

NICU Encounter



Patient Label Here

ADMISSION/DEMOGRAPHICS

- Birth Location:** Hospital Home Birth Centre
 Clinic (Midwifery) Nursing Station
 Other Ontario Hospital Outside of Ontario

*IF HOSPITAL BIRTH

Name: _____

*IF BIRTH CENTRE BIRTH

Name: _____

NICU Admission Date: dd / mm / yyyy **Time:** _____

Neonate Transferred From: *(Select one)*

- Labour & Birth Unit – same hospital
- Mother Baby Unit (PP) – same hospital
- NICU – same hospital PICU/PCCU – same hospital
- Pediatric unit – same hospital Clinic – same Hospital
- Operating room – same hospital
- Emergency Department – same hospital Home
- Birth Centre Midwifery Clinic Other Hospital
- Non-medical facility (e.g., mall, taxi, ambulance)
- Unknown

*IF INFANT TRANSFERED FROM OTHER HOSPITAL

Neonatal Transfer Hospital Name:

Reason(s) for Neonatal Admission: *(Select all that apply)*

- Birth depression/Hypoxic-ischemic encephalopathy (HIE)
- Boarder (infants of sick parents, CAS issues, etc.)
- Cardiac Hematological Hyperbilirubinemia
- Hypoglycemia Metabolic
- Neonatal Abstinence Syndrome (NAS)
- Neurological (not including birth depression/HIE)
- Observation Preterm Respiratory
- SGA (below minimum birth weight) Surgical
- Suspected/possible sepsis Other Unknown

DOB: dd / mm / yyyy

Time of Birth: _____ Unknown Time of Birth

Gestational Age at birth: weeks / days

Type of Birth: _____

Birth Weight (gm): _____ Birth weight unknown

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Admission Temperature (C): _____ Unknown

Admission Head Circumference (cm): _____ Unknown

Admission Weight (gms): _____ Unknown

Transport Personnel (Admission): *(Select all that apply)*

- CNS/NP Physician Paramedic Reg Midwife
- RN RRT Transport team (1 of 4 Provincial Teams)
- Parents/Guardians Other Unknown

Days of Age on Admission: _____

Gestational Age on Admission: weeks / days

HEALTH STATUS

Apgar 1: _____ Apgar 5: _____ Apgar 10: _____

Neonatal Resuscitation (first 30 minutes of life only):

- (Select all that apply)* None FFO2
- CPAP+ Room Air (21% oxygen) CPAP + O2
 - PPV+ Room Air (21% oxygen) PPV+O2
 - Intubation for PPV Intubation for tracheal suction
 - Laryngeal mask airway (LMA) Chest Compressions
 - Epinephrine Narcan/Naloxone Volume Expander
 - Unknown

Neonatal Resuscitation - Initial Gas Used in first 30 minutes of life: *(Select one)* Room air (21% oxygen)

Supplemental Oxygen 100% oxygen Unknown

Neonatal Resuscitation - maximum % of O2 used in first 30 minutes of life: _____ Unknown

Arterial cord blood status: *(Select one)* Done

- Results pending Not done Unsatisfactory specimen
- Unknown

Arterial Cord pH: _____

Arterial Cord Base Excess/deficit: _____

Venous cord blood status: *(Select one)* Done

- Results pending Not done Unsatisfactory specimen
- Unknown

Venous Cord pH: _____

Venous Cord Base Excess/deficit: _____

What is newborn/infant's blood group and type, ABO/Rh(D)? *(Select one)* Not Collected/Unknown

- O+ O- A+ A- B+ B- AB+ AB-

Was glucose monitoring being done? Yes No Unknown

Was Oral Dextrose/Gel given? Yes No Unknown

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Neonatal Birth Complications: *(Select all that apply)* None

- Brachial plexus injury Cephalohematoma
- Clavicular fracture Facial nerve injury
- Intracranial hemorrhage Subarachnoid hemorrhage
- Subdural hemorrhage Subgaleal hemorrhage
- Fracture – Other Palsy – Other Other Birth Injury
- Unknown

Neonatal Health Conditions: *(Select all that apply)* None

- Failed CCHD screening Hypoglycemia
- Neonatal Abstinence Syndrome (NAS) Hyperbilirubinemia

Cardiovascular:

- Anemia Arrhythmia Cardiomyopathy
- Coagulopathy but not DIC
- Coagulopathy due to Disseminated Intravascular Coagulation
- Fetal blood loss, other
- Hemorrhage into co-twin (twin to twin transfusion)
- Hemorrhage into maternal circulation
- Hemorrhagic disease due to cause other than vitamin K deficiency
- Hemorrhagic disease due to vitamin K deficiency
- Hypertension (BP) Hypotension (BP)

- Persistent pulmonary hypertension (PPHN)
- Portal vein thrombosis Thrombocytopenia

CNS:

- IVH Blood in germinal matrix (grade 1)
- IVH Blood in ventricles (grade 2)
- IVH Ventricular enlargement (grade 3)
- IVH Intraparenchymal lesion (grade 4)
- PVL periventricular leukomalacia

Gastrointestinal Conditions:

- Acquired stricture post NEC
- Gastroesophageal reflux disease
- Intestinal perforation – spontaneous
- Intestinal obstruction
- Meconium ileus
- NEC – suspected without pneumatosis
- NEC Stage II – confirmed with pneumatosis
- NEC Stage III – confirmed with pneumatosis and perforation

Hypoxic Ischemic Encephalopathy (HIE):

- Stage I Stage II Stage III Stage Unknown

Patent Ductus Arteriosus (PDA):

- PDA Present not treated PDA treated pharmacologically
- PDA treated with ligation

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Pneumothorax:

- Not treated Treated with Chest Tube
- Treated with Needle Paracentesis
- Treated with 100% Oxygen

Respiratory:

- Apnea
- Aspiration of meconium (Meconium Aspiration Syndrome = MAS)
- Aspiration of milk and regurgitated food
- Bronchopulmonary disease – mild
- Bronchopulmonary disease – moderate/severe
- Pneumomediastinum Pneumonia
- Pneumopericardium Pulmonary edema
- Pulmonary haemorrhage
- Pulmonary interstitial emphysema (PIE)
- Respiratory distress syndrome
- Respiratory distress, unspecified (not RDS)
- Transient tachypnea of the newborn

Seizures:

- Suspected seizures – not treated
- Suspected seizures – treated pharmacologically
- Suspected seizures – treatment unknown
- Confirmed seizures – not treated
- Confirmed seizures – treated pharmacologically
- Confirmed seizures – treatment unknown

Sepsis:

- Positive blood culture
- Suspected sepsis (culture negative)
- Culture positive lower respiratory tract infection
- Culture positive upper respiratory tract infection
- Culture positive skin/soft tissue infection
- Culture positive urinary infections
- Congenital CMV infection
- Congenital herpes viral (herpes simplex) infection
- Congenital rubella syndrome
- Congenital toxoplasmosis
- Positive CSF culture (meningitis)

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Other Health Conditions:

- Dehydration Fever
- Hemolytic disease due to ABO incompatibility
- Hemolytic disease due to Rh incompatibility
- Hemolytic diseases of fetus and newborn, other
- Hydrocele Hydrops fetalis due to isoimmunization
- Hydrops fetalis due to other and unspecified haemolytic disease
- Hyperglycemia Hyperkalemia Hyponatremia
- Hypertonia Hypokalemia Hyponatremia
- Hypothermia Hypotonia Inguinal hernia
- Intrauterine Growth Restriction (IUGR)
- Neutropenia Osteopenia of prematurity Renal failure
- Umbilical hernia Vocal cord palsy

More:

- Other
- Unknown

Newborn Congenital Anomalies Identified:

- None Suspected or Confirmed

** Refer to addendum on the last page with pick list selections*

Newborn Congenital Anomalies Suspected:

(See Addendum) _____

Newborn Congenital Anomalies Confirmed:

(See Addendum) _____

INTERVENTIONS

Neonatal Therapies/Interventions: (Select all that apply)

- None

Blood glucose treatments:

- Diazoxide Glucagon Insulin
- IV dextrose due to hypoglycemia
- Supplemental feeds due to hypoglycemia

Blood products in hospital:

- Albumin Cryoprecipitate Fresh Frozen Plasma
- Immunoglobulin Other blood products
- Packed red blood cells Platelets Whole blood
- Exchange Transfusion

Intravascular Devices in Hospital:

- PAL PICC Line PIV Surgical CVL UAC UVC

Pharmacological Support in Hospital:

- Antibiotics Anticonvulsants Antifungals Antivirals
- Caffeine Corticosteroids Inotropes Morphine for NAS
- Paralytic Agents Surfactant

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- Other:** Intubation Intubation for surfactant only
 Oral Immune Therapy (OIT) Phototherapy
 Pre-medication for Intubation
 Therapeutic Hypothermia Venipuncture
 Other Unknown

Neonatal Pain Management: *(Select all that apply)*

Opioid analgesic use: Morphine Fentanyl

Sedative use: Benzodiazepines Chloral Hydrate
 Ketamine Midazolam Other

Other: None Breastfeeding
 Oral analgesics (including acetaminophen) Skin-to-skin
 Other Sucrose Unknown

Neonatal Surgery: *(Select all that apply)*

- None Cardiac surgery
 Extracorporeal Membrane Oxygenation (ECMO)
 Necrotizing Enterocolitis (NEC) surgery
 Neurosurgery/Central Nervous System Surgery
 Other abdominal surgery Other chest surgery
 Patent Ductus Arteriosus (PDA) ligation Unknown

Respiratory Support in Hospital: *(Select all that apply)*

- Invasive High Frequency Ventilation

- Invasive Positive Pressure Ventilation
 Non-Invasive Ventilation Oxygen Other
 Nitric Oxide None Unknown

Highest Mode of Respiratory Support: *(Select one)*

- Invasive High Frequency Ventilation
 Invasive Positive Pressure Ventilation
 Non-Invasive Ventilation Oxygen

Oxygen Therapy days: _____

**If 3 days or less: Oxygen therapy:* hours / minutes

Non-invasive Ventilation Days: _____

**If 3 days or less: Non-invasive ventilation:* hours / minutes

Invasive Ventilations Days: _____

**If three days or less: Invasive ventilation:* hours / minutes

Feeding Methods in Hospital: *(Select all that apply)*

- None Breast Bottle
 Continuous feeds (can be via gastrostomy or gavage)
 Supplementation Device on Breast
 Supplementation Device not on Breast
 (i.e. finger-feed, cup, other)
 NPO Gavage tube Gastrostomy tube
 Mucus Fistula Re-feed Other Unknown

Nutritional Support in Hospital: *(Select all that apply)*

- None
- Breast Milk
- Formula
- Donor Milk
- Study Milk
- Human Milk Fortifier
- TPN
- NPO
- Other Additives
- Unknown

Reason for Breast Milk Substitute in Hospital:

(Select all that apply)

- Infant Medical:**
- Hypoglycemia
 - Inadequate weight gain
 - Inborn errors of metabolism
 - Significant weight loss in the presence of clinical indications
 - Other clinical indications

Maternal Medical:

- Active herpes on breast
- Additional health concerns
- Contraindicated maternal medication
- HIV infection
- Severe maternal illness

Other:

- Informed Parent Decision to use Any Breast Milk Substitute
- Birth mother not involved in care
- Donor milk not available
- Insufficient maternal milk supply
- Not eligible for donor milk
- Unknown

Consent for Use of Breast Milk Substitute: *(Select one)*

- Evidence that consent was obtained
- No evidence of consent
- Unknown

SCREENING

Bilirubin Measured Within 72 Hours Of Birth: *(Select one)*

- Yes - Transcutaneous bilirubin (TCB)
- Yes - Total Serum Bilirubin (TSB)
- No - Transferred Out/Discharged
- No - Declined
- No - Reason Unknown
- No - Reason Other
- Unknown

Hyperbilirubinemia Requiring Treatment: *(Select one)*

- Yes
- No
- Unknown

Hyperbilirubinemia Treatment: *(Select all that apply)*

- Phototherapy
- IVIG administration
- Exchange transfusion
- Treatment declined

Highest Serum Bilirubin >340 umol/L:

- Yes
- No
- Unknown

Highest Serum Bilirubin >425 umol/L

- Yes
- No
- Unknown

Newborn Drug Screen: *(Select all that apply)*

- None
- Urine
- Hair
- Meconium
- Blood
- Unknown

Newborn Drug Screening Results: *(Select one)*

- Negative
- Positive
- Pending
- Inconclusive
- Unknown

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Newborn Hearing Screen Result: *(Select one)* Pass

- Referral
- Inconclusive/no result
- Not done
- Referred to community
- Unknown

RSV Prophylaxis Eligible: Yes No Unknown

RSV Prophylaxis Criteria: *(Select one)*

- Infant <=32 6/7 wks, age <= 6mo at start or during RSV season
- Infant 33-35 6/7 wks, age <= 6mo in RSV season, remote (30min+ to NICU or 90min+ to HCP)
- Infant 33-35 6/7 wks, age <= 6mo in RSV season, non-remote, RAT score 49-100
- Confirmed Downs syndrome
- Confirmed bronchopulmonary dysplasia
(continues on next page)
- Confirmed hemodynamically significant congenital heart disease
- Special consideration with physician letter and medical justification
- Birth sibling qualifies
- Unknown

RSV Prophylaxis Administered: *(Select one)*

- Yes
- No
- Unknown

ROP Screening performed: *(Select one)* Yes No

- Unknown (Mandatory if Gestational Age At Birth < 32 Weeks and Birth Weight <1500g)

ROP Eye Screening Type: *(Select one)* Physical exam

- RetCam
- Unknown

ROP Worst Stage: *(Circle one)*

Left eye None 1 2 3 4 5 Immature Unknown

ROP Worst stage *(Circle one)*

Right eye None 1 2 3 4 5 Immature Unknown

ROP Treatment: None Unknown

Right eye: *(Select all that apply)*

- Laser Therapy
- Anti-VEGF injections
- Other eye surgery

Left eye: *(Select all that apply)*

- Laser Therapy
- Anti-VEGF injections
- Other eye surgery

Both eyes: *(Select all that apply)*

- Laser Therapy
- Anti-VEGF injections
- Other eye surgery

Neuroimaging Screening performed:

- Yes
- No
- Unknown

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Neuroimaging Screening Results Left: *(Select all that apply)*

- No abnormalities found Blood in Germinal Matrix
- Blood in Ventricles Ventricular Enlargement-Mild
- Ventricular Enlargement-Moderate
- Ventricular Enlargement-Severe Intraparenchymal lesion
- Periventricular Leucomalacia Infarct
- Cerebellum Hemorrhage Intracranial Hemorrhage
- Subdural Hemorrhage Subarachnoid Hemorrhage
- Other Brain Lesions Unknown

Neuroimaging Screening Results Right: *(Select all that apply)*

- No abnormalities found Blood in Germinal Matrix
- Blood in Ventricles Ventricular Enlargement-Mild
- Ventricular Enlargement-Moderate
- Ventricular Enlargement-Severe Intraparenchymal lesion
- Periventricular Leucomalacia Infarct
- Cerebellum Hemorrhage Intracranial Hemorrhage
- Subdural Hemorrhage Subarachnoid Hemorrhage
- Other Brain Lesions Unknown

Meets Neonatal Follow-up Criteria:

- Yes No Unknown

DISCHARGE/OUTCOME

Neonatal/Infant Death:

- No Yes Yes, with termination of pregnancy

*If yes, Neonatal/Infant Death Date: dd / mm / yyyy

Neonatal/Infant Death Time: hours / minutes

Autopsy Consent: Yes No Unknown

Age at Neonatal Death: _____ days

Feeding Methods (on day of discharge): *(Select all that apply)*

- None Breast Bottle
- Continuous feeds (can be via gastrostomy or gavage)
- Gastrostomy tube
- Mucus Fistula Re-feed Supplementary Device on Breast
- Supplementation Device not on Breast (i.e. finger feed, cup, other)
- NPO Gavage tube Other Unknown

Feeding Type (on day of discharge): *(Select all that apply)*

- None Breast Milk Formula Donor Milk
- Study Milk Human Milk Fortifier TPN NPO
- Other Additives Unknown

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Was postpartum breastfeeding education and support provided in NICU? *(Select one)* Yes No Unknown

***If yes, Type of breastfeeding education and support provided:** *(Select all that apply)*

Provided information/support regarding:

- Hand expression Pumping Skin-to-skin
- Signs of effective latch
- Continuation of breastfeeding after discharge
- Sustained breastfeeding if separated from baby
- Community breastfeeding resources
- Provided assistance with breastfeeding within six hours of birth after initial feeding
- Consult with a lactation consultant
- Referred mother to breastfeeding support services for follow-up

***If no, complete the following:** *(Select one)*

Reason why postpartum breastfeeding education and support was not provided:

- Mother/Parent declined Not applicable
- Other Unknown

Neonatal transfer/discharge to: *(Select one)*

- Home Mother / Baby unit – same hospital
- Other Hospital Level 2, same hospital
- Level 3, same hospital
- Labour and Birth unit – same hospital
- Pediatric unit – same hospital
- PICU/PCCU – same hospital
- Emergency department – same hospital
- Clinic – same hospital Palliative Care
- Operating room – same hospital Same hospital – other
- Child & Family Services Apprehension

Neonatal Transfer Hospital To: _____

Reason for Neonatal Transfer/Discharge: *(Select all that apply)*

- Condition improved Keeping baby and mother together
- Lack of resources Repatriation/Care closer to home
- Requires higher level of care
- Transfer back to birth hospital Other Unknown

Transport Personnel Out: *(Select all that apply)*

- RN RRT Registered Midwife
- Transport team (1 of 4 Provincial Teams) Physician
- CNS/NP Paramedic Parents/Guardians
- Other Unknown

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NICU Discharge/Transfer Date: dd / mm / yyyy

NICU Discharge/Transfer Time: _____

Discharge Weight (grams): _____ Unknown

Weight Gain/loss (grams): _____

Discharge Interventions in Place

(on day of discharge/transfer): *(Select all that apply)*

- None Oxygen Ostomy CPAP
- Gavage tube feeding (weighted or regular NG, NJ, etc.)
- Tracheostomy Gastrostomy Ventilation
- Phototherapy Unknown

Discharge Head Circumference (cm): _____ Unknown

Gestational Age at Discharge: _____

Days of age at Discharge: _____

ADDENDUM: Newborn Congenital Anomalies (Picklist Selections)

CENTRAL NERVOUS SYSTEM AND NEURAL TUBE DEFECTS

Absent cavum septum pellucidum (CSP) | Absent cerebellar vermis | Acrania or Anencephaly | Arachnoid cyst(s) | Arnold Chiari Malformation | Aqueductal stenosis | Corpus callosum – Agenesis (ACC) | Corpus callosum – Hypoplasia | Dandy walker malformation/variant (DWM) | Encephalocele | Enlarged cisterna magna | Holoprosencephaly | Hydrocephalus | Hypotonia, unspecified | Lissencephaly | Macrocephaly | Microcephaly | Polymicrogyria | Posterior fossa cyst | Sacral agenesis | Sacral coccygeal teratoma (SCT) | Seizures | Spina bifida with hydrocephalus | Spina bifida without hydrocephalus | Ventriculomegaly-Mild-Moderate (11-14.9 mm) | Ventriculomegaly-Severe (>15 mm) | Other – malformations of the nervous system | Other – malformations of the brain

EYE ANOMALIES

Anophthalmos | Congenital cataract | Congenital glaucoma | Microphthalmos | Other- malformations of eye

EAR, FACE, AND NECK ANOMALIES

Ears – Anotia | Ears – Microtia | Choanal atresia | Macroglossia | Micrognathia | Nose – Absent | Nose – Hypoplastic | Retrognathia | Other – malformation of ear | Other – malformation of the face and neck

THORAX ANOMALIES

Bronchopulmonary sequestration (BPS) | Congenital high airway obstruction (CHAOS) | Cystic adenomatous malformation of lung (CCAM) | Diaphragmatic hernia (CDH) | Other – congenital malformations of lung | Other – malformations of the diaphragm

CARDIOVASCULAR ANOMALIES

Aortic arch – Double | Aortic arch – Interrupted | Aortic arch – Right | Aortic atresia/Hypoplastic aortic arch | Aortic valve stenosis | Arrhythmia | Atrial isomerism (heterotaxy) – left

| Atrial isomerism (heterotaxy) – right | Atrial septal defect (ASD) | Atrioventricular septal defect (AVSD) | Cardiomegaly | Coarctation of aorta | Complete/incomplete congenital heart block | Dextrocardia | Discordant atrioventricular connection | Double inlet ventricle (Single ventricle) | Double outlet right ventricle (DORV) | Ebstein anomaly | Hypoplastic left heart (HLHS) | Hypoplastic right heart (HRHS) | Mitral valve atresia | Mitral valve insufficiency | Mitral valve stenosis | Patent ductus arteriosus (PDA) – >37 weeks | Patent/Persistent foramen ovale (PFO)/Premature closure of atrial septum | Pericardial effusion | Pulmonary valve atresia | Pulmonary valve dysplasia | Pulmonary valve stenosis | Situs inversus (cardiac and abdominal) | Tetralogy of Fallot (TOF) | Total anomalous pulmonary venous connection (TAPVC)/Partial anomalous pulmonary venous connection (PAPVC) | Transposition of great vessels (TGV) | Tricuspid atresia/stenosis | Tricuspid regurgitation | Tricuspid valve dysplasia | Truncus arteriosus (common arterial truncus) | Vascular ring | Vena cava, bilateral

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superior (SVC) | Vena cava, interrupted inferior (IVC) | Vena cava, persistent left superior (SVC) | Ventricular disproportion (RV/LV discrepancy) | Ventricular septal defect (VSD) | Other cardiac malformations

ORO-FACIAL CLEFTS

Cleft lip | Cleft palate | Cleft lip with cleft palate | Pierre Robin Sequence

GASTROINTESTINAL & ABDOMINAL ANOMALIES

Abnormal stomach (including small/absent stomach) | Biliary atresia (atresia of bile ducts) | Bowel obstruction | Duodenal atresia/stenosis | Esophageal atresia (without fistula) | Esophageal with tracheoesophageal fistula (TEF) | Tracheoesophageal fistula (TEF) without esophageal atresia | Hirschsprung disease | Imperforate anus (congenital absence, atresia, stenosis of anus) | Large intestine atresia/stenosis | Pyloric stenosis | Rectal atresia/stenosis with/without fistula | Small bowel, abnormal | Small intestine atresia/stenosis (excluding duodenum) | Umbilical hernia | Other – malformations of gastrointestinal system

ABDOMINAL WALL DEFECTS

Gastroschisis | Omphalocele (exomphalos) | Other – congenital malformations of abdominal wall

URINARY ANOMALIES

Bladder/cloacal exstrophy | Congenital hydronephrosis | Cystic kidneys – other | Duplex kidney/collecting system | Echogenic kidney | Ectopic/pelvic kidney | Lower urinary tract obstruction | Megacystis | Megaureter | Multicystic dysplastic kidney(s) | Polycystic kidney, autosomal recessive | Polycystic kidney, autosomal dominant | Posterior urethral valves (PUV) | Prune belly | Renal agenesis, unilateral | Renal agenesis, bilateral | Renal cyst | Renal Dysplasia | Ureterocoele | Other – malformations of the urinary system

GENITAL ANOMALIES

Ambiguous genitalia/indeterminate sex | Cryptorchidism/undescended >37 weeks | Epispadias | Hydrocoele | Hypospadias | Other – malformations of female genitalia | Other – malformations of male genitalia

SKELETAL & LIMB ANOMALIES

Adactyly (absent fingers/toes) | Bowed/curved long bone(s) | Club foot (talipes equinovarus) – bilateral | Club foot (talipes equinovarus) – unilateral | Congenital hip dislocation/dysplasia | Craniosynostosis | Ectrodactyly (lobster-claw/cleft hand) | Hypotonia, unspecified | Limb reduction defect – upper limb | Limb reduction defect – lower limb | Limb reduction defects of unspecified limb | Osteogenesis imperfecta | Polydactyly – hands | Polydactyly – feet | Skeletal dysplasia | Syndactyly – hands | Syndactyly – feet | Congenital malformations of the musculoskeletal system | Other – malformations of the spine & bony thorax (not including spina bifida) | Other – malformations of the limb(s)

OTHER ANOMALIES/PATTERNS/ SYNDROMES

Congenital constriction bands/amniotic bands | Intrauterine growth restriction (IUGR) <10th %tile | Noonan syndrome | Oligohydramnios | Polyhydramnios | Pierre Robin Sequence | Potter's syndrome/sequence | Other – genetic syndrome

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LYMPHATIC ANOMALIES & HYDROPS

Increased nuchal translucency (≥ 3.5 mm) | Cystic hygroma | Fetal ascites | Hydrops fetalis | Pleural effusion(s) (hydrothorax)

SKIN/HAIR/NAILS

Congenital ichthyosis | Cutis Aplasia | Epidermolysis Bullosa | Other – congenital malformations of skin | Other – congenital malformations of hair | Other – congenital malformations of nails

CHROMOSOMAL ANOMALIES

Down syndrome/Trisomy 21 | Patau syndrome/Trisomy 13 | Edwards syndrome/Trisomy 18 | Turner syndrome (45, X) | Klinefelter syndrome (47, XXY) | 47, XYY | Triple X syndrome (47, XXX) | Triploidy/polyploidy | 22q11.2 deletion syndrome/DiGeorge syndrome | Chromosome abnormality – other

TWINS

Twin-twin transfusion syndrome (TTTS) | Acardiac Twin (TRAP Sequence) | Conjoined twins | Selective Intrauterine Growth Restriction (sIUGR) | Twin anemia polycythemia (TAPS) | Other malformation(s) of twins

OTHER/UNKNOWN

Unknown | Other congenital malformations, not elsewhere classified