Guidance on completion and formats for your eNewborn Data Submission file

v9.0

Column	Page	ENN Name	Description	Format	Special Notes	Mandatory	Notes
	BirthDetails	CC	Country	Options are under HOSP_COUNTRY in the			
A	BirthDetails	HH	Hospital submitting data	Store as HOSP_ID (as seen in eNewborn_MasterList_RR_VB.csv) for options HOSP_NAME in same file (eNewborn_MasterList_RR_VB.csv), 9999 if missing		Yes	—
B	BirthDetails	YY	Year of Birth	All 4 digits of the BirthYear		Yes	
C	BirthDetails	NNN	Consecutive number of patient admitted	Auto increment, from 1 to the last patient admitted in the year at the hospital		Yes	—
I	BirthDetails	G_AGE_W	Gestational Age at Birth (completed weeks)	20-46; 9999 if missing	The best obstetric estimate at time of delivery in weeks. This will normally be based on the first antenatal ultrasound scan	Yes	—
J	BirthDetails	G_AGE_D	Gestational Age at Birth (days)	0-6; 9999 if missing	Specify, if known, the number of days between whole weeks in the gestation period.	Yes	—
R	BirthDetails	SEX	Sex	0 for Boy; 1 for Girl; 2 - Indeterminate; 9999 - missing	The assigned male or female sex	Yes	
K	BirthDetails	B_WEIGHT	Birth Weight	1-9998 grams (g); 999999 if missing	Record the birth weight (BW) in grams obtained in the delivery room. If unavailable or judged to be inaccurate, use the weight on admission to the neonatal unit.		
L	BirthDetails	B_LENGTH	Birth Length	20 to 99 centimetres (cm; one decimal place); 9999 if missing	Record the birth length (BL) in centimetres and tenth of a centimetre obtained in the delivery room or at admission. If unavailable or judged to be inaccurate, use the length on admission to the neonatal unit.		
M	BirthDetails	B_H_CIR	Birth Head Circumference	10 to 99 centimetres (cm; one decimal place); 9999 if missing	Record the birth head circumference (HC) in centimetres and tenth of a centimetre obtained in the delivery room. If unavailable or judged to be inaccurate, use the head circumference on admission to the neonatal unit.		
S	BirthDetails	B_MULT	Multiple Birth	0 for No; 1 for Yes; 9999 if missing	For any birth involving more than one infant check YES, for singleton birth check NO		—
T	BirthDetails	N_FETUS	Total number of fetuses in this pregnancy	1 -9; 9999 if missing	Total number of fetuses noted at any time in the pregnancy which resulted in delivery of a live or still born baby		—
U	BirthDetails	D_ORDER	Order at delivery	1-9; 9999 if missing	The numbered order in which babies are delivered in a multiple pregnancy independent of 'numbering' before delivery (1, 2...)		—
D	BirthDetails	LOC_BIRTH	Location of birth (Inborn vs Outborn)	0 for Outborn; 1 for Inborn; 9999 - missing	Check inborn if infant was delivered at your hospital, if the infant was delivered outside your hospital select outborn.		—
E	BirthDetails	LOC_BIRTH1	Hospital of birth	9999 if missing	If the infant was delivered outside your hospital (outborn), please indicate the name of the institution of birth, city and country		—
Q	BirthDetails	D_MODE	Mode of delivery	0 for Vaginal; 1 for Emergency not in labour Caesarean section; 2 Emergency in-labour Caesarean section; 3 for Elective Caesarean pre-labour; 4 for Elective Caesarean in-labour; 9999 if missing	Check VAGINAL for any vaginal delivery (spontaneous or induced). Check CAESAREAN SECTION for any caesarean delivery (elective or emergency)		—
X	BirthDetails	D_OXY	Oxygen in the delivery room	0 for No; 1 for Yes; 9999 for missing	Check YES if the infant received any supplemental oxygen in the delivery room. Check NO if the infant never received any supplemental oxygen in the delivery room.	Yes	—
Y	BirthDetails	D_MASK	Any positive ventilation in delivery room (w	0 for No; 1 for Yes; 9999 for missing	Check if infant received any positive pressure breaths with a bag and face mask in the delivery room.	Yes	—

Z	BirthDetails	D_INTU	Endotracheal intubation in the delivery room	0 for No; 1 for Yes; 9999 for missing	Check YES if the infant received ventilation through an endotracheal tube. Check NO if an endotracheal tube was placed only for suctioning and assisted ventilation was not given through the tube.	Yes	—
AA	BirthDetails	D_ADRE	Adrenaline/Epinephrine in the delivery room	0 for No; 1 for Yes; 9999 for missing	Check YES if these drugs were given in the delivery room via intravenous, intracardiac or intratracheal routes. Check NO if these drugs were not given in the delivery room by any route.	Yes	—
AB	BirthDetails	D_COMP	Cardiac Compression in the delivery room	0 for No; 1 for Yes; 9999 for missing	Check YES if external cardiac massage was given in the delivery room. Check NO if external cardiac massage was not given in the delivery room. Check missing if information is unavailable	Yes	—
AC	BirthDetails	SURFAC	Surfactant in the delivery room	0 for No; 1 for Yes; 9999 for missing	Check YES if the infant received exogenous surfactant at any time. Check NO if the infant never received exogenous surfactant. Check missing if information is unavailable.	Yes	—
F	BirthDetails	D_DEATH	Death in delivery room?	0 for No; 1 for Yes; 9999 for missing	Check YES if infant died in delivery room or prior to NICU admission and use Death in Delivery Room Form if submitting paper data forms. Check NO if the infant did not die in the delivery room or prior to NICU admission, and continue filling out the data form	Yes	—
G	Admission	A_AGE_H	Age at Admission (hours)	0-9999; 999999 if missing	Enter the age of the patient in hours at the time of admission to the Neonatal Unit. NOT APPLICABLE if baby died before admission	Yes	
H	Admission	A_AGE_MIN	Age at Admission (min)	0-59, 9999 if missing	Enter the age of the patient in minutes at the time of admission to the Neonatal Unit. NOT APPLICABLE if baby died before admission	Yes	
O	Admission	PRE_STE	Prenatal Steroids Course	0 for None; 1 for Incomplete; 2 for Complete; 9999 for missing	A complete course of steroids is defined by the RCOG guideline as two 12mg doses of betamethasone, dexamethasone or hydrocortisone given intramuscularly, 24 hours apart. Check NONE if no corticosteroids were administered prior to delivery. Check INCOMPLETE if delivery occurred less than 24 hours after the first dose of corticosteroids, or more than one week after the last dose of corticosteroids. Check COMPLETE if delivery occurred more than 24 hours and less than one week after a dose of corticosteroids.	Yes	—
P	Admission	STE_DOSE	Number of complete steroid courses	0-9; 9999 for missing	Check the total number of steroid courses	Yes	—
V	Admission	APGAR1	Apgar 1 minute	0-10; 9999 for missing	Enter the value of the Apgar score assigned at 1 minute as noted in the labour and delivery record.	Yes	—
W	Admission	APGAR5	Apgar 5 minutes	0-10; 9999 for missing	Enter the value of the Apgar score assigned at 5 minutes as noted in the labour and delivery record	Yes	—
AD	Admission	S_HOURS	Time at first Surfactant dose (hours)	0-99; 9999 for missing	Records completed hours the baby received any dose of surfactant.	Yes	—
AE	Admission	S_MIN	Time at first Surfactant dose (minutes)	0-59; 9999 for missing	Records completed minutes the baby received any dose of surfactant	Yes	—

AG	Treatment	AD_OXY	Oxygen after leaving the delivery area	0 for No; 1 for Yes; 9999 for missing	Check YES if the infant was given supplemental oxygen at any time after leaving the delivery room. Check NO if the infant was never given supplemental oxygen after leaving the delivery room.	Yes	
AH	Treatment	AD_ENDO	Endotracheal intubation after leaving delive	0 for No; 1 for Yes; 9999 for missing	Check YES if the infant received ventilation through an endotracheal tube. Check NO if an endotracheal tube was placed only for suctioning and assisted ventilation was not given through the tube.	Yes	
AI	Treatment	AD_NCPAP	Ventilation Support after leaving delivery ar	0 for No; 1 for Nasal CPAP; 9999 for missing	Check NO if the infant was never given any respiratory assistance at any time after leaving the delivery room. Check Nasal CPAP if the infant was given respiratory assistance after leaving the delivery room. Enter missing if information is unavailable	Yes	
AJ	Treatment	AD_VENT	Ventilation Support after leaving delivery ar	0 for No; 1 for Conventional Ventilation; 9999 for missing	Check conventional ventilation if the infant received that type of ventilation support. Check No if the infant never received a conventional ventilation support. Enter missing if information is unavailable.	Yes	
AK	Treatment	AD_VENTNOI	Non-invasive Ventilation Support after leavi	0 for No; 1 for Yes; 9999 for missing	Check YES if the infant received non-invasive ventilation support after leaving delivery area. Check No if the infant never received a non-invasive ventilation support after leaving delivery area. Enter missing if information is unavailable.	Yes	
AL	Treatment	AD_HIFI	High Frequency Ventilation after leaving de	0 for No; 1 for Yes; 9999 for missing	Check YES if the infant received high frequency ventilation support after leaving delivery area. Check No if the infant never received high Frequency ventilation support after leaving delivery area. Enter missing if information is unavailable.	Yes	
AM	Treatment	AD_HIFINON	Non-invasive High Flow Ventilatory Support	0 for No; 1 for High Flow ; 9999 for missing	Check YES if the infant received Non-invasive High flow ventilatory support after leaving delivery area. Check No if the infant never received Non-invasive High Flow ventilatory support after leaving delivery area. Enter missing if information is unavailable.	Yes	
AF	Treatment	S_DOSE	Total number of surfactant doses over whol	0-99; 9999 for missing	Enter the total number of surfactant doses	Yes	
AP	Treatment	STEROIDS	Postnatal Steroids for BPD - CLD	0 for No; 1 for Yes; 9999 for missing	Check YES if corticosteroids were used after birth to treat or prevent BPD-CLD. Check NO if corticosteroids were not used after birth to treat or prevent BPD-CLD.	Yes	
AQ	Treatment	IN_PRO	Indomethacin/ibuprofen (Prophylactic)	0 for No; 1 for Indomethacin; 2 for Ibuprofen; 3 for Both; 9999 for missing	Check NO if indomethacin or ibuprofen was not administered as a Prophylaxis of PDA. Check INDOMETHACIN if indomethacin was administered after birth without evidence of PDA. Check IBUPROFEN if ibuprofen was administered after birth without evidence of PDA. Check BOTH if indomethacin AND ibuprofen were administered after birth without evidence of PDA.	Yes	

AR	Treatment	IN_THE	Indomethacin/Ibuprofen (Therapeutic)	0 for No; 1 for Indomethacin; 2 for Ibuprofen; 3 for Both; 9999 for missing	Check NO if indomethacin/ibuprofen was not administered after birth as a treatment of PDA. Check INDOMETHACIN if indomethacin was administered after birth as a treatment of PDA. Check IBUPROFEN if ibuprofen was administered after birth as a treatment of PDA. Check BOTH if indomethacin AND ibuprofen were administered after birth as a treatment of PDA.	Yes	
AS	Treatment	PDA_LIG	PDA Ligation	0 for No; 1 for Yes; 9999 for missing	Check YES if surgical ligation of the ductus arteriosus was performed either in the operating room or NICU. Check NO if surgical ligation of the ductus arteriosus was not performed. Check missing inf information is unavailable	Yes	
AT	Treatment	ROP_SUR	ROP treatment	0 for No; 1 for laser; 2 for cryo; 4 for intravitreal injection; 9999 for missing	Checks if retinal cryosurgery and/or laser surgery were performed for ROP.	Yes	
AU	Treatment	NEC_SUR	NEC Surgery	0 for No; 1 for Yes; 9999 for missing	Checks if one or more of the following procedures: laparotomy, bowel resection or intraperitoneal drain placement were performed for NEC, suspected NEC or bowel perforation.	Yes	
AV	Treatment	OTH_SUR	Other major surgery	0 for No; 1 for Yes; 9999 for missing	Check YES if a major surgical procedure other than PDA ligation, NEC surgery or ROP surgery was performed in the operating room or the NICU. Check NO if no major surgical procedure other than PDA ligation, NEC surgery or ROP surgery was performed in the operating room or the NICU. Enter missing if information is unavailable.	Yes	
AW	Treatment	DESC_OTH	Other major surgery (description)	Text	Enter if previous question is answered		
BB	Treatment	IMAGING	Cranial imaging	0 for No; 1 for Yes; 9999 for missing	Check NO if cranial imaging (ultrasound, MRI or CAT scan) was not performed on or before day 28. Check YES if at least one cranial imaging technique was performed on or before day 28. Check missing if information is unavailable.	Yes	
AN	Treatment	D28_OXY	Supplemental oxygen on day 28	0 for No; 1 for Yes; 2 for Not applicable; 9999 for missing	Check YES if the infant was still in hospital and received any supplemental oxygen on day 28. Check NO if the infant was still in hospital on day 28 and did not receive supplemental oxygen at that age. Check NOT APPLICABLE if the infant died or was discharged prior to day 28 and was not readmitted on or before day 28. Check missing if information is unavailable.	Yes	
AO	Treatment	W36_OXY	Oxygen at 36 weeks postmenstrual age	0 for No; 1 for Yes; 2 for Not applicable; 9999 for missing	Check YES if the infant was still in hospital and received any supplemental oxygen on the date when the infant was 36 weeks post-conceptional age. Check NO if the infant was still in hospital and did not receive supplemental oxygen on the date the infant was 36 weeks adjusted gestational age. Check NOT APPLICABLE if the infant was not alive in your hospital on the date at which the infant was 36 weeks adjusted gestational age or if the infant had a gestational age after rounding off to the nearest week, of 36 weeks or more at birth	Yes	

AY	Diagnosis	PNEUMO	Pneumothorax	0 for No; 1 for Yes; 9999 for missing	Check YES if the infant had extrapleural air diagnosed by chest radiograph or needle aspiration (thoracentesis). Check NO if the infant did not have extrapleural air diagnosed by chest radiograph or needle aspiration (thoracentesis).	Yes	
AZ	Diagnosis	NEC	Necrotising enterocolitis (NEC)	0 for No; 1 for Yes; 9999 for missing	Check YES if the infant had NEC diagnosed at surgery, at postmortem examination orclinically and radiographically using the following criteria: A. - One or more of the following clinical signs present: 1. - Bilious gastric aspirate or emesis 2. - Abdominal distension 3. - Occult or gross blood in stool (no fissure) AND B. - One or more of the following radiographic findings present: 1. - Pneumatosis intestinalis (cystic or linear) 2. - Hepato-biliary gas 3. - Pneumoperitoneum Check NO if the infant did not satisfy the above definition of NEC	Yes	
BA	Diagnosis	GAST_PER	Focal Gastrointestinal Perforation	0 for No; 1 for Yes; 9999 for missing	Check YES if the infant had a Focal Gastrointestinal Perforation separate from NEC. This diagnosis will be based on visual inspection of the bowel at the time of surgery or postmortem examination that demonstrates a single focal perforation with the remainder of the bowel appearing normal. Check NO if the infant did not have a Focal Gastrointestinal Perforation as defined above.	Yes	
BC	Diagnosis	PIH_GRADE	Periventricular haemorrhage Grade	0-4; 9999 for missing	Grade 0 - No subependymal or intraventricular haemorrhage. Grade 1 – Subependymal germinal matrix haemorrhage only. Grade 2 – Intraventricular blood, no ventricular dilation. Grade 3 - Intraventricular blood, ventricular dilation. Grade 4 – Intraparenchymal haemorrhage.	Yes	
BD	Diagnosis	LEUKO	Cystic Periventricular Leukomalacia	0 for No; 1 for Yes; 9999 for missing	Check NO if there was no evidence of cystic or non-cystic periventricular leukomalacia (PVL) on any cranial ultrasound or other imaging technique. If CYSTIC PVL, NON-CYSTIC PVL OR BOTH were diagnosed, please check the type as diagnosed by cranial ultrasound or other imaging technique. Check Missing if a cranial ultrasound or other imaging technique information is missing.	Yes	
BF	Diagnosis	SEPSIS_B31	Early Bloodstream Infection (up to 72h)	0 for No; 1 for Yes; 9999 for missing	Note: The date of birth counts as day 1 regardless of the time of birth. Check YES if a bacterial pathogen from the list in Appendix I was recovered from a blood and/or cerebrospinal fluid culture obtained before day 3 of life. Check NO if a bacterial pathogen from the list in Appendix I was not recovered from a blood and/or cerebrospinal fluid culture obtained before day 3 of life.	Yes	

					If the patient developed an early sepsis, check the bacterial pathogen recovered from a blood and/or cerebrospinal fluid culture obtained on day 1, 2 or 3 of life. Enter the code of pathogen (Appendix 2). Note: If a bacterial pathogen and a Coagulase Negative Staphylococcus are recovered during the same sepsis workup performed after day 3, check only bacterial pathogen for that episode. If a bacterial pathogen is recovered during one episode of sepsis after day 3 and Coagulase Negative Staphylococcus is recovered during another episode of sepsis after day 3 (associated with the three clinical criteria listed below) check both bacterial pathogen and CoagulaseNegative Staphylococcus. * Coagulase negative staphyulococcus is recovered from a blood culture obtained from either a central line, or peripheral blood sample and/or is recovered from cerebrospinal fluid obtained by lumbar puncture, ventricular tap or ventricular drain. * Signs of generalized infection (such as apnea, temperature instability, feeding intolerance, worsening respiratory distress or hemodynamic instability). *Treatment with 5 or more days of intravenous antibiotics after the above cultures were obtained. If the infant died, was discharged, or transferred prior to the completion of 5 days of intravenous antibiotics, this condition would still be met if the intention were to		
BG	Diagnosis	SEPSIS_B32	Early meningitis (up to 72 h)	0 for No; 1 for Yes; 9999 for missing	treat for 5 or more days.	Yes	
BH	Diagnosis	PATH_B1	Pathogen of early Bloodstream Infection (u|	Text	As above		
BI	Diagnosis	PATH_B2	Pathogen of early meningitis (up to 72h)	Text	Check YES if a bacterial pathogen from the list in Appendix 2 was recovered from a blood and/or cerebrospinal fluid culture obtained before day 3 of life. Check NO if a bacterial pathogen from the list in Appendix 2 was not recovered from a blood and/or cerebrospinal fluid culture obtained before day 3 of life. Check missing if information is unavailable.		
BJ	Diagnosis	SEPSIS_A13	Late Bloodstream Infection (after 72h)	0 for No; 1 for Yes; 9999 for missing	birth. Check YES if a pathogen from the list in Appendix I is recovered from a blood and/or cerebrospinal fluid culture obtained after day 3 of life. Check NO if a pathogen from the list in Appendix I is not recovered from a blood and/or cerebrospinal	Yes	
BK	Diagnosis	SEPSIS_A23	Late meningitis (after 72h)	0 for No; 1 for Yes; 9999 for missing	Check YES if a pathogen from the list in Appendix 2 is recovered from a blood and/or cerebrospinal fluid culture obtained after day 3 of life. Check NO if a pathogen from the list in Appendix 2 is not recovered from a blood and/or cerebrospinal fluid culture obtained after day 3 of life. Check missing if information is unavailable.	Yes	

					Enter bacterial pathogen responsible for the first late sepsis episode. Enter the code of pathogen (Appendix 2). Note: If a bacterial pathogen and a Coagulase Negative Staphylococcus are recovered during the same sepsis workup performed after day 3, check only bacterial pathogen for that episode. If a bacterial pathogen is recovered during one episode of sepsis after day 3 and Coagulase Negative Staphylococcus is recovered during another episode of sepsis after day 3 (associated with the three clinical criteria listed below) check both bacterial pathogen and Coagulase Negative Staphylococcus. * Coagulase negative staphyulococcus is recovered from a blood culture obtained from either a central line, or peripheral blood sample and/or is recovered from cerebrospinal fluid obtained by lumbar puncture, ventricular tap or ventricular drain. * Signs of generalized infection (such as apnea, temperature instability, feeding intolerance, worsening respiratory distress or hemodynamic instability). * Treatment with 5 or more days of intravenous antibiotics after the above cultures were obtained. If the infant died, was discharged, or transferred prior to the completion of 5 days of intravenous antibiotics, this condition would still be met if the intention were to treat for 5 or		
BL	Diagnosis	PATH_A11	Bacterial Pathogen first episode late bloods	Text	more days.		
BM	Diagnosis	PATH_A12	Bacterial Pathogen second episode late bloc	Text	Enter bacterial pathogen responsible for the second late sepsis episode. Enter the code of pathogen (Appendix 2). Note as above		
BN	Diagnosis	PATH_A13	Bacterial Pathogen third episode late blood	Text	Enter bacterial pathogen responsible for the third late sepsis episode. Enter the code of pathogen (Appendix 2). Note as above		
BO	Diagnosis	PATH_A21	Bacterial Pathogen first episode late mening	Text	Enter bacterial pathogen responsible for the first late sepsis episode. Enter the code of pathogen (Appendix 2). Note as Bacterial pathogen late sepsis		
BP	Diagnosis	PATH_A22	Bacterial Pathogen second episode late mer	Text	Enter bacterial pathogen responsible for the second late sepsis episode. Enter the code of pathogen (Appendix 2). Note as Bacterial pathogen late sepsis		
BQ	Diagnosis	PATH_A23	Bacterial Pathogen third episode late menir	Text	Enter bacterial pathogen responsible for the third late sepsis episode. Enter the code of pathogen (Appendix 2). Note as Bacterial pathogen late sepsis		
BR	Diagnosis	ROP	ROP (any eye)	0 for No; 1 for Yes; 9999 for missing	Check NO if an indirect ophthalmologic examination for ROP was not performed. Check YES if an indirect ophthalmologic examination for ROP was performed at any time.	Yes	—
BS	Diagnosis	ROP_GRADE	ROP Grade (0-5) (maximum any eye)	0-5	Grade 0 – No evidence of ROP lesions Grade 1 – White demarcation line between vascular and avascular retina Grade 2 – Elevated demarcation line or ridge Grade 3 – Ridge with extraretinal fibrovascular proliferation Grade 4 – Subtotal retinal detachment Grade 5 – Total retinal detachment		—

BT	Diagnosis	ROP_PLUS	PLUS disease (any eye)	0 for No; 1 for Yes; 9999 for missing	Checks if ROP stages II or III was diagnosed, and venous dilatation and arteriolar tortuosity in the central and posterior retinal areas are also present	Yes	—
BU	Diagnosis	B_DEFECT	Major Birth defect	0 for No; 1 for Yes; 9999 for missing	Check YES if the infant had one or more of the birth defects listed in Appendix 1. In the spaces provided in the next questions, you may enter the code of birth defects from the list. Check NO if the infant was not diagnosed as having one or more of the birth defects listed in Appendix 1.	Yes	—
BV	Diagnosis	B_DEFECT1	Birth defect 1	Text	Enter codes in Appendix 1		—
BW	Diagnosis	B_DEFECT2	Birth defect 2	Text	Enter codes in Appendix 1		—
BX	Diagnosis	B_DEFECT3	Birth defect 3	Text	Enter codes in Appendix 1		—
BY	Diagnosis	B_DEFECT4	Birth defect 4	Text	Enter codes in Appendix 1		—
BZ	Diagnosis	B_DEFECT5	Birth defect 5	Text	Enter codes in Appendix 1		—
CA	Discharge	DESTINATION	Discharge to	1 for Transferred to other hospital; 2 for Home; 3 for Died; 4 for transferred to other location in same hospital; 9999 for missing	Check TRANSFERRED to another hospital if the infant was transferred to another hospital or chronic care facility on or before his/her first birthday and before going home. Check HOME if the infant was discharged home on or before his/her first birthday from your hospital without ever transferring to another hospital. Check DIED if the infant died on or before his/her first birthday at your hospital prior to being discharge home or transferred. Check Transferred to other location in same hospital if the infant was transferred to other location in same hospital.	Yes	
X	Discharge	DI_OXY	Supplemental oxygen at discharge from neo	0 for No; 1 for Yes; 9999 for missing	Check YES if the infant was discharged on supplement oxygen. Check NO if the infant was not discharged on supplement oxygen. Check missing if information is unavailable	Yes	
CD	Discharge	DI_AGE_D	Age at discharge (days)	0-9999; 999999 for missing	Enter the age at discharge in completed days	Yes	
CE	Discharge	DI_WEIGHT	Weight at discharge	1-9998 grams (g); 999999 if missing	Enter weight in grams obtained on the day of discharge. If the infant was not weighted on the day of discharge or death, enter the weight from the previous day	Yes	
CF	Discharge	DI_LENGTH	Length at discharge	20 to 99 centimetres (cm; one decimal place); 9999 if miss	Enter length in centimetres and tenth of centimetre obtained on the day of initial disposition. If the infant was not measured on the day of discharge or death, enter the length from the previous day.	Yes	
CG	Discharge	DI_H_CIR	Head circumference at discharge	10 to 99 centimetres (cm; one decimal place); 9999 if miss	Enter head circumference in centimetres and tenth of a centimetre obtained on the day of initial disposition. If the infant's head was not measured on the day of discharge or death, enter the head circumference from the previous day.	Yes	

CH	Discharge	DI_FEEDING	Enteral feeding at discharge	0 for No enteral feeds; 1 for Maternal milk; 2 for Formula; 3 for Donor Milk (comma delimited for multiple options); 9999 for missing	Check "No enteral feeds" if the infant was not receiving any enteral feedings with either formula milk or human milk at discharge. Check "Maternal Milk" if the infant was discharged receiving maternal milk as their only enteral feeding, either by being breast fed or by any tube feeding technique. Check "Formula" if the infant was discharged receiving formula milk as their only enteral feeding. Check "Donor milk" if the infant was discharged receiving donor milk as their only enteral feeding. Check "missing" if this information is not available The answer to this item should be based on enteral feedings received during the 24-hour period prior to discharge, transfer, or death. For infants who remained in your hospital on their first birthday, complete the item, Enteral Feeding at Discharge, based on enteral feedings received on that day.	Yes	
CJ	Discharge	D_AGE_D	Age at death (days)	0-9999; 999999 for missing	Enter the age at death in completed days	Yes	
CK	Discharge	D_AGE_H	Age at death (hours)	0-24; 9999 for missing	Enter the age at death in hours	Yes	
CL	Discharge	D_CAUSE	Cause of death (description)	Text	Specify the cause of death		—
CM	Discharge	LTE	Limitation of therapeutic effort	0 for No; 1 for Yes; 9999 for missing	Check YES if a decision to initiate new therapies or to withdraw already established therapies in infants judged to have a minimal chance for an intact survival was taken. Check NO if no decision to initiate new therapies or to withdraw already established therapies in infants judged to have a minimal chance for an intact survival was taken. Check missing if information is unavailable	Yes	—
CN	Discharge	AUTOPSY	Autopsy/Necropsy	0 for No; 1 for Yes; 9999 for missing	Check YES or NO if the autopsy / necropsy was or was not done	Yes	—