



Time = Transfusion

As an alternative to the paper forms, you can submit the Time=Transfusion data here by email.

Hospital of birth:

NHS number:

Gestation: _____Weeks _____Days

Weight: _____grams

Mode of Delivery:

- | | |
|--|---|
| <input type="checkbox"/> Emergency Caesarean – not in labour | <input type="checkbox"/> Vaginal delivery - forceps assisted |
| <input type="checkbox"/> Emergency Caesarean – in labour | <input type="checkbox"/> Vaginal delivery - spontaneous |
| <input type="checkbox"/> Elective Caesarean – not in labour | <input type="checkbox"/> Vaginal delivery – ventouse assisted |
| <input type="checkbox"/> Elective Caesarean – in labour | <input type="checkbox"/> Vaginal delivery – kiwi assisted |

Eligible for Placental Transfusion? Yes No

Time of Delivery (24hr clock): __:__

Was cord clamping immediate (<10 seconds after birth)? Yes No Unknown

Was there milking of the cord? Yes No Unknown Not applicable

If yes, how many strips of the cord were completed? _____Strips

Was there delayed cord clamping? Yes No Unknown Not applicable

If yes how long was the delay? _____Minutes _____Seconds

APGAR at: 1 minute 5 minutes 10 minutes

Resus required? Yes No

If yes, please specify:

- | | |
|---|--|
| <input type="checkbox"/> Stimulation | <input type="checkbox"/> Tracheal suction for meconium |
| <input type="checkbox"/> Positioning managing airways | <input type="checkbox"/> Face mask IPPV |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Intubation |
| <input type="checkbox"/> Suction | <input type="checkbox"/> Cardiac compressions |
| <input type="checkbox"/> Epinephrine (Adrenaline) | <input type="checkbox"/> Other |

Thank you for completing this form 😊