**Antenatal Corticosteroid Therapy Form**

**INSTRUCTIONS**

Center Number: Center Name: Date:

Name and Position/Title of Person Completing Form:

Telephone Number:

The rate of antenatal steroid administration for a given time period is defined as:

Number of Mothers Treated

Number of Eligible Infants Reported to CPQCC

The attached data tables address factors that influence this rate: These factors are:

 • Accuracy in counting mothers who were treated.

 • Failure to treat mothers for whom treatment was planned.

 • Physician practice regarding eligibility, particularly with respect to certain conditions. These are preterm labor with tocolysis; preeclampsia/eclampsia/HELLP syndrome; premature preterm rupture of membranes (PPROM); gestational diabetes (GDM); vaginal bleeding/abruption/previa; and advanced cervical dilation.

**Worksheet I** addresses factors 1 and 2 above. Table I will help determine whether accuracy in counting treated mothers is a concern for your hospital. It will also provide information on failure to administer ordered steroids. To complete this table, you should review charts of mothers of infants listed in your CPQCC reports as not having received steroids. Please be sure to include review of those mothers whose infants might have been transferred or died.

**Worksheet II** addresses factor 3 above. To complete this table, you should review charts of mothers of infants listed in your CPQCC reports as not having received steroids. When completed, Table II provides insight into medical conditions negatively correlated with administration of steroids. You may also use Table II to identify physicians who administer steroids less frequently.

**Worksheet I**

**Patient #**

**Infant died in delivery room (yes/no)**

**Infant transferred (yes/no)**

**If yes, where?**

**Was there a prior admission? When? Where? Were steroids administered?**

**Were steroids *indicated* on this admission?**

**(yes/no)**

**Were steroids *ordered* here according to charts, medication sheets, physician records? (yes/no) If yes, what is the source of this information?**

**Were steroids *given* here according to charts, medication sheets, physician records? (yes/no) If yes, what is the source of this information?**

**When was the initial course of steroids administered?**

**Was a rescue course of steroids administered? (yes/no) Was it > 14 days from initial course? (yes/no) Was it at < 34 weeks gestation? (yes/no)**

**Worksheet II**

**Patient #**

**Reason for delivery**

**Approx. admit to delivery interval (hours)**

**G.A**

**Physician**

**Preterm labor with tocolysis (yes/no)**

**PPROM with no evidence of chorio (yes/no)**

**PPROM with no chorio or increased risk to mother (yes/no)**

**GDM**

**(yes/no)**

**Vaginal bleeding**

**(yes/no)**

**Cervical dilation (cm) at admission**

**PIH**

**(yes/no)**

**Other relevant conditions/ justification for lack of ANS administration**