

PERINATAL STATISTICS

QUEENSLAND 2014



Version 1.0

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PERINATAL STATISTICS

QUEENSLAND

2014

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Incidence Data

Queensland Newborn Screening

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- . The Registrar-General's Office for providing additional data on perinatal deaths,
- . The Queensland Office of the Australian Bureau of Statistics for its assistance and advice,
- . The staff of the Perinatal Data Collection,
- . The Newborn Screening Unit for their contribution.

INTRODUCTION

The Queensland Perinatal Data Collection commenced in November 1986 after State legislation under Part II of the *Health Act 1937* was amended to include 'Division XII - Perinatal Statistics' requiring that perinatal data be provided to the Chief Executive for every child born in Queensland. The collection was established to provide a basic source of information for research into obstetric and neonatal care and to assist with the planning of Queensland's health services. In addition, it enables the monitoring of neonatal morbidity and congenital anomalies.

This report presents summary statistics based on the data collected for 2014.

Changes are routinely introduced to the collection on a financial year basis. Calendar year publications will reflect these changes as far as possible. The introduction of ICD-10-AM Seventh Edition occurred from 1 July 2012. For previous years, notations are made where relevant for items or coding that have changed in mid-year.

DATA COLLECTION

Perinatal Data Collection forms were forwarded to Queensland Department of Health by public hospitals, private hospitals, and homebirth practitioners or in the case of hospitals using electronic systems, an extract was provided. The forms were designed to be an integral part of the mother's medical record, both to reduce duplication of recording and to ensure optimum accuracy of data. The Statistical Collections and Integration Team (previously Data Collections Unit), which conducts the collection, has encouraged the practice that wherever possible, midwives complete the forms and suggests that the forms be considered an essential part of the nursing summary. For homebirths, the responsibility for the completion and return of the forms rests with homebirth practitioners.

The Obstetric Summary and Neonatal Notes (MR63D) form collected antenatal, intrapartum and postpartum data. Two editions of the Obstetric Summary and Neonatal Notes (MR63D) forms were used in 2014. These forms (January to June 2014 and July to December 2014 MR63D) are shown in Appendix B. It is also important to note that a large number of birthing hospitals now submit data electronically.

In addition to information from these forms, the collection was supplemented by information from Medical Certificates of Cause of Perinatal Death from the Registrar-General's Office.

EXPLANATORY NOTES

Scope

The statistics shown in this report relate to confinements/births that occurred in Queensland during 2014 and were reported to the Perinatal Data Collection. Confinements/births that occurred outside Queensland, but where the mother was usually resident in Queensland, were not captured by the Collection. Conversely, births that occurred in Queensland, but where the mother's usual residence was overseas or interstate, are included in the statistics. The scope of the Collection ceases at the point of formal separation - discharge, transfer or death.

Data quality

A number of quality control procedures have been employed to ensure that the statistics produced are reliable. The Statistical Collections and Integration Team run a series of input editing checks on the data to check unusual and incomplete data items, these checks include: data entry checks, coding checks, validation queries for internal and external purposes and quarterly queries for unusual, ambiguous or incomplete data items.

Definitions

Actual place of birth

Actual place where the birth of the baby occurred.

Apgar score

A numerical scoring system usually applied at one minute and five minutes after birth to evaluate the condition of the baby, based on heart rate, respiration, muscle tone, reflexes and colour.

Antenatal care type

The place or type of practitioner from whom antenatal care was received during the pregnancy.

Assessment for chronicity scan

An ultrasound to distinguish between twins who share a membrane. This will identify those multiples who share a chorion and are at risk of twin to twin transfusion syndrome.

Assisted conception

The current pregnancy was the result of assisted conception; that is, there was a method used to increase the chance of fertilisation in the infertile or subfertile woman or couple.

Augmentation

Intervention after the spontaneous onset of labour to assist the progress of labour.

Baby

A product of conception that is born alive or if stillborn is of at least 20 weeks gestation and/or 400 grams in weight.

Baby's place of death

The location of death of the baby.

Birth

The process by which a baby is expelled or extracted from the mother. The number of births per year is equal to the number of livebirths and stillbirths in that year.

Birth order

The order of each baby of a multiple birth.

Birthweight

The first recorded weight of the newborn baby, usually measured in the first hour after birth. Low birthweight babies are those whose weight is less than 2,500 grams and this category includes very low birthweight babies whose weight is less than 1,500 grams as well as extremely low birthweight babies whose weight is less than 1,000 grams.

Congenital anomaly

A structural defect or chromosomal abnormality, including deformations that are present at birth and diagnosed prior to separation from care.

Cord pH

The measurement of the umbilical cord pH.

CTG in labour

Indicating whether Cardiotocography (CTG) monitoring was performed.

Date of admission

The date of admission of the mother for birth to the facility where the confinement takes place.

Date of confinement

The date the mother births her baby and in the case of a multiple birth the date of the birth of the first baby.

Estimated date of confinement

Estimated date of birth as indicated by ultrasound scan, date of last menstrual period or clinical assessment.

Fetal scalp pH

Measurement of the fetal scalp pH.

First day of the last menstrual period

Date of the first day of the mother's last menstrual period (LMP).

Fluid baby received in the birth episode

The type of fluid ingested by the baby at any time prior to discharge.

Fluid baby received 24hrs prior to discharge

The type of fluid ingested by the baby in the twenty four hours prior to discharge.

FSE in labour

Indicating whether Fetal Scalp Electrode (FSE) monitoring was performed.

Gestation

The estimated gestational age of the baby in completed weeks as determined by clinical assessment. Preterm births are identified as those babies whose gestation is less than 37 completed weeks. In cases of multiple births where an intrauterine fetal death (IUFD) occurred, the gestational age is estimated as the age at death and not the age at birth.

GrandMultipara

A pregnant woman who has had at least five previous pregnancies resulting in a livebirth or stillbirth.

Hepatitis B vaccination status

The Hepatitis B vaccination status of the baby at birth.

Indigenous Status

An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he/she lives.

Induction

Intervention to stimulate the onset of labour.

Intended birth place

The intended place of birth of the baby at the onset of labour.

Labour and birth complication

Complication arising within labour or birth that may have significantly affected care during this time.

Livebirth

The complete expulsion or extraction from the mother of a baby which shows evidence of life, (eg: has a heartbeat), irrespective of birthweight or gestational age.

Macerated

The softening and breaking down of skin from prolonged exposure of a dead fetus to amniotic fluid.

Medical conditions

Pre-existing maternal diseases and conditions, and other diseases, illnesses or conditions arising during the current pregnancy, that are not directly attributable to the pregnancy but may significantly affect care during the current pregnancy and/or pregnancy outcome.

Method of birth

The method of complete expulsion or extraction from its mother of a product of conception.

Method of birth of last birth

The method of complete expulsion or extraction from its mother of a product of conception in last birth event.

Morphology ultrasound scan

An ultrasound to allow the early diagnosis of morphologic abnormalities.

Mortality rates

Stillbirth rate - the number of stillbirths per 1,000 births.

Neonatal mortality rate - the number of neonatal deaths per 1,000 livebirths.

Perinatal mortality rate - the number of perinatal deaths per 1,000 births.

Mother

A woman who gave birth to one or more babies in Queensland during the reference period.

Multipara

A pregnant woman who has had at least one previous pregnancy resulting in a livebirth or stillbirth.

Neonatal death

The death of a live born baby within the first 28 days of life.

Non-Pharmacological Analgesia administered during labour

The type of non-pharmacological analgesia used by the mother to relieve pain during the labour and/or birth.

Nuchal translucency ultrasound

An ultrasound to assess for trisomy 21 chromosomal abnormalities.

Outcome of previous pregnancies

The number of previous pregnancies resulting in stillbirths (of at least 20 weeks gestation and /or 400 grams), spontaneous abortion or induced termination of pregnancies (of less than 20 weeks gestation and less than 400 grams) or livebirth outcomes.

Perinatal death

A stillbirth or neonatal death.

Perinatal period

The perinatal period commences at 20 completed weeks (140 days) of gestation and ends 28 completed days after birth.

Period in ICN/SCN

Total number of whole or part calendar days that baby spent in intensive care nursery/special care nursery.

Pharmacological Analgesia administered during labour

Type of pharmacological agents administered to the mother by injection or inhalation to relieve pain during labour and/or birth.

Plurality

The number of births resulting from a pregnancy. Plurality of a pregnancy is determined by the number of livebirths or by the number of fetuses that remain in utero at 20 weeks gestation and that are subsequently born separately. In multiple pregnancies, or if gestational age is unknown, only livebirths of any birthweight or gestational age, or fetuses weighing 400g or more, are taken into account in determining plurality. Fetuses aborted before 20 completed weeks are excluded.

Position of congenital anomaly

The laterality of the structural abnormalities (including deformations) present at birth.

Pregnancy complication

Complications arising up to the period immediately preceding birthing that are directly attributable to the pregnancy and may have significantly affected care during the current pregnancy and/ or pregnancy outcome.

Presentation

That part of the fetus which is lowermost in the uterus at birth.

Primipara

A pregnant woman who has had no previous pregnancy resulting in a livebirth or stillbirth.

Primary reason for induction

Primary reason for the need to induce labour.

Principal accoucheur

The principal person assisting the mother in the birth of the baby.

Puerperium

The six week period for the mother following birth.

Puerperium complication

The medical and obstetric complications of the mother occurring during the postnatal period up to the time of separation from care.

Puerperium procedures and operations

Any procedure or operation the mother had during the puerperium.

Separation date

Date on which an admitted patient completes an episode of care.

Smoking

An indicator of whether the mother has smoked any cigarettes at any time during the pregnancy.

State/Territory of birth

The state/territory in which the birth occurred.

Stillbirth

The complete expulsion or extraction from the mother of a product of conception of at least 20 weeks gestation and/or 400 grams birthweight which, after separation, did not show any signs of life, that is, did not have a heartbeat.

Underlying cause of perinatal death

The disease or condition present in either the fetus, neonate or mother which, in the opinion of the certifier, was the single underlying cause of the perinatal death, i.e. the disease condition which initiated the train of events which lead to death.

Water Birth

An indicator of whether the birth was a water birth. For a birth to be considered a water birth, the baby's head must remain submerged under water until after the body is born.

APPENDIX A: UNPUBLISHED DATA AVAILABLE FROM THE PERINATAL DATA COLLECTION

(Release of data is subject to confidentiality restrictions)

MOTHER

Place of birth
Age
Country of birth
Indigenous status
State of usual residence
Statistical local area of usual residence
Marital status
Weight
Height
Accommodation status
Antenatal transfer
Antenatal transfer place
Time of antenatal transfer
Reason for antenatal transfer
Assisted conception methods
Date of admission
Previous pregnancy outcomes
(live births, stillbirths, miscarriages/abortions)
Method of birth of last birth
Number of previous Caesareans
Date of LMP
Estimated date of confinement
Antenatal care
Number of antenatal visits
Medical conditions
Pregnancy complications
Procedures and operations
Number of ultrasound scans
Intended place of birth at onset of labour
Actual place of birth of baby
Onset of labour
Methods of induction/augmentation
Reason for Induction
Length of time membranes ruptured before birth
Length of first stage of labour
Length of second stage of labour
Presentation
Non-Pharmacological Analgesia during labour
Pharmacological Analgesia during labour
Anaesthesia methods for birth
Method of birth
Reason for Induction
Reason for Caesarean
Cervical dilation prior to Caesarean
Accoucheur
Perineal status
Episiotomy
Surgical repair of vagina or perineum
Gestation at first antenatal visit
Labour and birth complications

Puerperium complications
Separation type
Date of separation
Place of transfer
Smoking during pregnancy (status and number)
Smoking cessation advice
Puerperium procedures & operations
Parity

BABY

Date of birth
Time of birth
Birthweight
Gestation
Plurality
Sex
Born alive/stillborn
Route of administration of vitamin K
Hepatitis B vaccination
Apgar score (1 and 5 minutes)
Time to establish respirations
Resuscitation methods
Neonatal morbidity
Neonatal treatment methods
Congenital anomalies
Antenatal diagnosis of congenital anomalies
Indigenous status of baby
Days in ICN
Days in SCN
Main reason for admission to ICN/SCN
Fluid received in the birth episode
Fluid received in the 24hrs prior to discharge
Use of a bottle
Date of separation
Separation type
Place of transfer

PERINATAL DEATHS

Date of death
Age at death
Indigenous status of baby
Place of death
Macerated (stillbirths)
When heartbeat ceases
Post-mortem performed
Post-mortem confirmed
Main and other maternal diseases
Main and other causes of death

APPENDIX B

PERINATAL DATA COLLECTION FORM (MR63D) January to June 2014

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	SEROLOGY	1ST GIVEN NAME	DOB
PREVIOUS PREGNANCIES	INDIGENOUS STATUS	MARITAL STATUS	ACCOMMODATION STATUS OF MOTHER	Antibodies No <input type="checkbox"/> Yes <input type="checkbox"/>
	Aboriginal	Never Married	Public	Other
PRESENT PREGNANCY	PREVIOUS PREGNANCIES	METHOD OF DELIVERY OF LAST BIRTH	ANTENATAL TRANSFER	Time of transfer
	None	Vaginal non-instrumental	No <input type="checkbox"/> Yes <input type="checkbox"/>	• prior to onset of labour
LABOUR AND DELIVERY	EDC	HEIGHT	WEIGHT	ANTENATAL CARE
	None	Essential hypertension	Pre-existing diabetes mellitus	• oral hypoglycaemic therapy
LABOUR AND DELIVERY	INTENDED PLACE OF BIRTH AT ONSET OF LABOUR	MEMBRANES RUPTURED	REASON FOR FORCEPS/VAGUUM	PRINCIPAL ACCOUCHEUR
	Hospital	_____ days _____ hours _____ mins	REASON FOR CAESAREAN	Obstetrician
LABOUR AND DELIVERY	ACTUAL PLACE OF BIRTH OF BABY	LENGTH OF LABOUR	ANTIBIOTICS AT TIME OF CAESAREAN	DAMAGE TO THE PERINEUM
	Hospital	• 1st stage _____ hours _____ mins	None	None
LABOUR AND DELIVERY	ONSET OF LABOUR	PRESENTATION AT BIRTH	NON-PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY	PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY
	Spontaneous	Vertex	None	None
LABOUR AND DELIVERY	IF LABOUR INDUCED	WATER BIRTH	TENS	ANAESTHESIA FOR DELIVERY
	Reason for induction	No <input type="checkbox"/> Yes <input type="checkbox"/>	Water injection	None

MR63D - STATISTICAL COLLECTIONS AND INTEGRATION © July 2013

PERINATAL DATA COLLECTION FORM (MR63D) January to June 2014 (continued)

BABY

For multiple births complete one form per baby

BABY'S UR No.

DATE OF BIRTH

INDIGENOUS STATUS - BABY
 Aboriginal
 Torres Strait Islander
 Aborig. & Torres Str. Is.
 Neither Aboriginal nor Torres Str. Is.

TIME OF BIRTH hours minutes

BIRTHWEIGHT grams

GESTATION (clinical assessment at birth) weeks days

HEAD CIRCUMFERENCE AT BIRTH cm

LENGTH AT BIRTH cm

PLURALITY
 Single
 Twin I
 Twin II
 Other (Specify)

SEX
 Male
 Female
 Indeterm.

BIRTH STATUS
 Born alive
 Stillborn
 - macerated
 No Yes

APGAR SCORE
 1 min 5 mins
 Heart rate
 Respiratory effort
 Muscle tone
 Reflex irritability
 Colour
 TOTAL

REGULAR RESPIRATIONS minutes

OR At birth
 OR Intubated/Ventilated
 OR Respirations not established

RESUSCITATION
 You may tick more than one box
 None
 Suction (oral, pharyngeal etc)
 Suction of meconium (oral, pharyngeal etc)
 Suction of meconium via ETT
 Facial O₂
 Bag and mask
 IPPV via ETT
 Narcotic antagonist injection
 External cardiac massage
 Other (specify-include drugs)

HEPATITIS B IMMUNOGLOBULIN
 No Yes

Urine
 Meconium
 Cord pH? No Yes
 Cord pH value
 BE
 VITAMIN K (first dose) Oral
 IM
 None
 HEPATITIS B (birth dose vaccination) No Yes

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
 Oxygen for > 4 hours
 Phototherapy
 IV/IM antibiotics
 IV fluid
 Mechanical ventilation
 Blood glucose monitoring
 CPAP
 Oro / naso gastric feeding
 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 Yes Suspected
 If yes or suspected enter details below or in the Congenital Anomaly section.

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)

THROMBOPROPHYLAXIS FOLLOWING CAESAREAN
 You may tick more than one box
 None
 Pharmacological thromboprophylaxis
 Intermittent Calf Compression
 TED Stocking
 Other thromboprophylaxis

PUERPERIUM PROCEDURES AND OPERATIONS
 You may tick more than one box
 None
 Blood Patch
 Blood Transfusion
 D & C
 Other (specify)

Discharged
 Transferred Place of Transfer
 Died
 Remaining in
 Date
 Early Discharge Program No Yes

BABY Neonatal Screening
 Discharge weight grams
 Discharged
 Transferred Place of transfer
 Died
 Remaining in
 Date

TYPES OF FLUID BABY RECEIVED AT ANY TIME FROM BIRTH TO DISCHARGE
 You may tick more than one box
 Breast milk/colostrum
 Infant formula
 Water, fruit juice or water-based products
 Nil by mouth

TYPES OF FLUID BABY RECEIVED IN THE 24 HOURS PRIOR TO DISCHARGE.
 You may tick more than one box
 Breast milk/colostrum
 Infant formula
 Water, fruit juice or water-based products
 Nil by mouth

ALTERNATE FEEDING METHOD
 You may tick more than one box
 None
 Bottle
 Cup
 Syringe
 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.

OFFICE USE ONLY

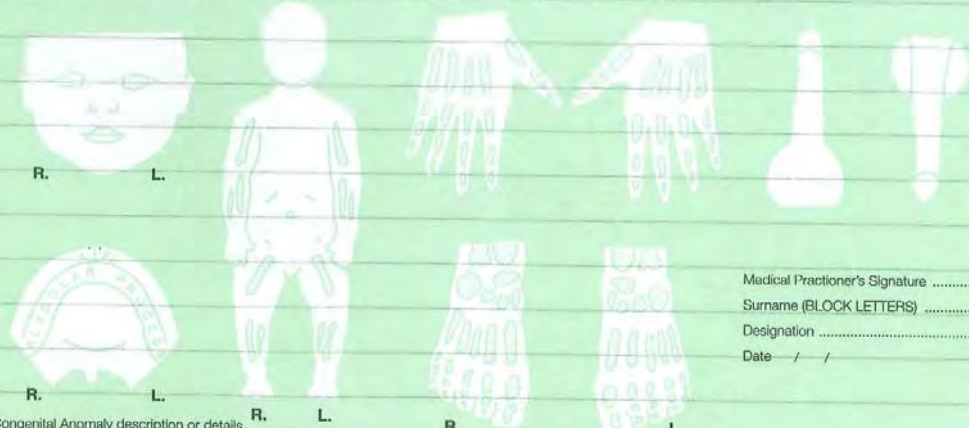
PERINATAL DATA COLLECTION FORM (MR63D) July to December 2014

QUEENSLAND PERINATAL DATA COLLECTION FORM

MOTHER'S DETAILS	PLACE OF DELIVERY _____	DATE OF ADMISSION (or delivery) _____	FAMILY NAME _____	UR No. _____
	MOTHER'S COUNTRY OF BIRTH _____	SEROLOGY _____	1ST GIVEN NAME _____	DOB _____
PREVIOUS PREGNANCIES	INDIGENOUS STATUS	MARITAL STATUS	ACCOMMODATION STATUS OF MOTHER	PPR.....IgG.....
	Aboriginal Torres Strait Islander Aborig. & Torres Str. Is. Neither Aboriginal nor Torres Str. Is.	1 Never Married 2 Married/defacto 3 Widowed 4 Divorced 5 Separated	1 Public 4 Private	Rubella _____ Blood Group _____ Rh _____ Antibodies No <input type="checkbox"/> Yes <input type="checkbox"/> Other _____
	Number of previous pregnancies resulting in: Only livebirths _____ Only stillbirths _____ Only abortions/miscarriages/ectopic/hydrationform mole _____ Livebirth & stillbirth _____ Livebirth & abortion/miscarriages/ectopic/hydrationform mole _____ Stillbirth & abortion/miscarriages/ectopic/hydrationform mole _____ Livebirth, stillbirth & abortion/miscarriages/ectopic/hydrationform mole _____			
PRESENT PREGNANCY	LMP _____	TOTAL NUMBER OF VISITS _____	CURRENT MEDICAL CONDITIONS	
	EDC _____	You may tick more than one box.		
	HEIGHT _____ cm	Essential hypertension _____ 0100 Pre-existing diabetes mellitus _____ • Type 1 diabetes _____ 0240 • Type 2 insulin treated _____ 02412 • Type 2 oral hypoglycaemic therapy _____ 02413 • Type 2 diet/exercise _____ 02414 • Other (specify) _____ Asthma (treated during this pregnancy) _____ J459 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 _____ Hepatitis C Active _____ Hepatitis C Carrier _____ Other (specify) _____		
WEIGHT _____ kg	PREGNANCY COMPLICATIONS			
ANTENATAL CARE	You may tick more than one box.			
No antenatal care _____	None _____ 0209			
Public hospital/clinic midwifery practitioner _____ 06	APH (<20 weeks) _____ 0459 APH (<20 weeks or later) due to _____ 0441 • abortion _____ 0469 • placenta praevia _____ • other _____ Gestational diabetes _____ 02442 • insulin treated _____ 02443 • oral hypoglycaemic therapy _____ 02444 Hypertension _____ 013 • Gestational (mild) _____ 0140 • Pre eclampsia (moderate) _____ 0141 • Pre eclampsia (severe) _____ 0142 • HELLP _____ Other (specify) _____			
Public hospital/clinic medical practitioner _____ 07	PROCEDURES AND OPERATIONS (during pregnancy, labour and delivery) You may tick more than one box.			
General practitioner _____ 08	None _____ Chorionic villus sampling _____ 1680300 Amniocentesis (diagnostic) _____ 1690000 Cordocentesis _____ 1660600 Cervical suture (for cervical incompetence) _____ 1651100 Other (specify) _____			
Private medical practitioner _____ 03	ASSISTED CONCEPTION			
Private midwife practitioner _____ 04	Was this pregnancy the result of assisted conception? No <input type="checkbox"/> Yes <input type="checkbox"/> 2			
LABOUR AND DELIVERY	Gestation at first antenatal visit _____ Weeks			
	INTENDED PLACE OF BIRTH AT ONSET OF LABOUR	MEMBRANES RUPTURED		
	Hospital _____ 1	_____ days _____ hours _____ mins		
	Birth centre _____ 2	before delivery		
	Home _____ 4	LENGTH OF LABOUR		
	Other _____ 8	_____ hours _____ minutes		
ACTUAL PLACE OF BIRTH OF BABY	REASON FOR FORCEPS/VACUUM			
Hospital _____ 1	_____			
Birth centre _____ 2	MAIN REASON FOR CAESAREAN			
Home _____ 4	_____			
Other (BBA) _____ 8	1st ADDITIONAL REASON FOR CAESAREAN			
ONSET OF LABOUR	2nd ADDITIONAL REASON FOR CAESAREAN			
Tick one box only	_____			
Spontaneous _____ 1	Cervical dilation prior to caesarean			
Induced _____ 2	3cm or less _____ 1			
No labour (caesarean section) _____ 3	More than 3cm _____ 2			
Methods used to induce labour or augment labour? You may tick more than one box	Not measured _____ 3			
Artificial rupture of Membranes (ARM) _____ 1	ANTIBIOTICS AT TIME OF CAESAREAN			
Oxytocin _____ 2	Tick one box only			
Prostaglandins _____ 3	None _____ 1			
Other (specify) _____	Prophylactic antibiotics received _____ 2			
	Antibiotics already received _____ 3			
PLACENTA/ CORD	PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY			
_____	None _____ 02			
	Heat pack _____ 03			
	Birth ball _____ 04			
	Massage _____ 05			
	Shower _____ 06			
	Water Immersion _____ 07			
	Aromatherapy _____ 08			
	Homeopathy _____ 09			
	Acupuncture _____ 10			
	TENS _____ 11			
	Water Injection _____			
	Other (specify) _____			
	WATER BIRTH			
	Was this a water birth? No <input type="checkbox"/> Yes <input type="checkbox"/> 2			
	If yes, was the water birth			
	Unplanned _____ 1			
	Planned _____ 2			
	NON-PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY			
	None _____ 02			
	Nitrous oxide _____ 08			
	Systemic opioid (incl. narcotic (I/M/V)) _____ 10			
	Epidural _____ 04			
	Spinal _____ 05			
	Combined Spinal Epidural _____ 06			
	Caudal _____ 07			
	Other (specify) _____			
	LABOUR AND DELIVERY COMPLICATIONS			
	You may tick more than one box			
	None _____			
	Meconium liquor _____ 0691			
	Fetal distress _____ 0699			
	Cord prolapse _____ 0690			
	Cord entanglement with compression _____ 0692			
	Failure to progress _____ 0693			
	Prolonged second stage (active) _____ 0622			
	Precipitate labour/delivery _____ 0631			
	Retained placenta with manual removal _____ 0623			
	• 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 <input type="checkbox"/> Yes <input type="checkbox"/> 2			
	FSE in labour? No <input type="checkbox"/> Yes <input type="checkbox"/> 2			
	Fetal scalp pH? No <input type="checkbox"/> Yes <input type="checkbox"/> 2			
	Fetal scalp pH result _____			
	Lactate? No <input type="checkbox"/> Yes <input type="checkbox"/> 2			
	Lactate result _____			
	ANAESTHESIA FOR DELIVERY			
	None _____			
	Nitrous oxide _____ 02			
	Epidural _____ 08			
	Spinal _____ 04			
	Combined Spinal-Epidural _____ 05			
	General Anaesthetic _____ 10			
	Local to perineum _____ 02			
	Pudendal _____ 03			
	Caudal _____ 07			
	Other (specify) _____			

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PERINATAL DATA COLLECTION FORM (MR63D) July to December 2014 (continued)

BABY	<p>For multiple births complete one form per baby</p> <p>BABY'S UR No. <input type="text"/></p> <p>DATE OF BIRTH <input type="text"/></p> <p>INDIGENOUS STATUS - BABY</p> <p>Aboriginal <input type="checkbox"/> 1</p> <p>Torres Strait Islander <input type="checkbox"/> 2</p> <p>Aborig. & Torres Str. Is. <input type="checkbox"/> 3</p> <p>Neither Aboriginal nor Torres Str. Is. <input type="checkbox"/> 4</p> <p>TIME OF BIRTH <input type="text"/> hours <input type="text"/> minutes</p> <p>BIRTHWEIGHT <input type="text"/> grams</p> <p>GESTATION (clinical assessment at birth) <input type="text"/> weeks <input type="text"/> days</p> <p>HEAD CIRCUMFERENCE AT BIRTH <input type="text"/> cm</p> <p>LENGTH AT BIRTH <input type="text"/> cm</p> <p>PLURALITY</p> <p>Single <input type="checkbox"/> 1</p> <p>Twin I <input type="checkbox"/> 2</p> <p>Twin II <input type="checkbox"/> 2</p> <p>Other (Specify) <input type="text"/></p> <p>SEX</p> <p>Male <input type="checkbox"/> 1</p> <p>Female <input type="checkbox"/> 2</p> <p>Indeterm. <input type="checkbox"/> 3</p> <p>BIRTH STATUS</p> <p>Born alive <input type="checkbox"/> 1</p> <p>Stillborn <input type="checkbox"/> 2</p> <p>—macerated <input type="checkbox"/></p> <p>No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2</p> <p>APGAR SCORE</p> <p>1 min 5 mins</p> <p>Heart rate <input type="text"/></p> <p>Respiratory effort <input type="text"/></p> <p>Muscle tone <input type="text"/></p> <p>Reflex irritability <input type="text"/></p> <p>Colour <input type="text"/></p> <p>TOTAL <input type="text"/></p> <p>RESUSCITATION You may tick more than one box</p> <p>None <input type="checkbox"/> 01</p> <p>Suction (oral, pharyngeal etc) <input type="checkbox"/> 02</p> <p>Suction of meconium (oral, pharyngeal etc) <input type="checkbox"/> 03</p> <p>Suction of meconium via ETT <input type="checkbox"/> 04</p> <p>Facial O₂ <input type="checkbox"/> 05</p> <p>Bag and mask <input type="checkbox"/> 06</p> <p>IPPV via ETT <input type="checkbox"/> 07</p> <p>Narcotic antagonist injection <input type="checkbox"/> 08</p> <p>External cardiac massage <input type="checkbox"/> 09</p> <p>Other (specify-include drugs) <input type="text"/></p> <p>HEPATITIS B IMMUNOGLOBULIN</p> <p>No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2</p> <p>HEPATITIS B (birth dose vaccination)</p> <p>No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2</p> <p>Urine <input type="checkbox"/></p> <p>Meconium <input type="checkbox"/></p> <p>Cord pH? No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2</p> <p>Cord pH value <input type="text"/></p> <p>VITAMIN K (first dose)</p> <p>Oral <input type="checkbox"/> 1</p> <p>IM <input type="checkbox"/> 2</p> <p>None <input type="checkbox"/> 3</p>			
POSTNATAL DETAILS	<p>BABY NEONATAL MORBIDITY</p> <p>None <input type="checkbox"/></p> <p>Jaundice <input type="checkbox"/> → Diagnosis <input type="text"/></p> <p>Respiratory distress <input type="checkbox"/> → Diagnosis <input type="text"/></p> <p>Hypo/Hyperglycaemia or Normal <input type="checkbox"/> → Results <input type="text"/></p> <p>Neonatal abstinence syndrome <input type="checkbox"/> → Drug name <input type="text"/></p> <p>Infection <input type="checkbox"/> → Diagnosis <input type="text"/></p> <p>Other (specify) <input type="text"/></p> <p>NEONATAL TREATMENT</p> <p>None <input type="checkbox"/> 1</p> <p>Oxygen for > 4 hours <input type="checkbox"/> 02</p> <p>Phototherapy <input type="checkbox"/> 03</p> <p>IV/IM antibiotics <input type="checkbox"/> 04</p> <p>IV fluid <input type="checkbox"/> 05</p> <p>Mechanical ventilation <input type="checkbox"/> 06</p> <p>Blood glucose monitoring <input type="checkbox"/> 10</p> <p>CPAP <input type="checkbox"/> 11</p> <p>Oro / naso gastric feeding <input type="checkbox"/> 12</p> <p>Other treatment <input type="text"/></p> <p>Was baby admitted to ICN/SCN? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, how many days was baby admitted to:</p> <p>• ICN (days) <input type="text"/></p> <p>• SCN (days) <input type="text"/></p> <p>Main reason for admission to ICN/SCN <input type="text"/></p> <p>CONGENITAL ANOMALY</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> 3</p> <p>If yes or suspected enter details below or in the Congenital Anomaly section.</p>			
DISCHARGE DETAILS	<p>MOTHER PUERPERIUM COMPLICATIONS You may tick more than one box</p> <p>None <input type="checkbox"/></p> <p>Haemorrhoids <input type="checkbox"/> 0872</p> <p>Wound infection <input type="checkbox"/> 0860</p> <p>Anaemia <input type="checkbox"/> 09903</p> <p>Dehiscence/disruption of wound <input type="checkbox"/></p> <p>Febrile <input type="checkbox"/> 0864</p> <p>UTI <input type="checkbox"/> 0862</p> <p>Spinal headache <input type="checkbox"/> 0894</p> <p>Secondary PPH <input type="checkbox"/></p> <p>Other (specify) <input type="text"/></p> <p>THROMBOPROPHYLAXIS FOLLOWING CAESAREAN You may tick more than one box</p> <p>None <input type="checkbox"/></p> <p>Pharmacological thromboprophylaxis <input type="checkbox"/> 2</p> <p>Intermittent Calf Compression <input type="checkbox"/> 3</p> <p>TED Stocking <input type="checkbox"/> 4</p> <p>Other thromboprophylaxis <input type="text"/></p> <p>PUERPERIUM PROCEDURES AND OPERATIONS You may tick more than one box</p> <p>None <input type="checkbox"/></p> <p>Blood Patch <input type="checkbox"/> 1823300</p> <p>Blood Transfusion <input type="checkbox"/> 1370601</p> <p>D & C <input type="checkbox"/> 1658400</p> <p>Other (specify) <input type="text"/></p> <p>Discharge <input type="checkbox"/> 1</p> <p>Transferred <input type="checkbox"/> 2</p> <p>Died <input type="checkbox"/> 3</p> <p>Remaining in <input type="checkbox"/> 4</p> <p>Place of Transfer <input type="text"/></p> <p>Date <input type="text"/></p> <p>Early Discharge Program</p> <p>No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2</p> <p>BABY Neonatal Screening <input type="checkbox"/></p> <p>Discharge weight <input type="text"/> grams</p> <p>Discharged <input type="checkbox"/> 1</p> <p>Transferred <input type="checkbox"/> 2</p> <p>Died <input type="checkbox"/> 3</p> <p>Remaining in <input type="checkbox"/> 4</p> <p>Place of transfer <input type="text"/></p> <p>Date <input type="text"/></p> <p>TYPES OF FLUID BABY RECEIVED AT ANY TIME FROM BIRTH TO DISCHARGE You may tick more than one box</p> <p>Breast milk/colostrum <input type="checkbox"/> 1</p> <p>Infant formula <input type="checkbox"/> 2</p> <p>Water, fruit juice or water-based products <input type="checkbox"/> 3</p> <p>Nil by mouth <input type="checkbox"/> 4</p> <p>TYPES OF FLUID BABY RECEIVED IN THE 24 HOURS PRIOR TO DISCHARGE You may tick more than one box</p> <p>Breast milk/colostrum <input type="checkbox"/> 1</p> <p>Infant formula <input type="checkbox"/> 2</p> <p>Water, fruit juice or water-based products <input type="checkbox"/> 3</p> <p>Nil by mouth <input type="checkbox"/> 4</p> <p>ALTERNATE FEEDING METHOD You may tick more than one box</p> <p>None <input type="checkbox"/></p> <p>Bottle <input type="checkbox"/> 02</p> <p>Cup <input type="checkbox"/> 03</p> <p>Syringe <input type="checkbox"/> 04</p> <p>Other (specify) <input type="text"/></p>			
CONGENITAL ANOMALY/MORBIDITY DATA	<p>B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(ies).</p> <p></p> <p>R. L. R. L. R. L. R. L.</p> <p>Medical Practitioner's Signature</p> <p>Surname (BLOCK LETTERS)</p> <p>Designation</p> <p>Date / /</p> <p>Additional Congenital Anomaly description or details.</p>			
				OFFICE USE ONLY

APPENDIX C: 2014 PERINATAL DATA COLLECTION FORM CHANGES (MR63D)

New Items:

Current Medical Conditions

Pre-existing diabetes mellitus

- Type 1 diabetes
- Type 2 insulin-treated
- Type 2 oral hypoglycaemic therapy
- Type 2 diet/exercise

Pregnancy Complications

- Diet/exercise
- HELLP

Assisted Conception

- Donor Egg

Main reason for caesarean

1st Additional reason for caesarean

2nd Additional reason for caesarean

Labour and Delivery Complications

- Primary PPH (500-999ml)
- Primary PPH (1000-1499)
- Primary PPH (\geq 1500ml)

APPENDIX D: Queensland Department of Health, Hospital and Health Service (2014 edition)

**Hospital and Health Services, Queensland Health
by Recognised Public Hospitals
and Primary Health Centres**



Prepared by: Statistical Reporting and Coordination, Health Statistics Branch, 29 January 2015
Hospital and Health Services by recognised public hospitals and primary health centres as at 29 November 2014

REFERENCES

1. World Health Organisation (WHO), *The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Volumes 1-5*, National Centre for Classification in Health, Sydney, 2000.