**QUEENSLAND PERINATAL DATA COLLECTION FORM**

**PLACE OF DELIVERY**

Mother's Country of Birth:
- Aboriginal
- Torres Strait Islander
- Abor., Abor. & Torres Strait.
- Neither Aboriginal nor Torres Strait.

**MOTHER'S STATUS**

Marital Status:
- Single
- Married/divorced
- Widowed
- Separated

Accommodation Status of Mother:
- Public
- Private
- Rh
- Other
- Antibodies No
- Yes

**PREVIOUS PREGNANCIES**

Number of previous pregnancies resulting in:
- Only livebirth
- Only stillbirth
- Only abortion/miscarriage/ectopic/infertility
- LHR & stillbirth
- LHR & abortion/miscarriage/ectopic/infertility
- Stillbirth & abortion/miscarriage/ectopic/infertility
- LHR & abortion/miscarriage/ectopic/infertility

Number of previous cesareans

**METHOD OF DELIVERY OF LAST BIRTH**

- Vaginal non-instrumental
- Forceps
- Vacuum extractor
- LSCS
- Classical CS
- Other

**PREVIOUSLY FERTILIZED EGG TRANSFER**

Method of transfer:
- Prior to onset of labour
- During labour

**SMOKING**

During the first 26 weeks of pregnancy:
- Did the mother smoke?
- Yes
- No

- How many cigarettes per day?

- Was smoking cessation advice offered by a health care provider?
- Yes
- No

After 29 weeks of pregnancy:
- Did the mother smoke?
- Yes
- No

- How many cigarettes per day?

- Was smoking cessation advice offered by a health care provider?
- Yes
- No

**GESTATIONAL AGE AT FIRST ANTENATAL VISIT**

- Weeks

**EDC**

- By LMP
- By ultrasound/clinical assessment

**HEIGHT**

- cm

**WEIGHT**

- kg

**PREGNANCY COMPLICATIONS**

- You may tick more than one box

- Essential hypertension
- Pre-eclampsia/eclampsia
- Type 1 diabetes
- Type 2 diabetes
- Gestational diabetes
- Other

**ULTRASOUNDS**

- Number of scans

**LMP**

- cm

**PRESENT PREGNANCY**

**ANTENATAL CARE**

- Your mother may tick more than one box

- No antenatal care
- Public hospital/clinic midwifery practitioner
- Public hospital/clinic medical practitioner
- General practitioner
- Private medical practitioner
- Private midwife practitioner

**PREGNANCY COMPLICATIONS**

- You may tick more than one box

- Pre-existing diabetes mellitus
- Type 1 diabetes
- Type 2 diabetes
- Gestational diabetes
- Other

**ULTRASOUNDS**

- Number of scans

**REASON FOR FORCPS/VACUUM**

- Medical
- Patient request

**LOCATION OF BIRTH**

- Hospital
- Birth centre
- Home
- Other

**ACTUAL PLACE OF BIRTH**

- Hospital
- Birth centre
- Home
- Other (B&B)

**PRESENTATION AT BIRTH**

- Vertex
- Breech
- Face
- Baw
- Transverse/shoulder

**METHOD OF BIRTH**

- Vaginal non-instrumental
- Forceps
- Vacuum extractor
- LSCS
- Classical CS
- Other

**BIRTH INVOLVEMENT**

- Head
- Shoulders
- Birth canal

**NON-PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY**

- Communication
- Music
- Aromatherapy
- Hypnosis

**PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY**

- None
- Nitrous oxide
- Fentanyl (opiod incl. meconal, MMNA)
- Epidural
- Local
- Other analgesia

**LABOUR AND DELIVERY COMPLICATIONS**

- Pregnancy induced hypertension
- Pre-eclampsia/eclampsia
- Gestational diabetes
- Other

**FINANCIAL INFORMATION**

- Estimated Date of Birth
- Estimated Date of Birth

**ASSISTED CONCEPTION**

- Was this pregnancy the result of assisted conception?
- Yes
- No

**LABOUR AND DELIVERY COMPLICATIONS**

- None
- Postpartum haemorrhage
- Others

**LABOUR AND DELIVERY COMPLICATIONS**

- Medical
- Patient request
- Other

**ANALGESIA FOR DELIVERY**

- None
- Epidural
- Spinal
- General
- Other

**ANALGESIA FOR DELIVERY**

- None
- Epidural
- Spinal
- General
- Other

**ANALGESIA FOR DELIVERY**

- None
- Epidural
- Spinal
- General
- Other

**ANALGESIA FOR DELIVERY**

- None
- Epidural
- Spinal
- General
- Other

**ANALGESIA FOR DELIVERY**

- None
- Epidural
- Spinal
- General
- Other

**ANALGESIA FOR DELIVERY**

- None
- Epidural
- Spinal
- General
- Other
**BABY**

- **BABY'S UR No.**
- **DATE OF BIRTH**
- **INDIGENOUS STATUS - BABY**
  - Aboriginal: 1
  - Torres Strait Islander: 2
  - Other: 3
- **SEX**
  - Male: 1
  - Female: 2
- **TIME OF BIRTH**
  - Hours: 1
  - Minutes: 2
- **BIRTHWEIGHT**
  - Grams: 1
  - Kilograms: 2
- **GESTATION**
  - Weeks: 1
  - Days: 2
- **HEAD CIRCUMFERENCE**
  - AT BIRTH: 1
  - WEEKS: 2
- **LENGTH AT BIRTH**
  - CM: 1
  - Inches: 2

**PLURALITY**

- Single: 1
- Twin 1: 2
- Twin 2: 3
- Other (Specify): 4

**APGAR SCORE**

- 1 min: 1
- 5 min: 2
- Heart rate: 3
- Respiratory effort: 4
- Muscle tone: 5
- Reflex irritability: 6
- Colour: 7

**RESUSCITATION**

- You may tick more than one box.
- Suction (oral, pharyngeal etc): 1
- Suction of meconium (oral, pharyngeal etc): 2
- Suction of meconium via ET: 3
- Fetal death: 4
- Bag and mask: 5
- IPPV via ET: 6
- Intratracheal injection: 7
- External cardiac massage: 8
- Other (Specify includes drugs): 9

**HEPATITIS B IMMUNIZGLOBULIN**

- Yes: 1
- No: 2

**HEPATITIS B**

- Birth dose: 1
- Birth dose: 2

**BABY NEONATAL MORBIDITY**

- None: 1
- Jaundice: 2
- Respiratory distress: 3
- Hypo/hyperglycaemia or hyperbilirubinaemia: 4
- Neonatal abstinence syndrome: 5
- Infection: 6
- Other (Specify): 7

**NEONATAL TREATMENT**

- Oxygen for > 4 hours: 1
- Phototherapy: 2
- IV antibiotics: 3
- IV fluids: 4
- Mechanical ventilation: 5
- Blood glucose monitoring: 6
- CRP: 7
- Or if no naso gastric suction: 8
- Other Treatment: 9

**CONGENITAL ANOMALY**

- Yes: 1
- No: 2
- Suspected: 3

**POSTNATAL DETAILS**

**MOTHER**

- **FUEPERIM COMPLICATIONS**
  - None: 1
  - Hemorrhoids: 2
  - Wound infection: 3
  - Anemia: 4
  - Disappearance of wound: 5
  - Fever: 6
  - UTI: 7
  - Spinal headache: 8
  - Secondary PPH: 9
  - Other (Specify): 10

**EPHERIM PROCEDURES AND OPERATIONS**

- Blood Patch: 1
- Blood Transfusion: 2
- Uterine: 3
- Other (Specify): 4
- Discharged: 1
- Transferred: 2
- Died: 3
- Remaining in: 4

**BABY**

- Neonatal Screening: 1
- Diaper weight: 2
- Diaper: 3
- Place of Transfer: 4

**TYPES OF FLUID BABY RECEIVED AT ANY TIME FROM BIRTH TO DISCHARGE**

- Breast milk/Formula: 1
- Infant formula: 2
- Water: fruit juice or water based products: 3
- Nil by mouth: 4

**STORAGE**

- Milk in refrigerator: 1
- Milk in freezer: 2
- Other (Specify): 3

**TYPES OF FLUID BABY RECEIVED IN THE 48 HOURS PRIOR TO DISCHARGE**

- Breast milk/Formula: 1
- Infant formula: 2
- Water: fruit juice or water based products: 3
- Nil by mouth: 4

**DISCHARGE DETAILS**

- Early Discharge Program: 1
- No: 2
- Yes: 3

**CONGENITAL ANOMALY/MORBIDITY DATA**

**ADDITONAL CONGENITAL ANOMALY DESCRIPTION OR DETAILS**

**MEDICAL PROFESSIONAL'S SIGNATURE**

**: BLOCK LETTERS**

**DESIGNATION**

**DATE**