

ILPQC MNO

Neonatal Monthly Sustainability Data Collection Form

Data will be submitted monthly for all women discharged from delivery that month who meet the following definition. Data should be submitted by the 15th of the month for the previous month.

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| Option to Report No Cases for a Month | <input type="checkbox"/> I have no mothers/newborns affected by opioids to report this month |
| If NO mothers and newborns affected by opioids to report this month (MM/YYYY) | ____/____ |
| REDCAP Identifiers | |
| REDCap Record ID | REDCap Record ID: _____ |
| Hospital ID Number | Hospital ID Number: _____ |
| A. Demographics | |
| 1. Maternal Age (XX, 12-50) | Maternal Age: _____ |
| 2. Maternal Race <i>Please select all that apply</i> | <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other |
| 3. Maternal Zip Code of Residence | Zip Code: _____ |
| 4. Date of Delivery (MM/DD/YYYY) | Date of Delivery ____/____/____ |
| 5. Number of Infants | <input type="radio"/> Singleton <input type="radio"/> Multiple _____ |
| 6. Birth Weight (<i>grams</i>) | Birth weight: _____ |
| 7. Gestational age at delivery (<i>weeks, 0-44</i>) | Gestational age, weeks: _____ |
| 8. Gestational age at delivery (<i>days, 0-6</i>) | Gestational age, days: _____ |
| 9. Infant Gender <i>Please select one</i> | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown |

Neonatal Data Collection Form

Neonatal Data Collection:

Please collect key data elements on all infants (≥35 gestational weeks- 35 weeks, 0 days) of mothers with opioid use disorder. This include newborns: with a mother that has a positive self-report screen assessed to have OUD, or positive opioid toxicology test before delivery, or reporting opioid use disorder, or using any non-prescribed opioids during pregnancy, or using prescribed opioids chronically for longer than a month in the third trimester. Please include newborns with an unanticipated positive

neonatal cord, urine, or meconium screen for opioids or if newborn has symptoms associated with opioid exposure including NAS. Data collection should include mom / baby pairs. If infants delivered before 35 weeks, then OB data will be collected on mom with basic newborn data included on OB data form, neo data form will only be collected if the baby is born \geq 35 weeks.

A. Basic Hospital Information

Note on Infant Transfers:

For infants transferred between hospitals, this form should be completed by that hospital that provided the majority of care during the acute period of risk. Typically, for mother this is during delivery and for infants this is approximately day 3 to day 10 of life. 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 mother/infants, this form should only be completed ONCE. Examples are listed below

Scenarios:

- Infant born at hospital A, remains at hospital A until discharge (Hospital A Completes Form)
- 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 Completes Form)
- 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 Completes Form)
- 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 Completes Form)

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".

10. Was the infant born in your hospital?

- Please select one
- If infant transfer, 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
- *(Day of birth is considered day of life ZERO.)

- Yes
- No (Transfer)

If transferred, from what hospital: _____

If transferred, infant day of life when admitted: ____

If transferred, was the reason for transfer related to management of NAS (feedings, withdrawal, etc.)?

- Yes
- No

B. Maternal-Fetal Drug Exposures and Neonatal Assessment

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| <p>11. Did infant have evidence of Neonatal Abstinence Syndrome (NAS)?</p> <p><u>IDPH NAS Definition:</u> <i>“Neonatal Abstinence Syndrome refers to the collection of signs and symptoms that occur when a newborn is prenatally exposed to prescribed, diverted, or illicit opiates experiences opioid withdrawal. This syndrome is primarily characterized by irritability, tremors, feeding problems, vomiting, diarrhea, sweating, and, in some cases, seizures.”</i></p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>12. Which method of assessment for withdrawal symptoms was used? <i>Please select all that apply</i></p> | <p><input type="checkbox"/> Modified Finnegan scoring</p> <p><input type="checkbox"/> Eat, Sleep, Console (ESC) method</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> None</p> |

C. Non-Pharmacologic Treatment (at your hospital)

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| <p>13. Was mother engaged in non-pharmacologic bundle during infant hospitalization?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unknown</p> <p>IF NO: Who was involved? *check all that apply*</p> <p><input type="checkbox"/> Family Member</p> <p><input type="checkbox"/> Nurse</p> <p><input type="checkbox"/> Volunteer</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p> |
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| <p>14. Did the infant and mother room-in together during the infant's hospitalization? Please select one</p> <p><u>Rooming-In Definition</u></p> <ul style="list-style-type: none"> • Check "Yes, during maternal hospitalization, but not after maternal discharge" if mother/baby care was provided in the same room at any time prior to mother's discharge. Mother provided majority of infant care. • Check "Yes, during maternal hospitalization and after maternal discharge" if infant in a private room where mother could sleep overnight until infant discharge. Mother provided majority of infant care for the duration of the infant's hospitalization. • Check "No" if neither mother did not room-in at any time during the baby's hospitalization. | <ul style="list-style-type: none"> <input type="radio"/> Yes, during maternal hospitalization, but not after maternal discharge. <input type="radio"/> Yes, during maternal hospitalization and after maternal discharge <input type="radio"/> Unable/ineligible to 'room in' <ul style="list-style-type: none"> <input type="radio"/> Mother not participating in newborn care <input type="radio"/> Hospital does not have appropriate facilities for rooming in <input type="radio"/> Infant transferred to NICU for advanced medical care (not NAS related) <input type="radio"/> Other <input type="radio"/> No <input type="radio"/> Unknown |
| <p>15. Was infant admitted to a NICU or SCN?</p> | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>IF YES, what was the reason for transfer:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Management of NAS sequela <input type="checkbox"/> Respiratory distress <input type="checkbox"/> Other: _____ |

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| <p>16. Was infant eligible to breastfeed at infant discharge?</p> <p><i>Current guidelines: ACOG CO, #711, August 2017: Breastfeeding should be encouraged in women who are stable on their opioid agonists, who are not using illicit drugs, and who have no other contraindications, such as human immunodeficiency virus (HIV) infection. Women should be counseled about the need to suspend breastfeeding in the event of a relapse.</i></p> | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <p>IF NO: what feeding received</p> <ul style="list-style-type: none"> <input type="radio"/> Donor breast milk or Formula <input type="radio"/> Unknown |
| <p>17. IF Yes- eligible to breastfeed: Specify what infant received at infant discharge <i>Please select one</i></p> | <ul style="list-style-type: none"> <input type="radio"/> Breastmilk only <ul style="list-style-type: none"> <input type="radio"/> Exclusive breastfeeding <input type="radio"/> Breastfeeding or pumped breastmilk through bottle <input type="radio"/> Breastmilk/breastfeeding with formula supplementation <input type="radio"/> Formula only <input type="radio"/> Unknown |
| <p>D. Pharmacologic Treatment (at your hospital)</p> | |
| <p>18. Did infant receive pharmacologic agents for NAS? <i>Please select one</i></p> | <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> If Yes, what was the first pharmacologic agent used for treatment of NAS? <ul style="list-style-type: none"> <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 <input type="radio"/> No <ul style="list-style-type: none"> <input type="radio"/> If no, → skip to question 36 as the remaining questions do not apply. <input type="radio"/> Unknown <ul style="list-style-type: none"> <input type="radio"/> If unknown, → skip to question 36 as the remaining questions do not apply. |
| <p>19. What day of life was first pharmacologic agent initiated? (<i>Day of birth is considered day of life ZERO.</i>)</p> | <p>Day of Life: _____</p> |
| <p>20. How was the first pharmacologic agent ordered?</p> | <ul style="list-style-type: none"> <input type="radio"/> Scheduled (i.e. on a q3h schedule) <input type="radio"/> PRN only (not scheduled) <ul style="list-style-type: none"> <input type="radio"/> Was this agent EVER ordered on a scheduled basis (i.e. on a q3h schedule)? <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No |

| | |
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| | ○ Unknown |
| 21. What day of life was last pharmacologic treatment dose given? <i>Day of birth is considered day of life ZERO</i> <i>If unable to determine, enter 999</i> | Day of Life: _____ |
| H. Discharge and Postpartum Information: <i>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 ZERO.</i> | |
| 22. Was the mother receiving treatment for substance use disorder at discharge of newborn? | <input type="checkbox"/> Yes, MAT <input type="checkbox"/> Yes, other addiction treatment services <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 23. What day of life was infant final discharge to home? <i>Day of birth is considered day of life ZERO.</i> <i>This could be from your hospital or receiving hospital</i> <i>If unable to determine, enter 999</i> | Day of Life: _____ |
| 24. Was an official referral made by your hospital to Early Intervention (IL Child and Family Connections)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 25. Was the MNO Discharge Checklist completed by infant discharge? Key elements of the MNO Discharge Checklist include: 1. Clinical Readiness - infant meets clinical discharge criteria 2. Family Preparedness - mother/family received education and anticipatory guidance 3. Transfer of Care - MNO Collaborative Discharge Plan completed and care handed off to PCP | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

26. To whom was infant discharged home?

Please select one

- Mother
- Father (but not mother)
- Other family member
- Non-family foster
- Infant died in hospital
- Infant transferred
- Unknown