |

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| **Part A: Peripartum Optimisation** | |
| Name of person completing part A: |  |
| Was Optimal Cord Clamping and benefits discussed with the parents before birth and a record documented? (Provide detail if no) | *Comments* |
| Did the perinatal team prepare the birth environment in order that Optimal Cord Clamping could be achieved? (Provide detail if no) | *Comments* |
| Was the cord clamped <60 seconds after birth?  If Yes-Has this been verified from maternal notes (Ensure Badgernet accuracy) | *Comments* |
| Was a reason for this recorded in the notes?  For eg:  □ Placental abruption or early separation  □ Maternal concerns e.eg shock/seizure/PPH  □ Uterine Inversion  □ Cord issues i.e. snapped, incised, limited cord length  □ A requirement for immediate resuscitation which could not be undertaken with cord intact:   * Equipment not available * Environment not appropriate * Experienced resuscitator (with OCM skills) not present * Other reason (please detail)   Please provide detail about time lapse before cord was clamped in seconds  □ Second twin needs immediate birth  □ Milking of the intact umbilical cord, how many times  □ Enrolled in research study on optimal cord management (do not unblind)  □ Other reason (please detail) | *Comments* |
| Was early cord clamping discussed with parents and reason given? | *Comments* |
| Most senior maternity professional at birth | *Comments* |
| Most senior neonatal professional at birth | *Comments* |

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| Part B: Neonatal Care | | | | |
| Name of person completing part B: | |  | | |
| Gestation | Weight |  | | |
| Apgar Scores:  \_\_/\_\_/\_\_\_ | Admission Temperature: |  | Admission Hb |  |
| Cord gas results | Arterial | | | |
| Venous | | | |
| Was the neonatal team in attendance at birth and of appropriate seniority to manage Optimal Cord Clamping for a preterm baby? | *Comments* | | | |
| Brief details of delivery room management: | *Comments* | | | |
| Brief details of NNU stay (to date at time of reporting) | *Comments* | | | |
| Notes review:  □ IVH  □ Surgical treatment for NEC  □ Hypotension in first 72 hours  □ Blood transfusion during first 7 days of life (or 6 weeks of life):  1 □ 2 □ 3 □ >3 □  □ Broncho-pulmonary Dysplasia (O2 requirement @36 w corrected)  □Survived until discharge | *Comments* | | | |

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| Part C: Governance | | | | |
| Name of person completing part C: | | | | |
| Was an incident form submitted locally? |  | | Has there been a local maternity review? |  |
| Did neonatal team input to the review? |  | | | |
| Was there a missed opportunity for Optimal Cord Clamping? | | *Comments* | | |
| Was cord clamping before 60 seconds avoidable? | | *Comments* | | |
| Was early cord clamping deemed appropriate/not appropriate?  What indication was given and was this documented in the notes? | | *Comments* | | |
| Learning identified following local review: | | *Comments* | | |
| Any communication issues identified with this case: comment specifically on communication with parents and the maternity/neonatal teams | | *Comments* | | |

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| Further action required | *Comments* |
| Detailed action completed |  |
| Date completed and closed |  |
| Name of person closing exception |  |