# Appendix 4. Example of a Case Review or Exception Reporting Tool

|  |  |
| --- | --- |
| **Exception identified from BadgerNet:** | **Infant <27/40 born in an LNU** |
| Provider/Unit |  | Date of Report |  |
| Maternal Badger ID |  | Baby Badger ID |  |
| Date of birth |  | Time of birth |  |

EXAMPLE

|  |
| --- |
| Part A: Antenatal Care to be completed by the Obstetric TeamName of person completing Part A: |
| Date and time of final antenatal admission |  | Mode of birth |  |
| Detail nature of signs of PTL in previous 24h and the duration of these |  |
| Detail antenatal admissions within the 2 weeks prior to birth and any discharges/transfers |  |
| Please comment on the use of PTL prediction tools eg fFN, QUiPP, cervical length etc |  |
| Please provide further details of antenatal management in this case where relevant: |  |
| Did the mother receive magnesium? If no, please give detailIf yes, give date and time of all doses |  | Did the mother receive steroids? If no, please give detailIf yes, give date and time of all doses  |  |
| Did the mother receive tocolysis? Give details |  | Did the mother receive antibiotics? Give details |  |
| For the final admission was a transfer request made via Cot Bureau? Date and time: |  | Was the network policy for in utero transfer utilised during the final admission? |  |
| Why did transfer not take place?* Lack of maternal bed
* Lack of neonatal cot
* Lack of transport capacity
* Labour too rapid
* Consider time arrival to time assessed
* Staff concern of birth during transfer
* Mother too unwell
 |  |
| Was an Obstetric Consultant involved in this decision? |  | Was a Neonatologist involved in this decision? |  |

EXAMPLE

|  |
| --- |
| Part B: Neonatal Care- To be completed by Neonatal/Paediatric TeamName of person completing Part B: |
| Gestation |  | Weight  |  |
| Apgar scores |  | Admission Temperature |  |
| Cord gas results | ArterialVenous |
| Was the neonatal team in attendance at birth and of appropriate seniority? |  |
| Brief details of delivery room management: |  |
| Brief summary of care received during stay on local unit including any cranial ultrasound findings |  |
| Time contacted cot bureau: |  | Time of transport team arrival: |  |
| Time infant left your organisation: |  | Destination hospital: |  |
| Details of any significant events during postnatal transfer |  |
| Outcome including any cranial ultrasound finding before or following transfer |  |

EXAMPLE

|  |
| --- |
| Part C: Governance  |
| Was an incident form submitted locally? |  | Has there been a local maternity review? |  |
| Were the neonatal team included in review? |  |
| Was there a missed opportunity for identifying PTL? |  |
| Was there a missed opportunity for IUT? |  |
| Was this birth in an LNU avoidable? |  |
| Learning identified following local review:Including changes to practice as a result of this case/review for both antenatal & postnatal care |  |
| Any communication issues identified within this case: Comment specifically on communication with parents, with the wider maternity/neonatal/transfer teams and internally/ externally |  |
| Network Office Use Only: |
| Date Part A returned |  | Name of respondent: |  |
| Date Part B returned |  | Name of respondent: |  |
| Further action required: |  | Details of additional actions: |  |
| Date completed and closed: |  | Name of person closing exception: |  |