

# NeoQIC MPQC SEN QI Initiative Data Form

## REVISIONS TO DATA FORM AS OF JANUARY 1, 2019

This document is a summary of revisions made to the SEN QI Initiative data form as of January 1<sup>st</sup>, 2019. Listed below are fields that have been updated and new fields that have been added. The actual changes to the data form are shown on the following pages.

These changes have been made to the current data form in REDCap.

### UPDATED FIELDS:

- **Question 9:** In what locations did the infant receive care during hospitalization?
  - Changed to include an option for level 1b Special Care Nursery
- **Question 11a:** What were the maternal-fetal opioid exposures at any time during pregnancy (other than only in 1<sup>st</sup> trimester)?
  - Added Fentanyl, illicit
- **Question 12:** What were other maternal-fetal exposures of note?
  - Added Naltrexone (Vivitrol), Tobacco, and Gapapentin
- **Questions 13-15 around Human Milk Use:**
  - Added clarifying language: *Donor milk is NOT considered as mother's milk.*

### NEW FIELDS:

- **Questions 6:** Age of mother at time of delivery in years
- **Question 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?
- **Question 10:** During the hospital course, what scoring system was used to assess for NAS symptoms?
- **Question 11b:** What were the maternal-fetal opioid exposures during the ONE MONTH immediately prior to delivery?
- **Question 11c:** If mother was receiving medication-assisted therapy (MAT) at time of delivery, what was the history of MAT use?
- **Question 17f:** Was pharmacologic therapy given as scheduled dosing or as prn dosing?
- **Question 19b:** Did infant 'room-in' with birth mother for at least 1 night AFTER maternal discharge?
- **Question 27:** Was a Plan of Safe Care (POSC) in place prior to infant discharge?

**UPDATED FIELDS (UPDATES IN YELLOW):**

<b>BASIC HOSPITALIZATION INFORMATION</b>	
<p><b>9. In what locations did the infant receive care during hospitalization?</b></p> <ul style="list-style-type: none"> <li>• Check all that apply.</li> <li>• This includes birth hospital for outborn infants.</li> </ul>	<p><input type="checkbox"/> Level 1 Nursery (newborn, mother-baby nursery)</p> <p><input type="checkbox"/> <b>Level 1b</b> or Level 2 Nursery (special care)</p> <p><input type="checkbox"/> Level 3 Nursery (intensive care unit)</p> <p><input type="checkbox"/> Pediatrics</p> <p><input type="checkbox"/> Other (Specify: _____)</p>
<b>MATERNAL-FETAL EXPOSURES</b>	
<p><b>11a. What were the maternal-fetal opioid exposures at any time during pregnancy (other than only in 1<sup>st</sup> trimester)?</b></p> <ul style="list-style-type: none"> <li>• Include exposures at any time during pregnancy, unless exposure was CLEARLY only in the first trimester.</li> <li>• Check all that apply.</li> <li>• Information can come from maternal self-report (maternal record), maternal toxicology, or neonatal toxicology.</li> <li>• Buprenorphine includes Subutex and Suboxone.</li> <li>• Other opioids include all agents not otherwise listed; this includes codeine, oxycodone, hydrocodone, morphine, and hydromorphone (short and long-acting).</li> <li>• Indicate exposure to Naltrexone (Vivitrol) in question 12.</li> </ul>	<p><input type="checkbox"/> Methadone, prescribed</p> <p><input type="checkbox"/> Methadone, illicit</p> <p><input type="checkbox"/> Methadone, unknown source</p> <p><input type="checkbox"/> Buprenorphine, prescribed</p> <p><input type="checkbox"/> Buprenorphine, illicit</p> <p><input type="checkbox"/> Buprenorphine, unknown source</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> <b>Fentanyl, illicit</b></p> <p><input type="checkbox"/> Other opioids, prescribed</p> <p><input type="checkbox"/> Other opioids, illicit</p> <p><input type="checkbox"/> Other opioids, unknown source</p> <p><input type="checkbox"/> No opioid exposure able to be determined</p>
<p><b>12. What were other maternal-fetal exposures of note?</b></p> <ul style="list-style-type: none"> <li>• Check all that apply.</li> <li>• Do not include if exposure was clearly only in the first trimester.</li> <li>• Exposures could be from prescribed use or illicit use.</li> </ul>	<p><input type="checkbox"/> <b>Naltrexone (Vivitrol)</b></p> <p><input type="checkbox"/> Cocaine</p> <p><input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> SSRI</p> <p><input type="checkbox"/> Benzodiazepine</p> <p><input type="checkbox"/> <b>Gabapentin</b></p> <p><input type="checkbox"/> Nicotine/<b>Tobacco</b></p> <p><input type="checkbox"/> Amphetamines/Methamphetamines</p> <p><input type="checkbox"/> Other (Specify: _____)</p>
<b>HUMAN MILK USE</b>	
<p><b>13. Was this infant eligible to receive his/her mother's own milk per your hospital's guidelines?</b></p> <ul style="list-style-type: none"> <li>• <b>Donor milk is NOT considered as mother's milk.</b></li> </ul>	<p><input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Unknown</p> <p><input type="radio"/> No hospital guideline on breast milk</p>
<p><b>14. Did infant receive any of his/her mother's own milk at any time during hospitalization?</b></p> <ul style="list-style-type: none"> <li>• <b>Donor milk is NOT considered as mother's milk.</b></li> </ul>	<p><input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Unknown</p>
<p><b>15. What type of feeding was infant receiving at discharge/transfer from your hospital?</b></p> <ul style="list-style-type: none"> <li>• Include all types of feeding given in the 24 hours prior to discharge.</li> <li>• <b>Donor milk is NOT considered as mother's milk, and should be considered as formula for this question.</b></li> </ul>	<p><input type="radio"/> Mother's own milk only</p> <p><input type="radio"/> Mother's own milk and formula</p> <p><input type="radio"/> Formula only</p> <p><input type="radio"/> Unknown</p>

**NEW FIELDS AS OF 1/1/2019:**

DEMOGRAPHIC INFORMATION	
<b>6. Age of mother at time of delivery:</b>	Age in Years: _____
BASIC HOSPITALIZATION INFORMATION	
<b>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?</b>	<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: _____)
<b>10. During the hospital course, what scoring system was used to assess for NAS symptoms?</b>	<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	
<b>11b. What were the maternal-fetal opioid exposures during the ONE MONTH immediately prior to delivery?</b> <ul style="list-style-type: none"> <li>• Include exposures during the ONE MONTH immediately prior to delivery. If timing of exposures is uncertain, mark the appropriate box.</li> <li>• Check all that apply.</li> <li>• Information can come from maternal self-report (maternal record), maternal toxicology, or neonatal toxicology.</li> <li>• Buprenorphine includes Subutex and Suboxone.</li> <li>• Other opioids include all agents not otherwise listed; this includes codeine, oxycodone, hydrocodone, morphine, and hydromorphone (short and long-acting).</li> <li>• Indicate exposure to Naltrexone (Vivitrol) in question 12.</li> </ul>	<input type="checkbox"/> Methadone, prescribed <input type="checkbox"/> Methadone, illicit <input type="checkbox"/> Methadone, unknown source <input type="checkbox"/> Buprenorphine, prescribed <input type="checkbox"/> Buprenorphine, illicit <input type="checkbox"/> Buprenorphine, unknown source <input type="checkbox"/> Heroin <input type="checkbox"/> Fentanyl, illicit <input type="checkbox"/> Other opioids, prescribed <input type="checkbox"/> Other opioids, illicit <input type="checkbox"/> Other opioids, unknown source <input type="checkbox"/> No opioid exposure able to be determined <input type="checkbox"/> Timing of opioid exposure unclear or uncertain
<b>11c. If mother was receiving medication-assisted therapy (MAT) at time of delivery, what was the history of MAT use?</b> <ul style="list-style-type: none"> <li>• MAT can include methadone, buprenorphine (Subutex or Suboxone), and naltrexone (Vivitrol).</li> </ul>	<input type="radio"/> MAT throughout pregnancy without illicit opioid use <input type="radio"/> MAT throughout pregnancy with illicit opioid use <input type="radio"/> Initiation of MAT during pregnancy without illicit opioid use while on MAT <input type="radio"/> Initiation of MAT during pregnancy with illicit opioid use while on MAT <input type="radio"/> Other: (Describe: _____) <input type="radio"/> Unable to determine
NAS PHARMACOLOGIC TREATMENT	
<b>17f. Was pharmacologic therapy given as scheduled dosing or as prn dosing?</b>	<input type="radio"/> Scheduled <input type="radio"/> PRN <input type="radio"/> PRN followed by scheduled <input type="radio"/> Unable to determine

**NON-PHARMACOLOGIC CARE**

**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

**FOLLOW-UP INFORMATION**

**27. Was a Plan of Safe Care (POSC) in place prior to infant discharge?**

- *This could be from your hospital or receiving hospital.*
- *This may have been initiated by mother and her providers during prenatal care.*
- *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](http://healthrecovery.org/safecare).*

- Yes, initiated prior to hospital admission
- Yes, initiated during hospital admission
- Yes, time of initiation uncertain
- No
- Unable to determine