PERINATAL STATISTICS

QUEENSLAND 2014



Version 1.0

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QUEENSLAND

2014

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Incidence Data

Queensland Newborn Screening

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- . The staff of the Perinatal Data Collection,
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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 it's 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

indigenous status

State of usual residence

Statistical local area of usual residence

Marital status Weight

Weigh

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

	PLACE OF DELIVERY	DATE ADMIS	hery)	I I FAI	MILY NAME		UR No.	
MOTHER'S DETAILS	MOTHER'S COUNTRY OF BIRTH		SEROLOGY		T GIVEN NAME		DOB	
DEL	INDIGENOUS STATUS MAR	RITAL STATUS ACCOMN	MODATION RPR		D GIVEN NAME			Estimated Date of Birth
2	Aboriginal Neve	r Married Public	Hubella	US	UAL RESIDENCE			
		led/defacto Private	Diood Group)	<u> </u>			
2	Aborig. & Torres Str. Is. Wido		- Rh		excope	STATE		SLA TT
	Neither Aboriginal nor Divor Torres Str. ls.	arated	Antibodies N	Vo Yes Po	STCODE			
	Cityo	siant.	Other	1 00	NTENATAL TRANSF	ER No Vas	Ţ	Time of transfer
	PREVIOUS PREGNANCIES		METHOD OF DELIVERY	Y OF (inc	clude transfers from plan intre to acute care areas	ned home birth to hospital, from t		prior to onset of labour
0	None (go to next section)		Vaginal non-instrumental	Rea	ason for transfer			during labour
Š			Forceps					
3	Number of previous pregnancies resu	ulting in:	Vacuum extractor	Tra	insferred from			
2	Only livebirths	-	LSCS					
;	Only stillbirths Only abortions/miscarriages/ectopic/hy	vdatilorm mole	Classical CS	7.00	MOKING uring the first 20 w	eeks of pregnancy		
3	Livebirth & stillbirth	Journal III	Other (specify)		d the mother smoke			No Yes
PREVIOUS PREGIVANCIES	Livebirth & abortion/miscarriages/ector	pic/hydatiform mole	-		yes, how many ciga as smoking cessati	on advice offered by a healt	h care provider?	No Yes
-	Stillbirth & abortion/miscarriages/ectop	nic/hydatiform mole	Number of previous		ter 20 weeks of pr			
ı	Livebirth, stillbirth & abortion/miscarriag	ges/ectopic/	caesareans		d the mother smoke yes, how many ciga	The second secon		No Yes
ı	TOTAL NUMBER of previous pregna	ncies			The state of the s	on advice offered by a healt	h care provider?	No Yes
Ť		TOTAL NUMBE	p or werre	GI	ESTATION AT FIRS	T ANTENATAL VISIT	Weeks	
ı	LMP			O.	LOTATION AT TITLE	ATTENNANC VIOLE	vveeks	
N		You may tick more the		PREGNANCY CO	OMPLICATIONS	PROCEDURES AND OPE	RATIONS	ASSISTED CONCEPTION
ı	by US scan/dates/clinical assessment	None	H	You may tick mo		(during pregnancy, labour ar You may tick more than one	d delivery)	Was this pregnancy the result of assisted conception?
		Essential hypertensic		None		None		
	HEIGHT	Pre-existing diabetes • insulin treated		APH (<20 weeks)		Chorionic villus sampling		No Yes
5		 oral hypoglycaemic other 	therapy	APH (20 weeks or • abruption		Amniocentesis (diagnostic		If yes, indicate method/s used
PREGNANCI	WEIGHT		this pregnancy)	• placenta		Cordocentesis		AIH / AID
2	(self-reported at conception)	Epilepsy	, the brokening	* other		Gervical suture (for cervical incompetence		Ovulation induction
	ANTENATAL CARE	Genital herpes (active	during this prognance	Gestational diab	979.73	Other (specify)		IVF
PRESENT	You may tick more than one box	Anaemia		• insulin to		100000000000000000000000000000000000000		ICSI (intracytoplasmic sperm injection)
ž	No antenatal care	Renal condition (spec Cardiac condition (sp		therapy	oglycaemic	ULTRASOUNDS		sperm injection) Other (specify)
	Public hospital/clinic midwifery practitioner	Hepatitis B Active	No.	• other		Number of scans		Cure (specify)
	Public hospital/clinic	Hepatitis B Carrier		PIH/PE • mild • mod		Were any of the followin	n performed?	
	medical practitioner	Hepatitis C Active	-	* INOO		Nuchal translucency ultra		Yes
	Ceneral practitioner	Hepatitis C Carrier		Other (specify)		Morphology ultrasound s		Yes
	General practitioner		The state of the s				can No	
	Private medical practitioner Private midwife practitioner					Assessment for chorland		Yes
	Private medical practitioner Private midwife practitioner	Other (specify)	REASON FOR F	FORCEPS/VACUUM	PRINCIPAL		ity scan No	Yes DELIVERY COMPLICATIONS
	Private medical practitioner Private midwife practitioner INTENDED PLACE OF BIRTH AT ONSET OF LABOUR	Other (specify) MEMBRANES RUPTURED		FORCEPS/VACUUM	Tick one box	Assessment for chorlanic	LABOUR AND D You may tick more	Yes DELIVERY COMPLICATIONS
	Private medical practitioner Private midwife practitioner INTENDED PLACE OF BIRTH AT ONSET OF LABOUR Hospital	Other (specify) MEMBRANES RUPTURED	REASON FOR F		Tick one box Obstetrician	Assessment for charland	ity scan No	Yes DELIVERY COMPLICATIONS re than one box
	Private medical practitioner Private midwife practitioner INTENDED PLACE OF BIRTH AT ONSET OF LABOUR Hospital Birthing centre	Other (specify) MEMBRANES RUPTURED days hours before delivery LENGTH OF LABOUR	mins REASON FOR C		Tick one box	Assessment for charland	LABOUR AND D You may tick more None	Yes DELIVERY COMPLICATIONS re than one box
	Private medical practitioner Private midwife practitioner INTENDED PLACE OF BIRTH AT ONSET OF LABOUR Hospital	Other (specify) MEMBRANES RUPTURED days hours before delivery LENGTH OF LABOUR hours min	mins REASON FOR C		Tick one box Obstetrician Other medica Midwife Student midw	Assessment for chorionic ACCOUCHEUR analy	LABOUR AND D You may lick mor None Meconium liquo	Yes DELIVERY COMPLICATIONS re than one box
	Private medical practitioner Private midwife practitioner INTENDED PLACE OF BIRTH AT ONSET OF LABOUR Hospital Birthing centre Home	Other (specify) MEMBRANES RUPTURED days hours before delivery LENGTH OF LABOUR hours min 1 1st stage	REASON FOR C	CAESAREAN	Tick one box Obstetrician Other medica Midwife Student midv Medical stude	Assessment for chorionic ACCOUCHEUR and I officer life and I officer life and I officer life and I officer life life life life life life life life	LABOUR AND D You may lick mor None Meconium liquor Fetal distress Cord prolapse Cord entanglem	Yes DELIVERY COMPLICATIONS te than one box
	Private medical practitioner Private midwife practitioner INTENDED PLACE OF BIRTH AT ONSET OF LABOUR Hospital Bitthing centre Home Other	Other (specify) MEMBRANES RUPTURED days hours before delivery LENGTH OF LABOUR hours 1st stage 2nd stage	REASON FOR C	CAESAREAN	Tick one box Obstetrician Other medica Midwife Student midw	Assessment for chorionic ACCOUCHEUR and I officer life and I officer life and I officer life and I officer life life life life life life life life	LABOUR AND D You may tick more None Meconium Ilquo Fetal distress Cord prolapse Cord entanglem Failure to progre	Yes DELIVERY COMPLICATIONS te than one box or ment with compression
	Private medical practitioner Private midwile practitioner INTENDED PLACE OF BIRTH AT ONSET OF LABOUR Hospital Birthing centre Home Other ACTUAL PLACE OF BIRTH OF BABY	Other (specify) MEMBRANES RUPTURED days hours before delivery LENGTH OF LABOUR hours min 1st stage 2 2nd stage 9 PRESENTATION AT BIRTH Tick one box only	REASON FOR Cuttes Cervical dilation 3cm or less More than 3cm Not measured	CAESAREAN prior to caesarean	Tick one box Obstetrician Other medice Mildwife Student midv Medical studi	Assessment for chorionic ACCOUCHEUR conty Il officer life life lint life life life life life life life life	LABOUR AND D ABOUR AND D You may lick more None Meconium Iquo Fetal distress Cord prolepse Cord entanglem Failure to progre Prolonged secon	Yes DELIVERY COMPLICATIONS te than one box.
	Private medical practitioner Private midwile practitioner INTENDED PLACE OF BIRTH AT ONSET OF LABOUR Hospital Birthing centre Home Other ACTUAL PLACE OF BIRTH OF BABY Hospital	Other (specify) MEMBRANES RUPTURED days hours before delivery LENGTH OF LABOUR hours min 1st stage 2nd stage PRESENTATION AT BIRTH Tick one box only Vertex	mins REASON FOR Countries Cervical dilation 3cm or less More than 3cm Not measured ANTIBIOTICS / CAESAREAN	CAESAREAN prior to caesarean AT TIME OF	Tick one box Obstetrician Other medica Midwife Student midv Medical stud Other (specifi DAMAGE TO You may tick	Assessment for chorionic ACCOUCHEUR and I officer life and I officer life and I officer life and I officer life life life life life life life life	LABOUR AND D ABOUR AND D You may lick more None Meconium Iquo Fetal distress Cord prolapse Cord entanglem Failure to progre Prolonged secon Precipitate labou	Yes DELIVERY COMPLICATIONS re than one box or Delivery Compression Delivery Compression Delivery Deliver D
	Private medical practitioner Private midwile practitioner INTENDED PLACE OF BIRTH AT ONSET OF LABOUR Hospital Birthing centre Home Other ACTUAL PLACE OF BIRTH OF BABY Hospital Birthing centre	Other (specify) MEMBRANES RUPTURED days hours before delivery LENGTH OF LABOUR hours min 1st stage 2nd stage PRESENTATION AT BIRTH Tick one box only Vertex Breech	mins REASON FOR Could dilation 3cm or less More than 3cm Not measured ANTIBIOTICS A CAESAREAN Tick one box on	CAESAREAN prior to caesarean AT TIME OF	Tick one box Obstetrician Other medica Midwife Student midw Medical study Other (spacifi DAMAGE TO You may tick None	Assessment for chorionic ACCOUCHEUR only I officer	LABOUR AND D ABOUR AND D You may lick more None Meconium Iquo Fetal distress Cord prolapse Cord entanglem Failure to progre Prolonged secon Precipitate labou	Yes DELIVERY COMPLICATIONS to than one box or ment with compression ass and stage (active). Ur/delivery at a with manual removal
	Private medical practitioner Private midwile practitioner INTENDED PLACE OF BIRTH AT ONSET OF LABOUR Hospital Birthing centre Home Other ACTUAL PLACE OF BIRTH OF BABY Hospital	Other (specify) MEMBRANES RUPTURED days hours before delivery LENGTH OF LABOUR hours min 1st stage 2nd stage PRESENTATION AT BIRTH Tick one box only Vertex	REASON FOR C Cervical dilation 3cm or less More than 3cm Not measured ANTIBIOTICS A CAESAREAN Tick one box on	CAESAREAN prior to caesarean AT TIME OF	Tick one box Obstetrician Other medica Midwife Student midw Medical study Other (spacifi DAMAGE TO You may tick None	Assessment for chorionic ACCOUCHEUR only I officer life life life life life life life life	LABOUR AND D ABOUR AND D You may lick more None Meconium Iquo Fetal distress Cord prolepse Cord entanglem Failure to progre Prolonged secon Precipitate labou Retained placen	Yes DELIVERY COMPLICATIONS re than one box or Dent with compression ass and stage (active) ur/delivery ta with manual removal orrhage
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DELIVERY	Private medical practitioner Private midwife practitioner INTENDED PLACE OF BIRTH AT ONSET OF LABOUR Hospital Birthing centre Home Other ACTUAL PLACE OF BIRTH OF BABY Hospital Birthing centre Home Other Other Other	Other (specify) MEMBRANES RUPTURED days hours before delivery LENGTH OF LABOUR hours	mins REASON FOR C Cervical dilation 3cm or less More than 3cm Not measured ANTIBIOTICS / CAESAREAN Tick one box on None Prophylactic ant	CAESAREAN prior to caesarean AT TIME OF illy tiblolics received dy received	Tick one box Obstetrician Other medica Midwife Student midv Medical studi Other (spacifi DAMAGE TO You may tick None Graze/fear—	Assessment for chorianic ACCOUCHEUR anly Il officer (iffe ant b) THE PERINEUM more than one box vegina, tabia, vulva — 1st degree — 2nd degree — 3rd degree — 3	LABOUR AND D ABOUR AND D Vot may tick mor None Meconium liquo Fetal distress Cord prolepse Cord entanglem Failure to progre Prolonged secon Precipitate labor Retained placen with haem without ha Primary PPH (50 Primary PPH (50	Yes DELIVERY COMPLICATIONS te than one box. or Delivery Compression assistance (active) and stage (active) are with manual removal ormage amorrhage 00-999mi)
AND DELIVERY	Private medical practitioner Private midwife practitioner INTENDED PLACE OF BIRTH AT ONSET OF LABOUR Hospital Birthing centre Home Other ACTUAL PLACE OF BIRTH OF BABY Hospital Birthing centre Home Other Other	Other (specify) MEMBRANES RUPTURED days hours before delivery LENGTH OF LABOUR hours min 1st stage 2 2nd stage 1 Tick one box only Vertex Breech Face Brow Transverse/shoulder	More than 3cm Not measured ANTIBIOTICS / CAESAREAN Tick one box on None. Prophylactic ant Antibiotics already	CAESAREAN prior to caesarean AT TIME OF illy tiblolics received dy received	Tick one box Obstetrician Other medica Midwife Student midw Medical study Other (specifi DAMAGE TO You may tick None Graze/tear—Lacerated	Assessment for chorionic ACCOUCHEUR only I officer Iffe ant I) ITHE PERINEUM more than one box vagina, tabia, vulva —1st degree —2nd degree	Labour And D Vou may tick mor None Meconium liquo Fetal distress Cord prolapse Cord entanglem Failure to progre Prolonged secon Precipitate labor Retained placen with haem without ha Primary PPH (50 Primary PPH (50 Other (specify)	Yes DELIVERY COMPLICATIONS te than one box. or Delivery Complications te than one box. or Delivery Compression ass and stage (active) ur/delivery tata with manual removal orrhage umorrhage 00-999mi) >1000mi)
OR AND DELIVER!	Private medical practitioner Private midwife practitioner INTENDED PLACE OF BIRTH AT ONSET OF LABOUR Hospital Birthing centre Home Other ACTUAL PLACE OF BIRTH OF BABY Hospital Birthing centre Home Other Other Other	Other (specify) MEMBRANES RUPTURED days hours before delivery LENGTH OF LABOUR hours min to the stage of t	mins REASON FOR Countries Cervical dilation 3cm or less More than 3cm Not measured ANTIBIOTICS / CAESAREAN Tick one box on None Prophylactic ant Antibiotics alrea PLACENTA / CC	CAESAREAN prior to cassarean AT TIME OF by tibiotics received dy received DRD ACOLOGICAL ANALGE	Tick one box Obstetrician Other medica Midwife Student midw Medical study Other (specific Vou may lick None Graze/iner – Lacerated Episiotomy	Assessment for chorionic ACCOUCHEUR only I officer Iffe ent of the chorionic officer only THE PERINEUM more than one box or the chorionic officer only of the chorionic only of the	LABOUR AND D LABOUR AND D Votu may tick mor None Meconium liquor Fetal distress Cord prolapse Cord entanglem Failure to progre Prolonged secon Precipitate labor with haem without ha Primary PPH (so Other (specify) CTG in labour?	Yes DELIVERY COMPLICATIONS te than one box. or Delivery Compression and Stage (active) and Stage (active) ard with manual removal compage (active) ard with manual removal compage (active) and with manual removal compage (active) are with manual removal compage (active) are with manual removal (a
ABOUR AND DELIVER!	Private medical practitioner Private midwife practitioner INTENDED PLACE OF BIRTH AT ONSET OF LABOUR Hospital Bitthing centre Home Other ACTUAL PLACE OF BIRTH OF BABY Hospital Birthing centre Horne Other Other Hospital Dirthing centre Horne Other BABY Hospital Birthing centre Horne Other IBBA)	Other (specify) MEMBRANES RUPTURED days hours hours before delivery LENGTH OF LABOUR hours * 1st stage * * 2nd	mins REASON FOR Countries Cervical dilation 3cm or less More than 3cm Not measured ANTIBIOTICS / CAESAREAN Tick one box on None Prophylactic ant Antibiotics alrea PLACENTA / CC	CAESAREAN prior to caesarean AT TIME OF illy tiblolics received dy received DRD	Tick one box Obstetrician Other medica Midwife Student midv Medical stud Other (spacifi DAMAGE TO You may tick None Graze/lear Lacerated Episiotomy	Assessment for chorionic ACCOUCHEUR only I officer Iffe ent of the chorionic officer only THE PERINEUM more than one box or the chorionic officer only of the chorionic only of the	Labour And D Vou may tick mor None Meconium liquo Fetal distress Cord prolapse Cord entanglem Failure to progre Prolonged secon Precipitate labor Retained placen with haem without ha Primary PPH (50 Primary PPH (50 Other (specify)	Yes DELIVERY COMPLICATIONS te than one box or ment with compression ess and stage (active) ur/delivery ur/delivery compage emorrhage 00-999mil) >1000mil
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LABOUR AND DELINERY	Private medical practitioner Private midwife practitioner INTENDED PLACE OF BIRTH AT ONSET OF LABOUR Hospital Birthing centre Home Other ACTUAL PLACE OF BIRTH OF BABY Hospital Birthing centre Horne Other (BBA) ONSET OF LABOUR Tick one box only Spontaneous Induced No labour (creesarean section) Methods used to induce labour or augment labour? You may lick more bian one box Artificial rupture of Membranes (ARIM) Oxytocin	MEMBRANES RUPTURED days hours before delivery LENGTH OF LABOUR hours min to the stage of the s	mins REASON FOR Countries Cervical dilation 3cm or less More than 3cm Not measured ANTIBIOTICS / CAESAREAN Tick one box on None Prophylactic ant Antibiotics alrea PLACENTA / Countries NON-PHARM. DURING LABC None Heat pack Birth ball Massage Shower Water Immersi Aromatherapy	CAESAREAN prior to cassarean AT TIME OF by tibiotics received dy received DRD ACOLOGICAL ANALGE OUR/DELIVERY	Tick one box Obstetrician Other medica Midwife Student midw Medical study Other (spacify DAMAGE TO You may tick None Graze/lear — Lacerated Episiotomy Surgical regulation or p PHARMACC DURING LA None Nitrous oxide	Assessment for chorionic ACCOUCHEUR only It officer officer officer officer only It officer officer only It officer officer only It officer officer only It officer only I	Ity scan No LABOUR AND D Vot may tick nor None Meconium liquo Fetal distress Cord prolapse Cord entanglem Failure to progre Precipitate labou Retained placen • with haem • without ha Primary PPH (=: Other (specify) CTG in (abour? Fetal scalp pH? Fetal scalp pH? Lactate? Lactate result ANAESTHESIA None Epidural Combined Spinsl-E	Yes DELIVERY COMPLICATIONS te than one box. If the compression assigned to the compression as a compression assigned to the compression assigned to the compression as a compression as a compression assigned to the compression as a compression as
LABOUR AND DELIVERY	Private medical practitioner Private midwife practitioner INTENDED PLACE OF BIRTH AT ONSET OF LABOUR Hospital Birthing centre Home Other ACTUAL PLACE OF BIRTH OF BABY Hospital Birthing centre Horne Other ONSET OF LABOUR Tick one box only Spontaneous Induced No labour (caesarean section) Methods used to induce labour or augment labour? You may lick more than one box Artificial rupture of Membranes (ARIM) Oxytocin Prostaglandins	Other (specify) MEMBRANES RUPTURED days hours before delivery LENGTH OF LABOUR hours min 1st stage 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mins REASON FOR C Cervical dilation; 3cm or less More than 3cm Not measured ANTIBIOTICS / CAESAREAN Tick one box on None Prophylactic ant Antibiotics alrea PLACENTA / CC NON-PHARM. DURING LAB None Heat pack Birth ball Massage Shower Water immersi Aromatherapy Homeopathy Acupuncture TENS	CAESAREAN prior to caesarean AT TIME OF illy attibiotics received dy received DRD ACOLOGICAL ANALGE OUR/DELIVERY	Tick one box Obstetrician Other medica Midwife Student midw Medical study Other (spacify DAMAGE TO You may tick None Graze/lear — Lacerated Episiotomy Other genital Surgical regulation or p PHARMACC DURING LA None Nitrous oxide Systemic opi Epidural Episinal Combined Spir	Assessment for chorionic ACCOUCHEUR and I officer iffe int i) THE PERINEUM more than one box vagina, labia, vulva -1st degree -2nd degree -3rd degree -4th degree trauma pair of BOUR/DELIVERY oid (incl. narcotic (IM/IV))	LABOUR AND D LABOUR AND D Vot may tick mor None Meconium liquor Fetal distress Cord prolapse Cord entanglem Failure to progre Prolonged secon Precipitate labor Retained placen with haem without his Primary PPH (sc Other (specify) CTG in labour? Fetal scalp pH r Lactate? Lactate result ANAESTHESIA None Epidural Spinal Combined Spinal- General Anaesth Local to perineur	Yes DELIVERY COMPLICATIONS te than one box. Intert with compression assigned at the compression assigned at the compression are the compression assigned at the compression at the
LABOUR AND DELIVERY	Private medical practitioner Private midwife practitioner INTENDED PLACE OF BIRTH AT ONSET OF LABOUR Hospital Birthing centre Home Other ACTUAL PLACE OF BIRTH OF BABY Hospital Birthing centre Horne Other ONSET OF LABOUR Tick one box only Spontaneous Induced No labour (caesarean section) Methods used to induce labour or augment labour? You may lick more than one box Artificial rupture of Membranes (ARIM) Oxytocin Prostaglandins	Other (specify) MEMBRANES RUPTURED days hours hours before delivery LENGTH OF LABOUR hours min 1st stage 2 nours min 1st stage 4 nours min 1st stage 5 nours min 1st stage 6 nours min Tick one box only Vertex Breech Face Brow Transiverse/shoulder Other (specify) METHOD OF BIRTH Tick one box only Vaginal non-instrumental Forceps Vacuum extractor LSCS Classical CS Other (specify) WATER BIRTH Was this a water birth?	mins REASON FOR C Utes Cervical dilation 3cm or less More than 3cm Not measured ANTIBIOTICS / CAESAREAN Tick one box on None Prophylactic ant Antibiotics alrea PLACENTA / CC NON-PHARM. DURING LAB None Heat pack Birth ball Massage Shower Water Immersi Aromatherapy Homeopathy Acupuncture	CAESAREAN prior to cassarsan AT TIME OF tily tibiotics received dy received DRD ACOLOGICAL ANALGE OUR/DELIVERY	Tick one box Obstetrician Other medica Midwife Student midw Medical study Other (spacifi DAMAGE TO You may tick None Graze/tear—Lacerated Episiotomy Other genital Surgical rej vagina or p PHARMACC DURING LA None Nitrous oxide Systemic opi Epidural Spinal	Assessment for chorianic ACCOUCHEUR anly It officer (iffe ant) THE PERINEUM more than one box (vegina, tabia, vulva -1st degree -2nd degree -3rd degree -3rd degree -4th degree atrauma Dair of erineum? No Yes OLOGICAL ANALGESIA BOUR/DELIVERY	LABOUR AND D LABOUR AND D Votu may tick mor. None Meconium liquor Fetal distress Cord prolepse Cord entanglem Failure to progre Prolonged secon • with haem • without ha Primary PPH (so Other (specify) CTG in labour? Fetal scalp pHr Lactate? Lactate result ANAESTHESIA None Epidural Spinal General Anaesth General Anaesth	Yes DELIVERY COMPLICATIONS te than one box. Intert with compression assigned at the compression assigned at the compression are the compression assigned at the compression at the

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

	For multiple births complete one form per baby
	BABY'S UR No. PLURALITY APGAR SCORE RESUSCITATION Urine
	DATE OF BIRTH Single 1 min 5 mins You may tick more than one box Meconium
	Heart rate None
	INDIGENOUS STATUS - BABY Respiratory effort Suction (oral, pharyngeal etc)
	Aboriginal Suction of meconium (oral, No Yes
	Other (Specify) pharmagel etc)
	Interes seem seemen Vision of meconium vision.
8	Auung, & lotres Str. is.
BABY	Neither Abonginal nor Torres Str. Isl Male TOTAL
	TIME OF BIRTH Female Bag and mask BE
	hours Indeterm REGULAR RESPIRATIONS IPPV WEETT (first dose)
	BIRTHWEIGHT grams Marcotic antagonist injection Oral Oral
	BIRTH STATUS External cardiac massage
	GESTATION Weeks days Born alive OR At hirth Other (specify-include drups)
	(clinical assessment at birth) Stillborn OR (intubated/Ventilated
	HEAD CIRCUMFERENCE HERATITIS R
	HEPATITIS B IMMUNOGLOBULIN (birth dose vaccination)
	LENGTH AT BIRTH
	110 100 110 110
	NEONATAL TREATMENT None
	Was baby admitted to ICN/SCN? CONGENITAL ANOMALY
23	NEONATAL MORBIDITY Oxygen for > 4 hours
Z	None Phototherapy No Yes No Yes Suspected
	IV/IM Antibiotics If you have how many days were how
	IV fluid admitted to: If yes or suspected enter obtains below
Z	Respiratory distress Diagnosis Mechanical ventilation or in the Congenital Anomaly section.
A	Hypo/Hyperglycaemia or Normal —— Hesuits —— Blood glucose monitoring —— SCM (rfaue)
IE	Neonatal abstinence syndrome Drug name CPAP
POSTNATAL DETAILS	Infection Diagnosis Oro / naso gastric feeding Main reason for admission to
2	Other (specify) Other treatment
	MOTHER PLEBERIUM CATIONS PUERPERIUM PROCEDURES AND BABY TYPES OF FLUID BABY RECEIVED ALTERNATE FEEDING METHOD
	POENTERIONS OPERATIONS Neonatal AT ANY TIME FROM RIBTH TO
	You may fick more than one box DISCHARGE
	None None I Tournay so, more than one box
	Broad mil/coloctum Bottle
	vound medicin grams Cup
S	Syringe
A	Dehiscence/disruption of wound D & C Water, fruit juice or water-based products Other (specify)
I	Febrile Other (specify) Place of transfer Nil by mouth
0	
18	Spinal headache Remaining in TYPES OF FLUID BABY RECEIVED
8	Secondary PPH Discharged Date IN THE 24 HOURS PRIOR TO DISCHARGE.
400	Other (specify) Transferred You may tok more than one box
一六	
SCH	Died Place of Transfer
DISCHARGE DETAILS	THROMBOPROPHYLAXIS FOLLOWING Breast milk/colostrum
DISCH	THROMBOPROPHYLAXIS FOLLOWING CAESAREAN You may tick more than one box Remaining in
DISCH	THROMBOPROPHYLAXIS FOLLOWING CAESAREAN You misy tick more than one box None Date Breast milk/colostrum Infant formula Water, fruit juice or Water, fruit juice or
DISCH	THROMBOPROPHYLAXIS FOLLOWING CAESAREAN You may tick more than one box None Pharmacological thromboprophylaxis Date Pharmacological thromboprophylaxis Date Pharmacological thromboprophylaxis
DISCH	THROMBOPROPHYLAXIS FOLLOWING CAESAREAN You may tick more than one box None Pharmacological thromboprophylaxis Intermittent Calf Compression THROMBOPROPHYLAXIS FOLLOWING CAESAREAN You may tick more than one box None Pharmacological thromboprophylaxis Intermittent Calf Compression Nil by mouth
DISCH	THROMBOPROPHYLAXIS FOLLOWING CAESAREAN You may tick more than one box None Pharmacological thromboprophylaxis Intermittent Calf Compression TEO Stocking Program Program Early Discharge Program Early Discharge Program
DISCH	THROMBOPROPHYLAXIS FOLLOWING CAESAREAN You may tick more than one box None Pharmacological thromboprophylaxis Intermittent Calif Compression Fighty Discharge Program Fighty Discharge Program
DISCH	THROMBOPROPHYLAXIS FOLLOWING CAESAREAN You may tick more than one box None Pharmacological thromboprophylaxis Intermittent Calif Compression TEO Stocking Breast milk/colostrum Infant formula Water, fruit juice or water-based products Nil by mouth
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	THROMBOPROPHYLAXIS FOLLOWING CAESAREAN You may tick more than one box None Pharmacological thromboprophylaxis Intermittent Calf Compression TEO Stocking Other thromboprophylaxis No Yes THROMBOPROPHYLAXIS FOLLOWING Remaining in Date Water, fruit juice or water-based products Nil by mouth Early Discharge Program No Yes
	THROMSOPROPHYLAXIS FOLLOWING CAESAREAN You may tick more than one box None Pharmacological thromboprophylaxis Intermittent Call Compression TED Stocking Other thromboprophylaxis Breast milk/colostrum Infant formula Water, first juice or water-based products Nill by mouth Early Discharge Program No Yes B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(ies).
	THROMBOPROPHYLAXIS FOLLOWING CAESAREAN You may tick more than one box None Pharmacological thromboprophylaxis Intermittent Calf Compression TEO Stocking Other thromboprophylaxis No Yes THROMBOPROPHYLAXIS FOLLOWING Remaining in Date Water, fruit juice or water-based products Nil by mouth Early Discharge Program No Yes
	THROMBOPROPHYLAXIS FOLLOWING CAESAREAN You may tick more than one box None Pharmacological thromboprophylaxis Intermittent Calf Compression TED Stocking Other thromboprophylaxis Breast milk-/colostrum Infant formula Water, full juice or water-based products Nill by mouth Early Discharge Program No Yes B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(ies).
	THROMBOPROPHYLAXIS FOLLOWING CAESAREAN You may tick more than one box None Pharmacological thromboprophylaxis Intermittent Calf Compression TED Stocking Other thromboprophylaxis B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(ies).
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	THROMSOPROPHYLAXIS FOLLOWING OASSAREAN You may tok more than one box. None Pharmacological thromboprophylaxis Intermittent Cell Compression TED Stocking Other thromboprophylaxis B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(ies). Medical Practioner's Signature Surname (BLOCK LETTERS) Designation Date / /
CONGENITAL ANOMALY/MORBIDITY DATA DISCH	THROMSOPROPHYLAXIS FOLLOWING OARSAREAN You may tek most han one box. None Pharmacological thromsoprophylaxis Internitient Caf Compression TED Stocking Other thromboprophylaxis B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(les). B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(les). Medical Practioner's Signature Surname (BLOCK LETTERS) Designation Date / / Additional Congenital Anomaly description or details.
	THROMSOPROPHYLAXIS FOLLOWING OASSAREAN You may tok more than one box. None Pharmacological thromboprophylaxis Intermittent Cell Compression TED Stocking Other thromboprophylaxis B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(ies). Medical Practioner's Signature Surname (BLOCK LETTERS) Designation Date / /
	THROMSOPROPHYLAXIS FOLLOWING OARSAREAN You may tek most han one box. None Pharmacological thromsoprophylaxis Internitient Caf Compression TED Stocking Other thromboprophylaxis B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(les). B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(les). Medical Practioner's Signature Surname (BLOCK LETTERS) Designation Date / / Additional Congenital Anomaly description or details.
	THROMSOPROPHYLAXIS FOLLOWING OARSAREAN You may tek most han one box. None Pharmacological thromsoprophylaxis Internitient Caf Compression TED Stocking Other thromboprophylaxis B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(les). B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(les). Medical Practioner's Signature Surname (BLOCK LETTERS) Designation Date / / Additional Congenital Anomaly description or details.
	THROMSOPROPHYLAXIS FOLLOWING OARSAREAN You may tek most han one box. None Pharmacological thromsoprophylaxis Internitient Caf Compression TED Stocking Other thromboprophylaxis B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(les). B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(les). Medical Practioner's Signature Surname (BLOCK LETTERS) Designation Date / / Additional Congenital Anomaly description or details.
	THROMSOPROPHYLAXIS FOLLOWING OARSAREAN You may tek most han one box. None Pharmacological thromsoprophylaxis Internitient Caf Compression TED Stocking Other thromboprophylaxis B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(les). B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(les). Medical Practioner's Signature Surname (BLOCK LETTERS) Designation Date / / Additional Congenital Anomaly description or details.

PERINATAL DATA COLLECTION FORM (MR63D) July to December 2014

	QUEENSLA	ND PERINAIAL D	ATA COLLECTION FORM
	PLACE OF DELIVERY DATE OF ADMISSION		
co	(for delivery)	SEROLOGY	FAMILY NAME UR No. UR No.
M	MOTHER'S COUNTRY OF BIRTH	RDR 66	1ST GIVEN NAME DOB DOB
님	INDIGENOUS STATUS MARITAL STATUS ACCOMMODA STATUS OF MI	ION	2ND GIVEN NAME . Estimated Date of Birth
R'S	Aboriginal 1 Never Married 1 Public		USUAL RESIDENCE
MOTHER'S DETAILS	Torres Strait Islander 2 Married/defacto 2 Private	1 Blood Group	
8	Aborig. 8 Torres Str. Is. 3 Widowed 3 Neither Aboriginal nor 4 Divorced	'7 Rh	POSTCORE STATE SLA
	Torres Str. Is, Separated	Antibodies No Yes Yes	POSTCODE SIAIL SLA
		Other	Time of transfer
		THOD OF DELIVERY OF	ANTENATAL TRANSFER No 1 Yes 2 Include transfers from planned home birth to hospital, from birthing prior to onset of lehour
co.	1400 TO HOLL SOCION	ST BIRTH	centre to acute care areas etc.) Reason for transfer 2
믱		ginal non-instrumental10	
AN	Number of previous pregnancies resulting in:	cceps 02	Professional Control of the Control
100	Only livebirths	CS 03	Transferred from
SPF	Only stillbirths Only abortions/miscarriages/ectopic/hydatiform mole	ssical CS 05	SMOKING Dutanta for 20 and a for
PREVIOUS PREGNANCIES		ner (specify)	During the first 20 weeks of pregnancy Did the mother smoke? No 1 Yes 2
E.	Livebirth & abortion/miscarriages/ectopic/hydatiform mote		If yes, how many cigarettes per day?
-	Stillbirth & abortion/miscarriages/ectopic/hydatiform mole		Was smoking cessation advice offered by a health care provider? No 1 Yes 2 After 20 weeks of pregnancy
	Livebirth, stillbirth & abortion/miscarriages/ectopic/	Number of previous caesareans	Did the mother smoke? No 1 Yes 2
	TOTAL NUMBER of previous pregnancies		If yes, how many cigarettes per day?
			Was smoking cessation advice offered by a health care provider? No 1 Yes 2
	LMP TOTAL NUMBER OF	10000	GESTATION AT FIRST ANTENATAL VISIT Weeks
	CURRENT MEDICAL CONDIT You may tick more than one box		
	by US scan/dates/clinical assessment Essential hypertension	PREGNANCY You may fick it	COMPLICATIONS PROCEDURES AND OPERATIONS ASSISTED CONCEPTION Was this pregnancy, labour and delivery) Was this pregnancy the result of
	by US scan/dates/clinical assessment Essential hypertension Pre-existing diabetes molitus	O100 None	You may tick more than one box assisted conception?
	HEIGHT • Type 1 debetes	0240 APH (<20 week	
5	Type 2 insulin treated	UZ912	Seculative due to Chorionic villus sampling 1660300 No 1 Yes 2
PRESENT PREGNANCY	Type 2 cral hypoglycaemic the Type 2 diet/exercise Type 2 diet/exercise	oz413 • abruption Oz414 • placenta pi	0459 Amniocentesis (diagnostic) 1690000 If yes, indicate method/s used
EG	(self-reported at conception) + Other (specify)	* other	Over Control Hesis 1660600 Overlation induction
18	Asthma (treated during this preg	Gustado, lai Gi	STAN CONTROL 1851100
NEN.	ANTENATAL CARE You may tick more than one box Genital herpes (active during the	pregnancy) G4090 • Insulin treat	ocity) GIFT 05
% %	Anaemia Anaemia	D649 • diet/exercis	ycaemic therapy O2443 ICSI (intracytoplasmic spurm rigidition) 07
-	Public hospital/clinic Os Cardiac condition (specify)	Hypertension	OZ/444 ULTRASOUNDS Denor Egg OB Number of scans Other (specify)
	midwifery practitioner Hepatitis B Active	B169 • Gestational	(mid) O13
	Public hospital/clinic medical practitioner Hepatitis B Carrier Hepatitis C Active	A Dep Automo	Sid (moderate) O140 Were any of the following performed?
	General practitioner08 Hepatitis C Carrier	B171 + HELLP	Nuchal translucency ultrasound No 1 Yes 2
	Private medical practitioner03 Other (specify)	Other (specify)	Morphology ultrasound scan No 1 Yes 2
	Private midwife practitioner04		Assessment for chorionicity scan No 1 Yes 2
	INTENDED PLACE OF BIRTH AT MEMBRANES RUPTURED ONSET OF LABOUR	REASON FOR FORCEPS/VACUUM	PRINCIPAL ACCOUCHEUR Tick one box only LABOUR AND DELIVERY COMPLICATIONS You may tick more than one box
	Hospital days hours mins	MAIN REASON FOR CAESAREAN	Obstetrician None
	Birthing centre before delivery 2	MAIN HEROOM I ON CHECKING	Other medical officer 2 Meconium liquor 0681
	Home LENGTH OF LABOUR hours minutes	1 ST ADDITIONAL REASON FOR CAESA	
	Other 8 + 1st stage	2 ^{MD} ADDITIONAL REASON FOR CAESA	Student midwife 4 Cord prolepse 0690 NPEAN Medical student 5 Cord entanglement with compression 0690
	• 2nd stage	2 ADDITIONAL NEWSON FOR CALSA	Other (specify) Other (specify) Solution to progress to the compression of the compress
	ACTUAL PLACE OF PRESENTATION AT BIRTH BIRTH OF BABY Tick one box only	Cervical dilation prior to caesarean	Prolonged second stage (active) O631
	Hospital 1 Vertex	3cm or less	1 DAMAGE TO THE PERINEUM Procipitate labour/delivery U623
	Birthing centre 2 Breech 2	More than 3cm Not measured	2 You may lick more than one box. Retained placents with manual minoval None * with hiermorrhage 10290
_	Home 4 Face 4		Graze/tear_varios labia value no without baemorrhage ozana
E	Other (BBA) Brow6	ANTIBIOTICS AT TIME OF CAESAREA Tick one box only	Laceraled -1st degree02 Primary PPH (500-999ml)0721 5
ELN	Transverse/shoulder 7	None Prophylactic antibiotics received	Disample of the second
OO	ONSET OF LABOUR Other (specify) Tick one box only	Antibiotics already received	2 -3rd degree 04 Primary PPH (=>1500ml) 0721 3
AAN	Spontaneous	PLACENTA/ CORD	The state of the s
LABOUR AND DELIVERY	Induced METHOD OF BIRTH 2 Tick one box only	NON BUADMACOLOGICAL ANALOGS	Other senitel trauma FSE in labour? No 1 Yes 2 5
LAB	No labour (caesarean section) 3 Vaginal non-instrumental 1	NON-PHARMACOLOGICAL ANALGES DURING LABOUR/DELIVERY	Episiotomy Jos CTG in labour? No 1 Yes 2 Other genital trauma FSE in labour? No 1 Yes 2 Surgical repair of vagina or perineum? No 1 Yes 2 Oz PHARMACOLOGICAL ANALGESIA O4 DURING LABOUR/DELIVERY None O8 Nitrous oxide O8 Systemic opioid (incl. narcotic ((M/IVI)) O8 Scheel
	Methods used to induce labour or Forceps 0	None	Surgical repair of No
	augment labour? Vacuum extractor You may tick more than one box LSCS	MAN A CO.	O2 vagina or perineum? No 14es 2 Lactate? No 14es 2 Actate result
	Artificial rupture of Classical CS	Market	03 PHARMACOLOGICAL ANALGESIA 04 DURING LABOUR/DELIVERY ANAESTHESIA FOR DELIVERY
	Membranes (ARM) 1 Other (specify)	Shower	05 None None
	Description	Water Immersion Aromatherapy	O8 Nitrous oxide O2 Epidural O4 08 Systemic opioid (incl. narcotic (IM/IV)) O8 Solinal
	Other (specify) WATER BIRTH Was this a water birth?	Homeopathy	07 Systemic opioid (incl. narcotic (IM/IV)) 08 Spinal 05 C C C C C C C C C C C C C C C C C C
	vvas inis a water birth?	Acupuncture	og Spinal O5 General Anaesthatic O6 General Anaesthatic
	If labour induced If yes, was the water birth	TENS	10 Combined Spinal Epidural 10 Local to perineum 02 \$
	Reason for induction Unplanned	Water Injection Other (specify)	Other (specify)
	Planned	The state of	Caudal — 07 2

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

	THAT I HOUSE HE WAS A STATE OF THE STATE OF
	For multiple births complete one form per baby BABY'S UR No. PLURALITY APGAR SCORE RESUSCITATION Urine
	1 min 5 mins You may tick most than one box
	DATE OF BIRTH Single 1 Heart rate None Mcconium
	INDIGENOUS STATUS - BABY Twin II 2 Respiratory effort Suction (oral, pharyngeal etc) 02 Cord pH?
	Aboriginal 1 Other (Specify) Muscle tone Suction of meconium (oral, 03 No 1 Yes 2
	Tomes Strait Islander 2 Reflex imitability Sacial of recognition size ETT Section size
BABY	Ratang a Lottes Sait 16.
8	1 OIAL Bag and mask on BE
	TIME OF BIRTH PETIDE 2 REGULAR RESPIRATIONS IPPV VIA ETT OF TENTAMIN K OF THE PROPERTY OF TH
	BIRTHWEIGHT grams Marcotic antagonist injection on Oral
	BIRTH STATUS External cardiac massage 09
	(clinical assessment at birth) Other (specify-include drugs) None
	HEAD CIRCUMFERENCE Stillborn 2 OR intubated/Ventiliated
	HEPATTIS B IMMUNOGLOBULIN (birth dose vaccination)
	LENGTH AT BIRTH Cm No 1 Yes 2 No 1 Yes 2
	TEET DO NEONATAL TREATMENT TEET TO THE TEET TEET TEET TEET TEET T
S	NORB 1 Was baby admitted to ICN/SCN? CONGENITAL ANOMALY Oxygen for > 4 hours
A.	Physiotheras No. Vec.
E	None IV/IM antibiotics 044
LD	Description of the property of
POSTNATAL DETAILS	Weditarical ventilation 06 • ICN (days)
N	Neonatal abstinence syndrome Drug name Coap 10 + SCN (days)
So	Infection Diagnosis Orgo/paso gastrio fencion Main reason for admission to ICNV
0	Other (specify) Other treatment
	nichming reorgan (egus siaig) salanus
	MOTHER DIFFERENCE AND PROPERTY
	PUERPERIUM COMPLICATIONS PUERPERIUM PROCEDURES AND You may slick more than one box OPERATIONS PUERPERIUM PROCEDURES AND You may slick more than one box OPERATIONS AT ANY TIME FROM BIRTH TO You may slick more than one box
	None You may fick more than one box DISCHARGE
	Haemorrhoids O872 None Vou may tok more than one box None Bottle
	Wound infection O860 Blood Patch 1823300 Discharge weight grams Breast milk/colostrum 1 Cun
S	Anaemia O9903 Blood Transfusion 1370601 Discharged Intant formula 2 Suringe 33
TA	Dehiscence/disruption of wound D & C 1656400 Transferred 2 Water, fruit juice or water-based products 3 Other (specify)
DE	UTI O862 Other (specify) Died Place of transfer Nil by mouth 4
믱	Spinal headache Remaining in 4 TYPES OF FLUID BABY RECEIVED
IAB	Secondary PPH O722 Discharged I Date III Date
DISCHARGE DETAILS	Other (specify) Transferred 2 You may fick more than one box
ă	THROMBOPROPHYLAXIS FOLLOWING Prophistics in 1
	Chesanitzativi tou may lick more than one cox
	None Date Water, fruit juice or water-based products 3
	Intermittent Calif Compression 3 Nil by mouth
	TED Stocking Early Discharge Program
	Other thromboprophylaxis No 1 Yes 2
	B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(ies).
1	Many State of the
AT/	
Y D	
DIT	Call III
3BI	R. L. (4)
10F	
X.	40/ - 40
MAL	The state of the s
S S	Medical Practioner's Signature
A	Surname (BLOCK LETTERS)
AL	Designation
Z	Date / /
CONGENITAL ANOMALY/MORBIDITY DATA	R. L. 11,40 0008
5	Additional Congenital Anomaly description or details. R. L. R. L.
18	
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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

Ist Additional reason for caesarean

2nd Additional reason for caesarean

Labour and Delivery Complications

- Primary PPH (500-999ml)
- Primary PPH (1000-1499)
- Primary PPH (=>1500ml)

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



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.