Appendix
Definitions Of Terms In Data Collection Form
(version 7, November 2010)

**Arrhythmia**
Sinus bradycardia below 80 bpm and other arrhythmias identified on ECG

**Cerebral imaging abnormality**
Including evidence of parenchymal haemorrhage as determined by ultrasound, ventricular dilatation (defined as >97th centile for gestational age) or the presence of porencephalic cysts or cystic leukomalacia

**CFM grade**
1: Upper margin of trace >10 µV, lower margin >5 µV
2: Upper margin of trace >10 µV, lower margin <5 µV
3: Upper margin of trace <10 µV

**Clinical Seizures**
Seizures observed without aEEG or EEG diagnosis

**Coagulopathy**
Any disorder requiring treatment in order to maintain or recover normal haemostasis

**Delivery complications**
This can include prolapsed cord, abruption, shoulder dystocia, ruptured uterus, head entrapment etc.

**EDD – Estimated Date of Delivery**
Use the best estimate (dates or ultrasound) based on a 40 week gestation

**Hypoglycaemia (infant)**
Blood glucose below 2.6 mmol/litre

**Hypotension (infant)**
Persistent mean blood pressure of < 40 mmHg

**Late onset sepsis (>72 hours after birth) confirmed by blood or CSF culture**
Any evidence of infection requiring antibiotic therapy which is confirmed on culture

**Meconium aspiration syndrome**
The presence of meconium stained liquor at birth and severe respiratory distress within 1 hour of birth and compatible X-ray changes

**Necrotising enterocolitis**
Infants with abdominal distension, gastric aspirate and/or blood in stools together with abdominal X-ray showing bowel oedema, pneumatosis or pneumoperitoneum, i.e. Bell’s staging 2 or 3

**Pregnancy complications**
This can include: pre-eclampsia, maternal seizure, thyroid disorder, diabetes, placenta praevia, known illicit drug use etc.

**Pulmonary airleak**
Any radiologically confirmed airleak serious enough to affect management (including pneumothorax, pulmonary interstitial emphysema, pneumopericardium, pneumoperitoneum and pneumomediastinum)

**Pulmonary haemorrhage**
Copious bloody secretions with clinical deterioration requiring change(s) in ventilatory management

**Pulmonary hypertension**
Severe hypoxaemia disproportionate to the severity of lung disease and evidence of a right to left shunt

**Respiratory support**
Use of mechanical ventilation, CPAP or supplementary oxygen

**Seizures**
Clinical or subclinical, identified on CFM / EEG

**Sepsis**
Any evidence of infection requiring antibiotic therapy which is confirmed on culture

**SFN**
Sub-cutaneous fat necrosis

**Thrombosis**
Thrombosis or thrombo-embolism not related to an infusion line