



# Perinatal Optimisation Pathway Passport



British Association of  
Perinatal Medicine

This passport must be completed for all women at risk of birth before 34 weeks' gestation and should accompany the baby on admission to neonatal care.

Time of birth: __ : __	Name:
Type of birth:	DOB:
Time of admission to NNU: __ : __	Hosp No:
Gestation: /40	NHS No:
Birth weight: g	Or patient sticker here
Apgars: @1 @5 @10	
Booking Hospital:	

## 1. Place of Birth:

**Aim:** babies <27/40, EFW <800g or multiple pregnancy <28/40 should be born in maternity centre with a NICU



Born in a maternity centre with the appropriate designation of neonatal unit?

Y  N  N/A

If not, why was intrauterine transfer not achieved?

## 2. Antenatal Steroids:

**Aim:** women giving birth before 34 weeks should receive a full course of steroids no longer than 7 days prior to birth



Full course of antenatal steroids?

Y  N

Last dose:

Date: / /

Time: :

If a full course of optimally timed steroids was not achieved, why?

## 3. Antenatal Magnesium



**Aim:** women giving birth before 30 weeks should receive a loading dose and ideally a 4-hour infusion in the 24 hours prior to birth

Loading dose given? Y  N  N/A

Was a 4-hour infusion given within 24 hours prior to birth?

Y  N

If optimally-timed Magnesium was not achieved, why?

## 4. Antibiotic Prophylaxis



**Aim:** women in established preterm labour should receive intrapartum antibiotic prophylaxis to prevent early onset GBS infection

Required? Y  N

Given more than 4hrs before birth? Y  N  N/A

If no antibiotic prophylaxis given or antibiotic given within 4h, why?

## 5a. Early Breast Milk (antenatal info)



**Aim:** women at risk of preterm birth should receive information about the importance of breast milk

Antenatal counselling and advice for mother re benefits of MBM and early & frequent expressing?

Y  N

Supplemental information given eg. Written / digital

Y  N

If not given, why?

## 6. Optimal Cord Management (OCM)

**Aim:** the umbilical cord should be clamped at or after one minute following birth



Was the umbilical cord clamped at or after one minute?

Y  N

Time of OCM:  minutes

seconds

If no OCM, why?

## 7. Thermal Care

**Aim:** babies should have an admission temperature taken within one hour and this should be between 36.5-37.5C



Admission Temp between 36.5°C to 37.5°C ?

Y  N

Admission Temp:  °C

If normothermia was not achieved, why?

## 5b. Early Breast Milk



**Aim:** all mothers should be supported to express within 2 hours of birth

All babies should receive their own mother's milk within 24 hours of birth and ideally within 6 hours

**Mother helped to express within 2h of birth?**

Y  N

**Date:**

/ /

**Time:**

:

**Colostrum first available:**

**Date:**

/ /

**Time:**

:

**Colostrum given to baby:**

**Date:**

/ /

**Time:**

:

If not achieved within first 24h, why?

## 8. Respiratory Management:



**Aim:** Where ventilation is required, Volume targeted ventilation (VTV) should be used as the initial mode of ventilation to reduce lung injury

**Respiratory support required prior to neonatal unit admission (tick all that apply)**

CPAP  HFT  Ventilation  Other

**Was VTV/VG ventilation used as initial mode of ventilation if ventilated in first 72 hours?**

Y  N  N/A

If VTV/VG not used as initial mode of ventilation, why?

## 9. Caffeine:



**Aim:** To reduce brain injury and chronic lung disease and improve neurodevelopmental outcome. Give to babies <30 weeks/<1.5kg (consider up to 32-34 weeks) within 24 hours of birth

**Given within first 24 hours of life**

Y  N  N/A

**Loading dose given at:**

**Date:** / /

**Time:** :

If Caffeine is not given within 24 hours, why?

