

# QUEENSLAND PERINATAL DATA COLLECTION FORM

MOTHER'S DETAILS	PLACE OF DELIVERY	DATE OF ADMISSION (for delivery)	FAMILY NAME	UR No.	
MOTHER'S COUNTRY OF BIRTH			1ST GIVEN NAME	DOB	
INDIGENOUS STATUS	MARITAL STATUS	ACCOMMODATION STATUS OF MOTHER	2ND GIVEN NAME	Estimated Date of Birth	
Aboriginal 1 Torres Strait Islander 2 Aborig. & Torres Str. Is. 3 Neither Aboriginal nor Torres Str. Is. 4	Never Married 1 Married/defacto 2 Widowed 3 Divorced 4 Separated 5	RPR.....IgG..... Rubella..... Blood Group..... Rh..... Antibodies No Yes Other.....	USUAL RESIDENCE	STATE POSTCODE	
ANTENATAL TRANSFER No 1 Yes 2 (include transfers from planned home birth to hospital, from birthing centre to acute care areas etc.)			Time of transfer • prior to onset of labour 1 • during labour 2		
Reason for transfer			Transferred from		
PREVIOUS PREGNANCIES	PREVIOUS PREGNANCIES None 1 (go to next section)		ANTENATAL SCREENING		
METHOD OF DELIVERY OF LAST BIRTH		Was antenatal screening for domestic violence performed? No 1 Yes 2			
Vaginal non-instrumental 10		Was antenatal screening for alcohol use performed? No 1 Yes 2			
Forceps 02		Was antenatal screening for illicit drug use performed? No 1 Yes 2			
Vacuum extractor 03		Was antenatal screening for Edinburgh Depression Score performed? No 1 <10 2 =>10 3			
LSCS 04		IMMUNISATION			
Classical CS 05		Was immunisation for influenza received during this pregnancy? No 1 Yes 2 Gestation Weeks			
Other (specify)		Was immunisation for pertussis received during this pregnancy? No 1 Yes 2 Gestation Weeks			
Number of previous caesareans		SMOKING			
		During the first 20 weeks of pregnancy			
		Did the mother smoke? No 1 Yes 2			
		If yes, how many cigarettes per day			
		Was smoking cessation advice offered by a health care provider? No 1 Yes 2			
		After 20 weeks of pregnancy			
		Did the mother smoke? No 1 Yes 2			
		If yes, how many cigarettes per day			
		Was smoking cessation advice offered by a health care provider? No 1 Yes 2			
PRESENT PREGNANCY	LMP		GESTATION AT FIRST ANTENATAL VISIT Weeks		
TOTAL NUMBER OF VISITS		CURRENT MEDICAL CONDITIONS You may tick more than one box			
EDC by US scan/dates/clinical assessment		None 0100			
HEIGHT cm		Essential hypertension 0100			
WEIGHT kg (self-reported at conception)		Pre-existing diabetes mellitus			
ANTENATAL CARE You may tick more than one box		• Type 1 diabetes 0240			
No antenatal care 01		• Type 2 insulin treated 02412			
Public hospital/clinic midwifery practitioner 06		• Type 2 oral hypoglycaemic therapy 02413			
Public hospital/clinic medical practitioner 07		• Type 2 diet/exercise 02414			
General practitioner 08		• Other (specify)			
Private medical practitioner 03		Asthma (treated during this pregnancy) J459			
Private midwife practitioner 04		Epilepsy G4090			
		Genital herpes (active during this pregnancy) D649			
		Anaemia B169			
		Renal condition (specify) Z2251			
		Cardiac condition (specify) B171			
		Hepatitis B Active Z2252			
		Hepatitis B Carrier B171			
		Hepatitis C Active Z2252			
		Hepatitis C Carrier B171			
		Other (specify)			
		PREGNANCY COMPLICATIONS You may tick more than one box			
		None 0209			
		APH (<20 weeks) 0209			
		APH (20 weeks or later) due to			
		• abruption 0459			
		• placenta praevia 0441			
		• other 0469			
		Gestational diabetes			
		• insulin treated 02442			
		• oral hypoglycaemic therapy 02443			
		• diet/exercise 02444			
		Hypertension			
		• Gestational (mild) 0113			
		• Pre eclampsia (moderate) 0140			
		• Pre eclampsia (severe) 0141			
		• HELLP 0142			
		Other (specify)			
		PROCEDURES AND OPERATIONS (during pregnancy, labour and delivery) You may tick more than one box			
		None 1660300			
		Chorionic villus sampling 1660300			
		Amniocentesis (diagnostic) 1660000			
		Cordocentesis 1660600			
		Cervical suture (for cervical incompetence) 1651100			
		Other (specify)			
		ULTRASOUNDS			
		Number of scans			
		ASSISTED CONCEPTION			
		Was this pregnancy the result of assisted conception? No 1 Yes 2			
		If yes, indicate method/s used			
		AIH / AID 02			
		Ovulation induction 03			
		IVF 04			
		GIFT 05			
		ICSI (intracytoplasmic sperm injection) 07			
		Donor Egg 08			
		Frozen embryo transfer/ embryo transfer 09			
		Other (specify)			
		Were any of the following performed?			
		Nuchal translucency ultrasound No 1 Yes 2			
		Morphology ultrasound scan No 1 Yes 2			
		Assessment for chorionicity scan No 1 Yes 2			
LABOUR AND DELIVERY	INTENDED PLACE OF BIRTH AT ONSET OF LABOUR		MEMBRANES RUPTURED		
Hospital 1		days hours mins		REASON FOR FORCEPS/VACUUM	
Birthing centre 2		before delivery		MAIN REASON FOR CAESAREAN	
Home 4		LENGTH OF LABOUR hours minutes		1 <sup>ST</sup> ADDITIONAL REASON FOR CAESAREAN	
Other 8		• 1st stage		2 <sup>ND</sup> ADDITIONAL REASON FOR CAESAREAN	
ACTUAL PLACE OF BIRTH OF BABY		• 2nd stage		Cervical dilation prior to caesarean	
Hospital 1		PRESENTATION AT BIRTH Tick one box only		3cm or less 1	
Birthing centre 2		Vertex 1		More than 3cm 2	
Home 4		Breech 2		Not measured 3	
Other (BBA) 8		Face 4		ANTIBIOTICS AT TIME OF CAESAREAN Tick one box only	
ONSET OF LABOUR Tick one box only		Brow 5		None 1	
Spontaneous 1		Transverse/shoulder 7		Prophylactic antibiotics received 2	
Induced 2		Other (specify)		Antibiotics already received 3	
No labour (caesarean section) 3		METHOD OF BIRTH Tick one box only		PLACENTA/ CORD	
Methods used to induce labour or augment labour? You may tick more than one box		Vaginal non-instrumental 10		NON-PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY	
Artificial rupture of Membranes (ARM) 1		Forceps 02		None 1	
Oxytocin 2		Vacuum extractor 03		Heat pack 02	
Prostaglandins 3		LSCS 04		Birth ball 03	
Other (specify)		Classical CS 05		Massage 04	
		Other (specify)		Shower 05	
				Water Immersion 06	
				Aromatherapy 07	
				Homeopathy 08	
				Acupuncture 09	
				TENS 10	
				Water Injection 11	
				Other (specify)	
If labour induced MAIN REASON FOR INDUCTION		WATER BIRTH Was this a water birth? No 1 Yes 2		DAMAGE TO THE PERINEUM You may tick more than one box	
1 <sup>ST</sup> ADDITIONAL REASON FOR INDUCTION		If yes, was the water birth Unplanned 1		None 1	
2 <sup>ND</sup> ADDITIONAL REASON FOR INDUCTION		Planned 2		Graze/tear - vagina, labia, vulva 02	
				Lacerated -1st degree 02	
				-2nd degree 03	
				-3rd degree 04	
				-4th degree 05	
				Episiotomy 06	
				Other genital trauma	
				Surgical repair of vagina or perineum No 1 Yes 2	
				PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY	
				None 1	
				Nitrous oxide 02	
				Systemic opioid (incl. narcotic (M/V)) 08	
				Epidural 04	
				Spinal 05	
				Combined Spinal-Epidural 10	
				Caudal 07	
				Other (specify)	
				LABOUR AND DELIVERY COMPLICATIONS You may tick more than one box	
				None 1	
				Meconium liquor 0681	
				Fetal distress 0689	
				Cord prolapse 0690	
				Cord entanglement with compression 0692	
				Failure to progress 0629	
				Prolonged second stage (active) 0631	
				Precipitate labour/delivery 0623	
				Retained placenta with manual removal	
				• with haemorrhage 0720	
				• without haemorrhage 0730	
				Primary PPH (500-999ml) 0721	
				Primary PPH (1000-1499ml) 0721	
				Primary PPH (>=1500ml) 0721	
				Other (specify)	
				CTG in labour? No 1 Yes 2	
				FSE in labour? No 1 Yes 2	
				Fetal scalp pH? No 1 Yes 2	
				Fetal scalp pH result	
				Lactate? No 1 Yes 2	
				Lactate result	
				ANAESTHESIA FOR DELIVERY	
				None 1	
				Epidural 04	
				Spinal 05	
				Combined Spinal-Epidural 10	
				General Anaesthetic 06	
				Local to perineum 03	
				Pudendal 02	
				Caudal 07	
				Other (specify)	

For multiple births complete one form per baby

BABY

BABY'S UR No.

DATE OF BIRTH

INDIGENOUS STATUS - BABY

Aboriginal  1

Torres Strait Islander  2

Aborig. & Torres Str. Is.  3

Neither Aboriginal nor Torres Str. Isl  4

TIME OF BIRTH  hours

BIRTHWEIGHT  grams

GESTATION (clinical assessment at birth)  weeks  days

HEAD CIRCUMFERENCE AT BIRTH  cm

LENGTH AT BIRTH  cm

PLURALITY

Single  1

Twin I  2

Twin II  2

Other (Specify)

SEX

Male  1

Female  2

Indeterm.  3

BIRTH STATUS

Born alive  1

Stillborn  2

- macerated

No  1 Yes  2

APGAR SCORE

1 min 5 mins

Heart rate

Respiratory effort

Muscle tone

Reflex irritability

Colour

TOTAL

RESUSCITATION

You may tick more than one box

None  1

Suction (oral, pharyngeal etc)  02

Suction of meconium (oral, pharyngeal etc)  03

Suction of meconium via ETT  04

Facial O<sub>2</sub>  05

Bag and mask  06

IPPV via ETT  07

Narcotic antagonist injection  08

External cardiac massage  09

Other (specify-include drugs)

Urine

Meconium

Cord pH? No  1 Yes  2

Cord pH value

BE

VITAMIN K (first dose)

Oral  1

IM  2

None  3

HEPATITIS B (birth dose vaccination)

No  1 Yes  2

POSTNATAL DETAILS

BABY NEONATAL MORBIDITY

None

Jaundice  → Diagnosis

Respiratory distress  → Diagnosis

Hypo/Hyperglycaemia or Normal  → Results

Neonatal abstinence syndrome  → Drug name

Infection  → Diagnosis

Other (specify)  →

NEONATAL TREATMENT

None  1

Oxygen for > 4 hours  02

Phototherapy  03

IV/IM antibiotics  04

IV fluid  05

Mechanical ventilation  06

Blood glucose monitoring  10

CPAP  11

Oro / naso gastric feeding  12

Other treatment

Was baby admitted to ICN/SCN? No  Yes

If yes, how many days was baby admitted to:

• ICN (days)

• SCN (days)

Main reason for admission to ICN/SCN

CONGENITAL ANOMALY

No  1 Yes  2 Suspected  3

If yes or suspected enter details below or in the Congenital Anomaly section.

AIR ENTRY

RESPIRATION RATE

HEAT SOUNDS

Was anomaly diagnosed antenatally? No  1 Yes  2

DISCHARGE DETAILS

MOTHER PUERPERIUM COMPLICATIONS

You may tick more than one box

None

Haemorrhoids

Wound infection

Anaemia

Dehiscence/disruption of wound

Febrile

UTI

Spinal headache

Secondary PPH

Other (specify)

PUERPERIUM PROCEDURES AND OPERATIONS

You may tick more than one box

None

O872 Blood Patch  1823300

O860 Blood Transfusion  1370601

O9903 D & C  1656400

O864 Other (specify)

Discharged  1

Transferred  2 Place of Transfer

Died  3

Remaining in  4

Date

Early Discharge Program No  1 Yes  2

BABY Neonatal Screening

Discharge weight  grams

Discharged  1

Transferred  2 Place of transfer

Died  3

Remaining in  4

Date

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

You may tick more than one box

Breast milk/colostrum  1

Infant formula  2

Water, fruit juice or water-based products  3

Nil by mouth  4

TYPES OF FLUID BABY RECEIVED IN THE 24 HOURS PRIOR TO DISCHARGE.

You may tick more than one box

Breast milk/colostrum  1

Infant formula  2

Water, fruit juice or water-based products  3

Nil by mouth  4

ALTERNATE FEEDING METHOD

You may tick more than one box

None

Bottle  02

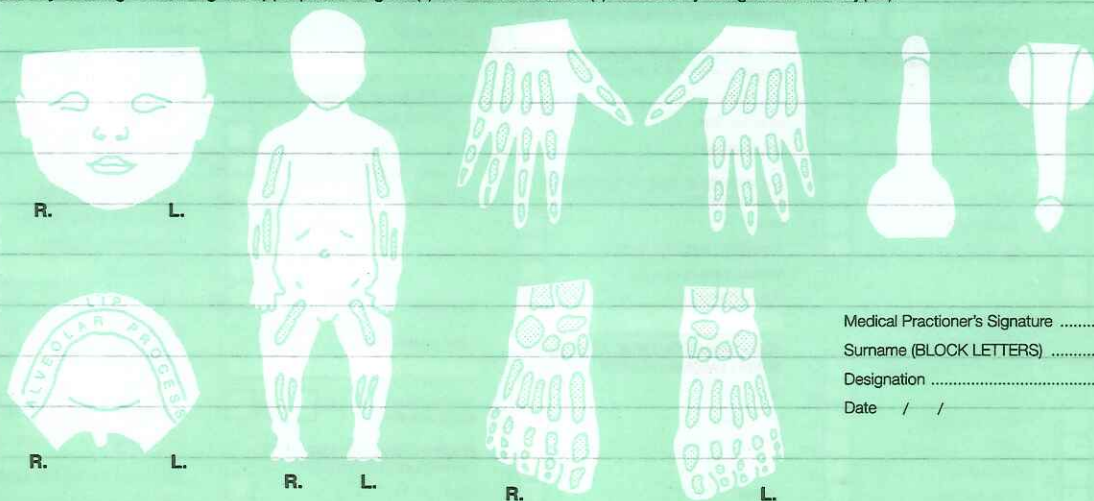
Cup  03

Syringe  04

Other (specify)

CONGENITAL ANOMALY/ MORBIDITY DATA

B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(ies).



Medical Practitioner's Signature .....

Surname (BLOCK LETTERS) .....

Designation .....

Date / /

Additional Congenital Anomaly description or details

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