

Incidence report form

Patient label

Delivery method

- Vaginal delivery
 Elective Caecarian Section
 Acute Caecarean Section

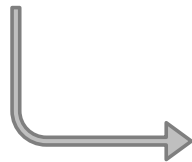
Time of birth: _____

Gestational age: _____

Were resuscitative interventions provided?

No

Yes



- CPAP**
(NeoPuff mask applied on the newborn but no given ventilations)
- Positive pressure ventilation**
(Ventilations with NeoPuff or Laerdal BagMask)
- Intubated**
- Chest compressions**
- I.v. access**

Primary resuscitation team present at birth?

Yes

No

For study personell

Project id: _____

Immedeate deletion of the video record is requested by the personell