QUEENSLAND PERINATAL DATA COLLECTION FORM

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	PLACE OF DELIVERY DATE OF ADMISSION (for delivery)	SURNAME UR No.			
STIN	MOTHER'S COUNTRY OF BIRTHSEROLOGY	FIRST NAME DOB			
MOTHER'S DETAILS	INDIGENOUS STATUS MARITAL STATUS ACCOMMODATION RPR	SECOND NAME			
B'S	Aboriginal Never Married Public Hepatitis B				
THE	Torres Strait Islander Married/defacto Private Blood Group				
M	Neither Aboriginal nor Divorced Hin	POSTCODE			
	Torres Str. Is. Separated Antibodies No Yesl Other				
	PREVIOUS PREGNANCIES METHOD OF DELIVERY OF	ANTENATAL TRANSFER No Yes Time of transfer (include transfers from planned home birth to hospital, from birthing • prior to onset of labour			
	None (go to next section)	Centre to acute care areas etc.) Reason for transfer			
PREVIOUS PREGNANCIES	Vaginal non-instrumental Forceps				
NAN	Number of previous pregnancies resulting in: Vacuum extractor	Transferred from			
REG	Only livebirths Only stillbirths LSCS	SMOKING			
USP	Only abortions/miscarriages/ectopic/hydatiform mole	During the first 20 weeks of pregnancy			
SVIO	Livebirth & stillbirth Other (specify)	Did the mother smoke? If yes, how many cigarettes per day?			
PR	Livebirth & abortion/miscarriages/ectopic/hydatiform mole Stillbirth & abortion/miscarriages/ectopic/hydatiform mole	Was smoking cessation advice offered by a health care provider? No Yes Yes			
	Livebirth, stillbirth & abortion/miscarriages/ectopic/	After 20 weeks of pregnancy Did the mother smoke? No Yes			
	hydatiform mole TOTAL NUMBER of previous pregnancies	If yes, how many cigarettes per day? Was smoking cessation advice offered by a health care provider? No Yes			
	NUMBER OF VISITS				
	LMP Less than 2	GESTATION AT FIRST ANTENATAL VISIT Weeks			
	2-4 PRE	EGNANCY COMPLICATIONS PROCEDURES AND OPERATIONS ASSISTED CONCEPTION			
	by US scan/dates/clinical assessment 8 or more	I may tick more than one box (during pregnancy, labour and delivery) Was this pregnancy the result of assisted conception?			
X	CURRENT MEDICAL CONDITIONS You may tick more than one box API	H (<20 weeks)			
	API CM None	H (20 weeks or later) due to Chorionic villus sampling			
NAN	Essential hypertension WEIGHT Re-existing diabetes mellitus	abruption			
REGI	(self-reported at conception) • insulin treated	Other Cervical suture			
NTP	oral hypoglycaemic therapy ANTENATAL CARE other Ges	stational diabetes Other (specify)			
PRESENT PREGNANCY	You may tick more than one box Asthma (treated during this pregnancy)	insulin treated GIFT oral hypoglycaemic			
P	No antenatal care Epilepsy Public hospital/clinic Genital hemes (active during this pregnancy)	therapy ULTRASOUNDS other Number of scans Other (specify)			
	midwifery practitioner PIF				
	Public hospital/clinic medical practitioner Renal condition (specify)	moderate Were any of the following performed? severe Nuchal translucency ultrasound No Yes			
	General practitioner Cardiac condition (specify) Private medical practitioner Other (specify) Oth	severe Nucriai translucency ditrasound No Yes er (specify) Morphology ultrasound scan No Yes			
	Private medical practitioner Other (specify) Private midwife practitioner	Assessment for chorionicity scan No Yes			
	INTENDED PLACE OF If labour induced WATER BIRTH BIRTH AT ONSET OF Was this a water birth?	PRINCIPAL ACCOUCHEUR Tick can have solve. LABOUR AND DELIVERY COMPLICATIONS You may tick more than one box			
	BIRTH AT ONSET OF LABOUR Reason for induction Was this a water birth?	Tick one box only Obstetrician None			
	Hospital If yes, was the water birth	Other medical officer Meconium liquor			
	Unplanned	Midwife Fetal distress Student midwife Cord prolapse			
	Other Defore delivery REASON FOR FORCEPS/VA	ACUUM Medical student Cord entanglement with compression			
	LENGTH OF LABOUR	Other (specify) Failure to progress			
	ACTUAL PLACE OF BIRTH OF BABY • 1st stage	N Prolonged second stage (active) PERINEUM Precipitate labour/delivery			
	Hospital • 2nd stage Cervical dilation prior to caes	Please tick the most severe			
	Birthing centre PRESENTATION AT BIRTH 3cm or less	Grazes • with haemorrhage			
ERY	Home Tick one box only More than 3cm Other (BBA) Vertex	Lacerated 1st degree • without haemorrhage Primary PPH (500-999ml)			
LABOUR AND DELIVERY	Breech PLACENTA / CORD	-2nd degree Primary PPH (=>1000ml)			
ND	ONSET OF LABOUR Face	-4th degree Other (specify)			
UR A	Spontaneous Brow Transverse/shoulder NON-PHARMACOLOGICAL				
ABO	Induced Other (specify) DURING LABOUR/DELIVER	RY Other genital trauma Fetal scalp pH? No Yes			
	No labour (caesarean section) Heat pack	Surgical repair of Vacina or perineum? No Yes Lactate? No Yes			
	Birth ball	vagina or perineum? No Yes Lactate? No Yes Lactate result			
	Methods used to induce labour or METHOD OF BIRTH Shower	PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY ANAESTHESIA FOR DELIVERY			
	augment labour? Tick one box only Water Immersion	None None Nitrous oxide Epidural			
	Artificial rupture of Forceps Aromatherapy	Systemic opioid (incl. narcotic (IM/IV)) Spinal			
	Membranes (ARM) Vacuum extractor Homeopathy	Epidural Combined Spinal-Epidural Spinal General Anaesthetic			
	Oxytocin LSCS Acupuncture Prostaglandins Classical CS TENS	Combined Spinal-Epidural Local to perineum Caudal Dividendal			
	Other (specify) Other (specify) Other (specify)	Vagina or perineum? No Yes Lactate? No Yes Lactate? PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY None Nitrous oxide Systemic opioid (incl. narcotic (IM/IV)) Epidural Spinal Combined Spinal-Epidural Combined Spinal-Epidural Caudal Other (specify) Lactate? No Yes Lactate? No Yes Lactate? Caudate result ANAESTHESIA FOR DELIVERY None Epidural Spinal Combined Spinal-Epidural Caudal Other (specify) Caudal Other (specify)			
		Other (specify)			

	14/3/4		TO A STATE OF THE
	For multiple births complete one form per baby	D book B	CONTROL SERVICE SERVIC
		PLURALITY APGAR SCORE	RESUSCITATION Urine
	BABY'S UR No.	Single 1 min 5 min	
	DATE OF PURE.	Twin I Heart rate	None A shakedO // FUTAM Cord pH?
	DATE OF BIRTH	Twin II Respiratory effort	Suction (oral, pharyngeal etc)
BABY	TIME OF BIRTH hours	Other (Specify) Muscle tone Reflex irritability	Suction of meconium (oral, pharyngeal etc) Cord pH value
	hours	SEX Colour	Suction of meconium via ETT
	BIRTHWEIGHT grams	Male TOTAL	Facial 0 ₂ Bag and mask BE
		Female REGULAR RESPIRATION	IDPN/sig ETT VITAMIN K
	GESTATION weeks	Indeterm. REGULAR RESPIRATION minutes	Narcotic antagonist injection
	(clinical assessment at birth)	BIRTH STATUS 19 JAROMES	External cardiac massage IM
	HEAD CIRCUMFERENCE . cm	Born alive OR At birth Stillborn OR Intubated/Ventilated	Other (specify-include drugs) None None
	AT BIRTH	- macerated OR Respirations not estab	HEPATITIS B
	LENGTH AT BIRTH	No Yes 291H	(birth dose vaccination)
		NEONATAL TREATMENT	No 2 Yes
-	BABY	20MAH bas None	Was baby admitted to ICN/SCN? CONGENITAL ANOMALY
ILS	NEONATAL MORBIDITY	Oxygen for > 4 hours Phototherapy	No Yes No Yes Overacted
DETAILS	None	IV/IM antibiotics	No res Suspected
LD	Jaundice — Diagnosis Respiratory distress — Diagnosis	biult VI'LE TONE	If yes, how many days was baby admitted to: If yes or suspected enter details below or in the Congenital Anomaly section.
ATA	Hypo/Hyperglycaemia or Normal Results	Mechanical ventilation ≪— Blood glucose monitoring	• ICN (days) (Alays)
N. L	Neonatal abstinence syndrome > Drug name	CPAP	• SCN (days) SCN (days)
POSTNATAL	Infection Diagnosis	Oro / naso gastric feeding	Main reason for admission to ICN/SCN
	Other (specify)	Other treatment	Jawrijce (state cause)
	MOTHER PUERPERIUM PUERPERIUM	Diophyraed	BABY Neonatal Property of fluid the baby has received
	COMPLICATIONS PROCEDURES AND	Discharged	Screening at any time during the birth episode You may tick more than one box
	You may tick more than one box OPERATIONS You may tick more than	Place of transfer BOBIC	Discharge weight grams Breast milk/colostrum
S	None None	Remaining in	Discharged Infant formula
AIL	Haemorrhoids Blood Patch	Date	Transferred Place of transfer Water, fruit juice or water-based products
DETAILS	Anaemia Blood Transfusio		Remaining in Nil by mouth
	Dehiscence/disruption D & C Other (specify)	Early Discharge	In the 24 hours prior to discharge
HARGE	Febrile	Program	has the baby received: You may tick more than one box
DISCF	UTI	No Yes	Breast milk/colostrum
ā	Spinal headache Secondary PPH		Infant formula
	Other (specify)		Water, fruit juice or water-based products
			Nil by mouth
			Has the baby ever been fed by a bottle
			No Yes
	B. Indicate by snading or marking the appropr	ate diagram(s) the anatomical site(s) affected by co	ngenital anomaly(les).
		The state of the s	
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DAT		- A BYING 0	10.01
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S	LIP JA		
IAL	622		Medical Practioner's Signature
No.	[m] BD		Surname (BLOCK LETTERS)
A	101	6,000	Designation
ITAI		1 900 00	Date / /
CONGENITAL ANOMALY/MORBIDITY DATA			15.15
NO	Additional Congenital Anomaly description or details.		OFFICE USE ONLY
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