

**This form is designed to collect data on mothers and newborns with SARS-CoV2 in UENPS member and partner countries that will help to tackle the epidemic.**

**The original form was developed by the Italian Society of Neonatology.**

**It can be adapted to suit the conditions in your country**



- fever
- conjunctivitis
- rhinitis
- anosmia
- pharyngitis
- cough
- vomit/diarrhoea
- flu symptoms (malaise, muscle pain, headache, etc.....)
- sepsis
- septic shock
- respiratory distress , spontaneously breathing in room air
- respiratory distress , O<sub>2</sub>therapy
- respiratory distress , non-invasive ventilation
- respiratory distress , invasive ventilation
- ECMO
- other, please specify

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- *during hospital stay:*

- asymptomatic
- fever
- conjunctivitis
- rhinitis
- anosmia
- pharyngitis
- cough
- vomit/diarrhoea
- flu symptoms (malaise, muscle pain, headache, etc.....)
- sepsis
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- respiratory distress , invasive ventilation
- ECMO
- other, please specify

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**SARS-CoV2 related diagnostic imaging (during hospital stay or before delivery):**

- Chest X-ray                     Yes     No  
Report.....
- Lung US                         Yes     No  
Report .....
- Pulmonary CT Scan     Yes     No  
Report.....
- Other, please specify .....  
Report.....

**Outcome**

- hospital discharge                     death

Date of discharge or death .....

Maternal naso-pharyngeal RNA-PCR SARS-CoV2 swab at discharge or death

- positive     negative

**C. Newborn information (1° admission, postnatal hospital stay)**

Date of birth ..... G A ..... Birth weight .....

Stillborn                                     Yes     No

Congenital malformations     Yes     No

If yes, please specify .....

Sex     M     F                    If twin pregnancy, twin n. ....

Clinical Record n. ....

<b>Neonatal tests</b>	date	report	date	report	date	report
naso-pharyngeal swab for 2019-n-CoVrt-PCR						

<b>Neonatal tests (2<sup>nd</sup> line)</b>	date	report	date	report	date	report
<b>Umbilical cord blood (2-3 ml) for 2019-n-CoVrt-PCR</b>						
<b>Rectal swab for 2019-n-CoVrt-PCR</b>						
<b>Conjunctival swab for 2019-n-CoVrt-PCR</b>						
<b>Urine sample for 2019-n-CoVrt-PCR</b>						
<b>Blood sample (1 ml) for 2019-n-CoVrt-PCR</b>						
<b>Blood sample (1 ml) for antibody dosage</b>						
<b>Urine metabolomics (0-24 hours of life)</b>						
<b>Urine metabolomics (7 gg days of life )</b>						

**Neonatal management during hospital stay:**

**Maternal swab not done at delivery**

- ⊖ Initial routine management, then joint management of mother and newborn in isolation
  - if mother and newborn were initially managed jointly in isolation, was a separate management then necessary due to maternal or neonatal symptoms?  Yes  No
  - if yes,  maternal symptoms  neonatal symptoms
- ⊖ Initial routine management, then Nursery isolation of the newborn
- ⊖ Initial routine management, then NICU isolation of the newborn
- Newborn transferred to another hospital (please specify referral hospital and reasons for transfer) .....
- .....
- .....

**Maternal swab positive or ongoing at delivery**

- ⊖ joint management of mother and newborn in isolation
- Nursery isolation of the newborn
- NICU isolation of the newborn
- initial joint management of mother and newborn in isolation, then a separate management for maternal or neonatal symptoms occurrence
  - if yes,  maternal symptoms  neonatal symptoms
- Newborn transferred to another hospital (please specify referral hospital and reasons for transfer) .....

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Before the baby and mother were isolated together, was the informed consensus of the mother obtained (on the basis of the procedure for prevention of transmission of the virus)?

- Yes                       No

**If newborn positive for RNA-PCR SARS-CoV2 test:**

**1. Clinical conditions during hospital stay (multiple choice):**

- asymptomatic
- fever or temperature instability
- conjunctivitis
- rhinitis
- cough
- apnoea
- lethargy
- tachycardia
- feeding problems
- gastrointestinal symptoms(vomit/diarrhoea)
- sepsis
- septic shock
- jaundice
- liver dysfunction
- IVH
- encephalopathy
- respiratory distress , spontaneously breathing in room air
- respiratory distress , O<sub>2</sub>therapy
- respiratory distress , non-invasive ventilation
- respiratory distress , invasive ventilation
- ECMO
- other, please specify

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**2. Comorbidities**

- no
- prematurity
- perinatal asphyxia
- congenital heart disease
- congenital malformations, please specify .....
- other, please specify.....

### 3. Diagnostic imaging

- Chest X-ray  Yes  No  
Report.....
- Lung US  Yes  No  
Report .....
- Pulmonary CT Scan  Yes  No  
Report.....
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- Echocardiography  Yes  No  
Report.....
- Echoencephalography  Yes  No  
Report .....
- Abdominal US  Yes  No  
Report.....
- Other, please specify .....  
Report.....
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### 4. Blood tests

WBC ..... mm<sup>3</sup>

Leukocyte Formula

N%

L%

E%

B%

M%

PCR mg/dL

Procalcitonin mg/dL

**5. Therapy during hospital stay (multiple choice)**

- antibiotics
- antiviral
- fluidotherapy
- inotropes
- pulmonary vasodilators (please specify).....
- bronchodilators
- inhaled steroids
- systemic steroids
- diuretics
- surfactant
- xantines
- other (please specify ) .....

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**6. Feeding during hospital stay (for all newborns from a positive mother)**

- breastfeeding
- fresh expressed breast milk, non-pasteurized
- expressed breast milk, pasteurized
- artificial milk

	date	report	date	report	date	report
Breast milk sample (1 ml) for 2019-n-CoVrt-PCR						

**7. Outcome**

- hospital discharge to home       transferred       death

Date of discharge/transfer/death .....

Naso-pharyngeal swab for RNA-PCR SARS-CoV2 at discharge/transfer/death

- positive       negative

Date and report of the 1<sup>st</sup> post-discharge swab (also for negative at discharge newborns)

- positive       negative

Date and report of the 1<sup>st</sup> negative swab .....



Post-discharge Follow-up  Yes  No

NOTES:.....  
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**D. Neonatal information (2° hospital admission, post-first discharge)\***

[\*to be filled-in for all positive newborns within the first 30 days of life]

Date of positive swab.....

Indicate the family members or caregivers who are positive, or suspected positive, met in the 14 days before the symptoms appeared

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Hospital of birth..... City .....

Date of birth ..... G A ..... Birth weight .....

Sex M F If twin pregnancy, twin n. ....

Congenital malformations  Yes  No

If yes, please specify .....

Need for hospital admission (if the answer is no, this refer to asymptomatic positive newborns from emergency room or day hospital who are not being admitted) Yes No

**If hospital admission**

Date of admission ..... days of life .....weight .....

Clinical Record n. ....

Neonatal tests	date	report	date	report	date	report
naso-pharyngeal swab for 2019-n-CoVrt-PCR						

Neonatal tests (2 <sup>nd</sup> line)	date	report	date	report	date	report
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Rectal swab for 2019-n-CoVrt-PCR						
Conjunctival swab for 2019-n-CoVrt-PCR						
Urine sample for 2019-n-CoVrt-PCR						
Blood sample (1 ml) for 2019-n-CoVrt-PCR						
Blood sample (1 ml) for antibody dosage						
Urine metabolomics (0-24 hours of life)						
Urine metabolomics (7 gg days of life )						

**1. Clinical conditions during hospital stay (multiple choice):**

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- IVH
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- respiratory distress , non-invasive ventilation
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- other, please specify

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**2. Comorbidities**

- no

- prematurity
- perinatal asphyxia
- congenital heart disease
- congenital malformations, please specify .....
- other, please specify.....

**3. Diagnostic imaging**

- Chest X-ray                       Yes     No  
Report.....
- Lung US                             Yes     No  
Report .....
- Pulmonary CT Scan             Yes     No  
Report.....
- Echocardiography               Yes     No  
Report.....
- Echoencephalography         Yes     No  
Report .....
- Abdominal US                     Yes     No  
Report.....
- Other, please specify .....  
Report.....

**4. Blood tests**

WBC ..... mm3

Leukocyte Formula

N%

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M%

PCR mg/dL

Procalcitonin mg/dL

**5. Therapy during hospital stay (multiple choice)**

- antibiotics
- antiviral
- fluidotherapy
- inotropes
- pulmonary vasodilators (please specify).....
- bronchodilators
- inhaled steroids
- systemic steroids
- diuretics
- surfactant
- xantines
- other (please specify) .....
- .....
- .....
- .....

**6. Feeding during hospital stay (for all newborns from a positive mother)**

- breastfeeding
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- artificial milk

	date	report	date	report	date	report
<b>Breast milk sample (1 ml) for 2019-n-CoVrt-PCR</b>						

**7. Outcome**

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Date of discharge/transfer/death .....

Naso-pharyngeal swab for RNA-PCR SARS-CoV2 at discharge/transfer/death

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Date and report of the 1<sup>st</sup> post-discharge swab (also for negative at discharge newborns)

- positive       negative

Date and report of the 1<sup>st</sup> negative swab .....

Post-discharge Follow-up  Yes  No

NOTES:.....  
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### E. Information on a newborn from a past-positive mother who was negative at delivery

Date of birth ..... G A ..... Birth weight .....

Sex  M  F If twin pregnancy, twin n. ....

Stillborn  Yes  No

Congenital malformations  Yes  No

If yes, please specify .....

Healthy newborn  Yes  No

If not, problems at discharge .....

If not, investigations done

- eye examination  
Report .....
- hearing screening  
Report .....
- echoencephalography  
Report.....
- echocardiography  
Report.....
- Chest X-ray  
Report.....
- Lung US  
Report.....
- Abdominal US  
Report.....
- CBC

Report.....

- Liver function

Report.....

- Kidney function

Report.....