

Entry

Infant details

1. What was the infant's expected date of delivery (EDD)? *

yyyy-mm-dd

2. What is the infant's date of birth? *

yyyy-mm-dd

Time of birth *

(hh:mm [24 hr])

3. What is the infant's sex? *

Male Female Indeterminate

Inclusion criteria

4. What is the level of FiO_2 needed to maintain $\text{SaO}_2 \geq 92\%$? *

(%)

5. Is the work of breathing clinically significant, regardless of FiO_2 ?

Yes No

6. Is there a clinical decision to provide non-invasive respiratory support? *

Yes No

7. Do you have written parental informed consent for the infant's participation? *

Yes No

Who signed the consent form? *

Mother Father Other

8. Do you have written consent for the mother's participation to complete questionnaires? *

Yes No

Exclusion criteria

9. Does the infant have any major structural or chromosomal abnormality?	*
<input type="radio"/> Yes <input type="radio"/> No	
10. Does the infant have no realistic prospect of survival?	*
<input type="radio"/> Yes <input type="radio"/> No	
11. Has the infant received prior intubation and/or surfactant administration?	*
<input type="radio"/> Yes <input type="radio"/> No	
12. Does the infant have known or suspected hypoxic ischaemic encephalopathy?	*
<input type="radio"/> Yes <input type="radio"/> No	
13. Does the infant have a congenital abnormality of the upper or lower respiratory tract?	*
<input type="radio"/> Yes <input type="radio"/> No	
14. Does the infant have a known or suspected neuromuscular disorder?	*
<input type="radio"/> Yes <input type="radio"/> No	
15. Has the infant's eligibility been confirmed by a delegated clinician and documented in their medical record?	*
<input type="radio"/> Yes <input type="radio"/> No	

Multiple birth

16. Is the infant one of a multiple pregnancy?	*
<input type="radio"/> Yes <input type="radio"/> No	
16.1 Has a sibling from this pregnancy already been recruited into this study?	*
<input type="radio"/> Yes <input type="radio"/> No	
Please enter one of their sibling's study number	*
.....	
16.2 How many infants were expected?	
.....	
16.3 What is the birth order of this infant?	
.....	

Further information

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17. Was the infant born in this hospital?

*

Yes No

18. Was there PROM >24 hours prior to delivery?

*

Yes No

19. What was the infant's mode of delivery?

*

Vaginal birth - cephalic Vaginal birth - breech Caesarean section before onset of labour
 Caesarean section after onset of labour Instrumental delivery (forceps or ventouse)

20. What was the infant's birth weight?

*

g

21. How is the infant feeding?

*

Please tick all that apply

Breastfeeding Mother's expressed breast milk Donor breast milk
 Infant formula Not yet taken feed

22. Did the mother have diabetes during her pregnancy (Type 1, Type 2 or Gestational)?

*

Yes No

23. Has the mother been tested for COVID-19?

*

Yes No

23.1. What was the result?

*

Positive Negative

Notes

Please add any additional comments here