

## ANTENATAL CORTICOSTEROID VERIFICATION TOOL

Please complete all fields noting that these details are not part of your observation. They will be collected after the birth using the patient records (inpatient notes and drug charts etc).

Inclusion criteria:

- Mother consented to data collection and birth was observed

And minimum one of the following:

- Mother admitted with gestational age  $\leq 34$  completed weeks
- Previous history of threatened preterm labour during this pregnancy

| Section I Mother's details                    |  | Write or circle when applicable   |   |             |
|---|--|---|---|-------------|
| 01  | Patient note verifier  | Name _____<br>ID _____  |   |             |
| 02  | Facility   | Name _____<br>ID _____  |   |             |
| 03  | Participant ID   | _____   |   |             |
| 04  | Mother observed during labour & delivery?  | Yes   | 1 |             |
|   |  | No  | 2 |             |
| 05  | Mothers name   |   |   |             |
| 05a   | Case record form found?  | Yes   | 1 | Skip to Q37 |
|   |  | No  | 2 |             |
| 06  | Mother's age   | __ _ years  |   |             |
| 07  | Mother's Date of birth   | DD/MM/YY  |   |             |
| Section II Indications for ACS administration |  |   |   |             |
| 08  | Gestational age on administration of first dose?   | $\leq 24$ completed weeks   | 1 |             |
|   |  | From 24 $\leq$ 34 completed weeks   | 2 |             |
|   |  | $>34$ completed weeks   | 3 |             |
|   |  | Not readable  | 8 |             |
|   |  | Not recorded  | 9 |             |
| 09  | Any maternal conditions associated with a high risk of imminent preterm birth documented in the participant medical records?<br><br>(multiple options can be selected) | Antepartum haemorrhage  | 1 |             |
|   |  | Severe pre-eclampsia/eclampsia  | 2 |             |
|   |  | Preterm pre-labour rupture of membranes and no clinical signs of infection  | 3 |             |
|   |  | Preterm labour with or without rupture of membranes ( <i>one or more of: uterine contractions, descent of presenting fetal part, evidence of cervical shortening/dilatation</i> ) | 4 |             |
|   |  | None  | 5 |             |

|    |  |   |    |  |
|----|--|---|----|--|
|    |  | Other:_____   | 7  |  |
|    |  | Not readable  | 8  |  |
|    |  | Not recorded  | 9  |  |
| 10 | Date and time (24hr) of diagnosis of any maternal conditions associated with a high risk of imminent preterm birth | <i>DD/MM/YY</i>   |    |  |
|    |  | Not readable  | 8  |  |
|    |  | Not recorded  | 9  |  |
|    |  | <i>HH:MM</i>  |    |  |
|    |  | Not readable  | 8  |  |
|    |  | Not recorded  | 9  |  |
| 11 | Any evidence of maternal infection?<br><br>(multiple options can be selected)                                      | Maternal temperature $\geq 38^{\circ}\text{C}$              | 01 |  |
|    |  | Maternal heart rate $\geq 120\text{bpm}$                    | 02 |  |
|    |  | Purulent/foul amniotic fluid                                | 03 |  |
|    |  | Uterine tenderness  | 04 |  |
|    |  | White cell count $\geq 15,000$                              | 05 |  |
|    |  | Fetal heart rate $>160$                                     | 06 |  |
|    |  | None  | 07 |  |
|    |  | Not readable  | 98 |  |
|    |  | Not recorded  | 99 |  |
|    |  | Other:_____   | 97 |  |
| 12 | Date and time (24hr) symptom documented in maternal notes  | <i>DD/MM/YY</i>   |    |  |
|    |  | Not readable  | 8  |  |
|    |  | Not recorded  | 9  |  |
|    |  | <i>HH:MM</i>  |    |  |
|    |  | Not readable  | 8  |  |
|    |  | Not recorded  | 9  |  |
| 13 | Any evidence of maternal co-infection documented?<br><br>(multiple options can be selected)                        | TB  | 1  | If the answer is 3, 8 or 9, then skip to Q15 |
|    |  | HIV   | 2  |  |
|    |  | None  | 3  |  |
|    |  | Not readable  | 8  |  |
|    |  | Not recorded  | 9  |  |
|    |  | Other:_____   | 7  |  |
| 14 | If co-infection has been identified in above question, is the participant currently receiving treatment?           | Yes   | 1  |  |
|    |  | No  | 2  |  |
|    |  | Not readable  | 8  |  |
|    |  | Not recorded  | 9  |  |
| 15 | Fetal heart tone auscultated prior to administering ACS?   | Documented  | 1  |  |
|    |  | If documented what was the rate??<br>_____ beats per minute |    |  |
|    |  | Documented as not done                                      | 2  |  |
|    |  | Not readable  | 8  |  |
|    |  | Not recorded  | 9  |  |
|    |  | Other:_____   | 7  |  |

**Section III ACS administration**

|    |  |                   |   |                    |
|----|--|-------------------|---|--------------------|
| 16 | ACS documented as administered?  | Yes               | 1 | Skip to section IV |
|    |  | No                | 2 |                    |
|    |  | Not readable      | 8 |                    |
|    |  | Not recorded      | 9 |                    |
| 17 | Date and time (24hr) of administration of first dose<br>(As documented in the maternal medical record) | <i>DD/MM/YYYY</i> |   |                    |
|    |  | Not readable      | 8 |                    |
|    |  | Not recorded      | 9 |                    |
|    |  | <i>HH:MM</i>      |   |                    |
|    |  | Not readable      | 8 |                    |
|    |  | Not recorded      | 9 |                    |
| 18 | Name of drug administered?   | Dexamethasone     | 1 |                    |
|    |  | Betamethasone     | 2 |                    |
|    |  | Prednisolone      | 3 |                    |
|    |  | Not readable      | 8 |                    |
|    |  | Not recorded      | 9 |                    |
|    |  | Other: _____      | 7 |                    |
| 19 | Documented dose administered?  | 6 mg              | 1 |                    |
|    |  | 12 mg             | 2 |                    |
|    |  | Not readable      | 8 |                    |
|    |  | Not recorded      | 9 |                    |
|    |  | Other: _____      | 7 |                    |
| 20 | 2nd dose of ACS administered?  | Yes               | 1 | Skip to section IV |
|    |  | No                | 2 |                    |
|    |  | Not readable      | 8 |                    |
|    |  | Not recorded      | 9 |                    |
| 21 | Date and time (24hr) of administration of 2nd dose<br>(As documented in the maternal medical record)   | <i>DD/MM/YYYY</i> |   |                    |
|    |  | Not readable      | 8 |                    |
|    |  | Not recorded      | 9 |                    |
|    |  | <i>HH:MM</i>      |   |                    |
|    |  | Not readable      | 8 |                    |
|    |  | Not recorded      | 9 |                    |
| 22 | Documented dose administered?  | 6 mg              | 1 |                    |
|    |  | 12 mg             | 2 |                    |
|    |  | Not readable      | 8 |                    |
|    |  | Not recorded      | 9 |                    |
|    |  | Other: _____      | 7 |                    |
| 23 | 3rd dose of ACS administered?  | Yes               | 1 | Skip to section IV |
|    |  | No                | 2 |                    |
|    |  | Not readable      | 8 |                    |
|    |  | Not recorded      | 9 |                    |
| 24 | Date and time (24hr) of administration of 3rd dose<br>(As documented in the maternal medical record)   | <i>DD/MM/YYYY</i> |   |                    |
|    |  | Not readable      | 8 |                    |
|    |  | Not recorded      | 9 |                    |
|    |  | <i>HH:MM</i>      |   |                    |
|    |  | Not readable      | 8 |                    |
| 25 | Documented dose administered?  | 6 mg              | 1 |                    |
|    |  |                   |   |                    |

|                            |  |                   |   |                                     |
|----------------------------|--|-------------------|---|-------------------------------------|
|                            |  | 12 mg             | 2 |                                     |
|                            |  | Not readable      | 8 |                                     |
|                            |  | Not recorded      | 9 |                                     |
|                            |  | Other: _____      | 7 |                                     |
| 26                         | 4th dose of ACS administered?  | Yes               | 1 | Skip to section IV                  |
|                            |  | No                | 2 |                                     |
|                            |  | Not readable      | 8 |                                     |
|                            |  | Not recorded      | 9 |                                     |
| 27                         | Date and time (24hr) of administration of 4th dose<br>(As documented in the maternal medical record)     | <i>DD/MM/YYYY</i> |   |                                     |
|                            |  | Not readable      | 8 |                                     |
|                            |  | Not recorded      | 9 |                                     |
|                            |  | <i>HH:MM</i>      |   |                                     |
|                            |  | Not readable      | 8 |                                     |
|                            |  | Not recorded      | 9 |                                     |
| 28                         | Documented dose administered?  | 6 mg              | 1 |                                     |
|                            |  | 12 mg             | 2 |                                     |
|                            |  | Not readable      | 8 |                                     |
|                            |  | Not recorded      | 9 |                                     |
|                            |  | Other: _____      | 7 |                                     |
| 29                         | Further dose of ACS administered?  | Yes               | 1 | Skip to section IV                  |
|                            |  | No                | 2 |                                     |
|                            |  | Not readable      | 8 |                                     |
|                            |  | Not recorded      | 9 |                                     |
| 30                         | Date and time (24hr) of administration of further dose<br>(As documented in the maternal medical record) | <i>DD/MM/YYYY</i> |   |                                     |
|                            |  | Not readable      | 8 |                                     |
|                            |  | Not recorded      | 9 |                                     |
|                            |  | <i>HH:MM</i>      |   |                                     |
|                            |  | Not readable      | 8 |                                     |
|                            |  | Not recorded      | 9 |                                     |
| 31                         | Documented dose administered?  | 6 mg              | 1 |                                     |
|                            |  | 12 mg             | 2 |                                     |
|                            |  | Not readable      | 8 |                                     |
|                            |  | Not recorded      | 9 |                                     |
|                            |  | Other: _____      | 7 |                                     |
| <b>Section IV Outcomes</b> |  |                   |   |                                     |
| 32                         | GA at time of birth?   | _____ weeks       |   | If "Not recorded", then skip to Q33 |
|                            |  | Not readable      | 8 |                                     |
|                            |  | Not recorded      | 9 |                                     |
| 32a                        | If clinical assessment of GA done, what methods was it? Eg. Dubowitz or other                            | Method:           |   |                                     |
|                            |  | Not readable      | 8 |                                     |
|                            |  | Not recorded      | 9 |                                     |
| 33                         | Baby's birthweight?  | _____ grams       |   |                                     |
|                            |  | Not readable      | 8 |                                     |
|                            |  | Not recorded      | 9 |                                     |
| 34                         | Mother's condition at discharge from hospital  | Alive             | 1 |                                     |
|                            |  | Dead              | 2 |                                     |
|                            |  | Not readable      | 8 |                                     |
|                            |  | Not recorded      | 9 |                                     |

|    |  |   |   |                  |
|----|--|---|---|------------------|
| 35 | Was the baby admitted?                                     | Yes – to neonatal ward  | 1 |                  |
|    |  | Yes- postnatal ward   | 2 |                  |
|    |  | Yes – to KMC unit   | 3 |                  |
|    |  | No  | 4 |                  |
|    |  | Not readable  | 8 |                  |
|    |  | Not recorded  | 9 |                  |
| 36 | Baby's condition at discharge from hospital                | Alive and discharged  | 1 |                  |
|    |  | Alive and transferred   | 2 |                  |
|    |  | Stillbirth<br>If yes, specify: Fresh/Macerated/not specified  | 3 |                  |
|    |  | Neonatal death<br>Date of baby death: <i>DD;MM;YYYY</i><br>Not readable.....8<br>Not recorded.....9 | 4 |                  |
|    |  | Time of baby death: <i>HH:MM</i><br>Not readable.....8<br>Not recorded.....9                        |   |                  |
|    |  | Not readable  | 8 |                  |
|    |  | Not recorded  | 9 |                  |
|    |  | <b>Section V Final status</b>   |   |                  |
| 37 | What is the final status of verification for this patient? | Complete  | 1 | END VERIFICATION |
|    |  | Partially incomplete  | 2 |                  |
|    |  | Totally incomplete  | 3 |                  |
| 38 | Why partially incomplete or totally incomplete?            | Provider related  | 1 |                  |
|    |  | Patient related   | 2 |                  |
|    |  | Observer related  | 3 |                  |
|    |  | Tab or app related  | 4 |                  |
| 39 | Please mention   | _____   |   |                  |