

NeoQIC MPQC SEN QI Initiative Data Form

Day of birth is considered day of life ONE for purpose of this data form.

INSTRUCTIONS

ELIGIBILITY

This data form is meant to be completed on infants at risk for Neonatal Abstinence Syndrome due to in-utero opioid exposure. For the purposes of this study, we are defining this as **any infant who is monitored for NAS for possible or known in-utero opioid exposure**. Typically, monitoring for NAS includes ‘scoring’ of symptoms using a system such as the Finnegan score. Infants who were at risk for withdrawal **only** for post-natal opioid exposure should **not** be included. Infants who were born at your hospital or transferred to your hospital are eligible (see note below). There are no gestational age exclusions; infants of any gestational age that meet the above criteria should be included.

NOTE ON TRANSFERRED INFANTS

For infants transferred between hospitals, this form should be completed by that hospital that provided the majority of care during the acute period of NAS symptoms or risk. Typically, this is approximately day 3 to day 10 of life. **For the purposes of this study, we are defining that hospital as the BIRTH hospital if the infant remains there for at least 5 days of life, and the RECEIVING hospital if the infant is transferred at day of life 5 or less.** We believe this will capture the appropriate hospital in the vast majority of situations. If there is a situation that is vague, please contact one of the project leaders to discuss. For all infants, this form should only be completed ONCE. Examples are listed in the table:

<u>SCENARIO</u>	<u>HOSPITAL COMPLETING FORM</u>
Infant born at hospital A, remains at hospital A until discharge	Hospital A
Infant born at hospital A, transferred to hospital B on day of life 20 for convalescent care, remains at hospital B until discharge	Hospital A
Infant born at hospital A, transferred to hospital B on day of life 2 for acute care, remains at hospital B until discharge	Hospital B
Infant born at hospital A, transferred to hospital B on day of life 2 for acute care, transferred back to hospital A on day of life 20 for convalescent care, remains at hospital A until discharge	Hospital B

Please note that the hospital completing the form should attempt to contact transferring or receiving hospitals for information needed as outlined on the form. If an infant was transferred for acute care at day of life 5 or less, the receiving hospital should get information on the perinatal and birth history from the birth hospital. If the infant is transferred after day 10 for convalescent care, the transferring hospital should get information from the receiving hospital on eventual disposition and length of stay. If information is unable to be obtained, please indicate “unknown” or “unable to determine”.

IDENTIFIERS

For your internal use and tracking only, will not be shared with NeoQIC.

Patient Name

MRN

Date of Birth

__/__/____ (M/D/Y)

REDCAP STUDY IDENTIFIERS (will be entered into REDCap)	
A. REDCap Study ID	This will be generated for you by REDCap; you do not need to record this on your data form.
B. Your Hospital	_____
C. Your Hospital Study ID (start with 001 and go sequentially)	_____
DEMOGRAPHIC INFORMATION	
1. Birth month (1-12) and year:	Month: _____ Year: _____
2. Birth weight	Birth weight: _____ grams
3. Gestational age in weeks and days:	Weeks: _____ Days: _____
4. Sex:	<input type="radio"/> Male <input type="radio"/> Ambiguous <input type="radio"/> Female <input type="radio"/> Unknown
5a. Ethnicity of mother:	<input type="radio"/> Hispanic <input type="radio"/> Not Hispanic <input type="radio"/> Unknown or unable to obtain
5b. Race of mother:	<input type="radio"/> Black or African-American <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> Other <input type="radio"/> Unknown or unable to obtain
6. Age of mother at time of delivery:	Age in Years: _____
BASIC HOSPITALIZATION INFORMATION	
7. Location of birth	<input type="radio"/> Inborn <input type="radio"/> Outborn
<i>If outborn, complete all following fields based on all information available from your hospital as well as birth hospital. If information from birth hospital/transferring hospital is not available, indicate "unknown" or leave questions blank.</i>	
8. Was an antenatal consult done prior to birth, anytime during pregnancy, with pediatrics or neonatology?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
9. In what locations did the infant receive care during hospitalization? • Check all that apply. • This includes birth hospital for outborn infants.	<input type="checkbox"/> Level 1 Nursery (newborn, mother-baby nursery) <input type="checkbox"/> Level 1b or Level 2 Nursery (special care) <input type="checkbox"/> Level 3 Nursery (intensive care unit) <input type="checkbox"/> Pediatrics <input type="checkbox"/> Other (Specify: _____)
9b. If the infant required care in the Level 1B nursery, Special Care Nursery (SCN), or Neonatal Intensive Care Unit (NICU), was that needed for NAS or for other medical conditions?	<input type="checkbox"/> Not applicable (not cared for in SCN or NICU) <input type="checkbox"/> Care in 1B/SCN/NICU was for NAS <input type="checkbox"/> Care in 1B/SCN/NICU was for other conditions (Describe: _____)
10. During the hospital course, what scoring system was used to assess for NAS symptoms?	<input type="radio"/> Finnegan or Modified Finnegan <input type="radio"/> Eat-sleep-console <input type="radio"/> Hybrid, e.g., Finnegan prioritization <input type="radio"/> Other (Describe _____)

MATERNAL-FETAL EXPOSURES

11a. What were the maternal-fetal opioid exposures at any time during pregnancy (other than only in 1st trimester)?

- Include exposures at any time during pregnancy, unless exposure was CLEARLY only in the first trimester.
- Check all that apply.
- Information can come from maternal self-report (maternal record), maternal toxicology, or neonatal toxicology.
- Buprenorphine includes Subutex and Suboxone.
- Other opioids include all agents not otherwise listed; this includes codeine, oxycodone, hydrocodone, morphine, and hydromorphone (short and long-acting).
- Indicate exposure to Naltrexone (Vivitrol) in question 12.

- Methadone, prescribed
- Methadone, illicit
- Methadone, unknown source
- Buprenorphine, prescribed
- Buprenorphine, illicit
- Buprenorphine, unknown source
- Heroin
- Fentanyl, illicit
- Other opioids, prescribed
- Other opioids, illicit
- Other opioids, unknown source
- No opioid exposure able to be determined

11b. What were the maternal-fetal opioid exposures during the ONE MONTH immediately prior to delivery?

- Include exposures during the ONE MONTH immediately prior to delivery. If timing of exposures is uncertain, mark the appropriate box.
- Check all that apply.
- Information can come from maternal self-report (maternal record), maternal toxicology, or neonatal toxicology.
- Buprenorphine includes Subutex and Suboxone.
- Other opioids include all agents not otherwise listed; this includes codeine, oxycodone, hydrocodone, morphine, and hydromorphone (short and long-acting).
- Indicate exposure to Naltrexone (Vivitrol) in question 12.

- Methadone, prescribed
- Methadone, illicit
- Methadone, unknown source
- Buprenorphine, prescribed
- Buprenorphine, illicit
- Buprenorphine, unknown source
- Heroin
- Fentanyl, illicit
- Other opioids, prescribed
- Other opioids, illicit
- Other opioids, unknown source
- No opioid exposure able to be determined
- Timing of opioid exposure unclear or uncertain

11c. If mother was receiving medication-assisted therapy (MAT) at time of delivery, what was the history of MAT use?

- MAT can include methadone, buprenorphine (Subutex or Suboxone), and naltrexone (Vivitrol).

- MAT throughout pregnancy without illicit opioid use
- MAT throughout pregnancy with illicit opioid use
- Initiation of MAT during pregnancy without illicit opioid use while on MAT
- Initiation of MAT during pregnancy with illicit opioid use while on MAT
- Other: (Describe: _____)
- Unable to determine

12. What were other maternal-fetal exposures of note?

- Check all that apply.
- Do not include if exposure was clearly only in the first trimester.
- Exposures could be from prescribed use or illicit use.

- Naltrexone (Vivitrol)
- Cocaine
- Marijuana
- Alcohol
- SSRI
- Benzodiazepine
- Gabapentin
- Nicotine/Tobacco
- Amphetamines/Methamphetamines
- Other (Specify: _____)

HUMAN MILK USE	
<p>13. Was this infant eligible to receive his/her mother's own milk per your hospital's guidelines?</p> <ul style="list-style-type: none"> • Donor milk is NOT considered as mother's milk. 	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> No hospital guideline on breast milk </p>
<p>14. Did infant receive any of his/her mother's own milk at any time during hospitalization?</p> <ul style="list-style-type: none"> • Donor milk is NOT considered as mother's milk. 	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown </p>
<p>15. What type of feeding was infant receiving at discharge/transfer from your hospital?</p> <ul style="list-style-type: none"> • Include all types of feeding given in the 24 hours prior to discharge. • Donor milk is NOT considered as mother's milk, and should be considered as formula for this question. 	<p> <input type="radio"/> Mother's own milk only <input type="radio"/> Mother's own milk and formula <input type="radio"/> Formula only <input type="radio"/> Unknown </p>
NAS PHARMACOLOGIC TREATMENT	
<p>16. Did infant receive pharmacologic agents for NAS?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown </p>
<p><i>If yes, answer questions 15a-15e. If no or unknown, go to question 16.</i></p>	
<p>17a. What was the first pharmacologic agent used for treatment of NAS?</p> <ul style="list-style-type: none"> • If two agents were started simultaneously, enter primary agent here and second agent in 13d, and enter same starting day for both. Primary agent would be that agent used most commonly to treat NAS in your NICU. 	<p> <input type="radio"/> Morphine <input type="radio"/> Methadone <input type="radio"/> Clonidine <input type="radio"/> Phenobarbital <input type="radio"/> Other (Specify: _____) <input type="radio"/> Unable to determine </p>
<p>17b. What day of life was first pharmacologic agent initiated?</p> <ul style="list-style-type: none"> • Day of birth is considered day of life ONE. 	<p>_____</p>
<p>17c. Was a 2nd pharmacologic agent used for treatment of NAS?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown </p>
<p>17d. What was the second pharmacologic agent used for treatment of NAS?</p>	<p> <input type="radio"/> Morphine <input type="radio"/> Methadone <input type="radio"/> Clonidine <input type="radio"/> Phenobarbital <input type="radio"/> Other (Specify: _____) <input type="radio"/> Unable to determine </p>
<p>17e. What day of life was second pharmacologic agent initiated?</p> <ul style="list-style-type: none"> • Enter "-99" if not applicable. • Day of birth is considered day of life ONE. 	<p>_____</p>
<p>17f. Was pharmacologic therapy given as scheduled dosing or as prn dosing?</p>	<p> <input type="radio"/> Scheduled <input type="radio"/> PRN <input type="radio"/> PRN followed by scheduled <input type="radio"/> Unable to determine </p>

NON-PHARMACOLOGIC CARE

18. Was early skin-to-skin contact with birth mother performed?

- Mark Yes if infant was placed naked or only with diaper on mother's chest for any time in the first 24 hours of life.

Yes No Unknown

19a. Did infant 'room-in' with birth mother for at least 1 night prior to maternal discharge?

- Mark Yes if infant remained in the mother's room for at least one night prior to maternal discharge (brief time in nursery is acceptable).
- Mark No if infant was brought to SCN/NICU or other monitored environment for care shortly after birth.

Yes No Unknown

19b. Did infant 'room-in' with birth mother for at least 1 night AFTER maternal discharge?

- Mark Yes if infant and mother remained together for at least one night after mother was discharged in any location (brief time separated is acceptable).
- Mark No if infant and mother did not remain together overnight for at least one night after maternal discharge

Yes No Unknown

DISCHARGE INFORMATION

If infant was transferred from your hospital to another hospital, answer the following questions based on information from your hospital as well as the receiving hospital. DAY OF BIRTH IS CONSIDERED DAY OF LIFE ONE.

20. Was infant discharged to home from your hospital, or from another hospital?

Your hospital
 Another hospital

21. What day of life was final discharge to home?

- This could be from your hospital or receiving hospital.
- If unable to determine, enter "-99".

22. What was the eventual discharge disposition from hospital?

- This could be from your hospital or receiving hospital.

Home with biologic parent
 Home with guardian or foster parent
 Other (Specify: _____)
 Unable to determine

23. At the time of discharge to home, was the infant receiving medications for NAS?

Yes No Unable to determine

23a. If yes, what medications was infant receiving at time of discharge to home?

- Check all that apply.

Morphine
 Methadone
 Clonidine
 Phenobarbital
 Other (Specify: _____)

24. What day of life was last dose of OPIOID medication for NAS?

- This could be at your hospital, receiving hospital, or home.
- Enter -99 if not applicable.
- Enter -77 if the information is not able to be obtained.

FOLLOW-UP INFORMATION

If infant was transferred from your hospital to another hospital, answer the following questions based on information from your hospital as well as the receiving hospital. DAY OF BIRTH IS CONSIDERED DAY OF LIFE ONE.

<p>25. Was referral to Early Intervention made prior to discharge?</p> <ul style="list-style-type: none"> <i>This could be from your hospital or receiving hospital.</i> 	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to determine</p>
<p>26. Was reporting to Department of Children and Families (DCF) performed during hospitalization? (i.e., 51A)</p> <ul style="list-style-type: none"> <i>This could be from your hospital or receiving hospital.</i> 	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to determine</p>
<p>27. Was a Plan of Safe Care (POSC) in place prior to infant discharge?</p> <ul style="list-style-type: none"> <i>This could be from your hospital or receiving hospital.</i> <i>This may have been initiated by mother and her providers during prenatal care.</i> <i>A Plan of Safe Care may take many formats, but should contain the required federal elements. More information can be found at: healthrecovery.org/safecare.</i> 	<p><input type="radio"/> Yes, initiated prior to hospital admission <input type="radio"/> Yes, initiated during hospital admission <input type="radio"/> Yes, time of initiation uncertain <input type="radio"/> No <input type="radio"/> Unable to determine</p>