

# Outcomes

## 1. What is the infant's date of birth? \*

yyyy-mm-dd

## 2. What was the mother's date of discharge from hospital? \*

yyyy-mm-dd

## 3. What was the outcome for the infant? \*

Discharged home  Died

### 3.1. What was the infant's date of death?

yyyy-mm-dd

### 3.2. What was the cause of death (if a post-mortem is being performed, please complete when results are available)?

### 3.1. What was the infant's date of discharge?

yyyy-mm-dd

### 3.2. Was the infant discharged home on oxygen?

Yes  
 No

### 3.3. How is the infant feeding at discharge home?

*(tick all the apply)*

Breastfeeding  
 Mother's expressed breast milk  
 Donor breast milk  
 Infant formula

## 4. What were the medical respiratory diagnoses during the infant's hospital stay? \*

*(tick all the apply)*

Respiratory distress syndrome (RDS)  Transient tachypnoea of the newborn (TTN)  Pneumonia  
 Meconium aspiration syndrome  Persistent pulmonary hypertension of the newborn  
 Interstitial lung disease  Pneumothorax  Other

**4.1. Was a chest drain inserted?**

- Yes
- No

Please specify other respiratory diagnosis

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**5. Has the infant had any breast milk since trial entry? \***

- Yes
- No

**6. Did the infant have late onset sepsis? \***

*Defined as the incidence of microbiologically-confirmed or clinically suspected invasive infection more than 72 hours after birth*

- Yes
- No

**7. Did the infant receive inhaled nitric oxide (iNO) therapy? \***

- Yes
- No

**8. Did the infant receive extra-corporeal membrane oxygenation (ECMO)? \***

- Yes
- No

**9. How many days of care did the infant receive at each of the following levels?**

Number of days of hospital admission NaN

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**XA01Z: Neonatal Critical Care, Intensive Care \***

days

.....

**XA02Z: Neonatal Critical Care, High Dependency Care \***

days

.....

**XA03Z: Neonatal Critical Care, Special Care, Carer not resident alongside baby \***

days

.....

**XA04Z: Neonatal Critical Care, Special Care, Carer Resident at cotside and caring for baby** \*

days

**XA05Z: Neonatal Critical Care, Normal Care** \*

days

**XA09Z: Not on NNU** \*

days

**Total number of days in Neonatal Critical Care**

**10. Since randomisation has the mother been tested for COVID-19?** \*

Yes  No

**10.1 What was the result?** \*

Positive  Negative

**11. Has the infant been tested for COVID-19?** \*

Yes  No

**11.1 What was the result?** \*

Positive  Negative

## Notes

Please add any additional comments here