QUEENSLAND PERINATAL DATA COLLECTION FORM

MOTHER'S DETAILS

PLACE OF DELIVERY ____

DATE OF ADMISSION (for delivery)

MOTHER'S COUNTRY OF BIRTH ____

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

MARITAL STATUS
- Never Married
- Married/defacto
- Widowed
- Divorced
- Separated

ACCOMMODATION STATUS OF MOTHER
- Public
- Private

SEROLOGY
- RPR................IgG................
- Rubella ....
- Hepatitis B ....
- Blood Group ....
- Rh ....
- Antibodies No Yes
- Other ____

SURNAME ____ UR No.

FIRST NAME ____ DOB

SECOND NAME ____

USUAL RESIDENCE ____

POSTCODE STATE SLA

PREVIOUS PREGNANCIES

PREVIOUS PREGNANCIES

None (go to next section)

PARITY

Number of **previous pregnancies** resulting in:
- Only livebirths
- Only stillbirths
- Only abortions/miscarriages/ectopic/hydatiform mole
- Livebirth & stillbirth
- Livebirth & abortion/miscarriages/ectopic/hydatiform mole
- Stillbirth & abortion/miscarriages/ectopic/hydatiform mole
- Livebirth, stillbirth & abortion/miscarriages/ectopic/ hydatiform mole

TOTAL NUMBER of previous pregnancies

METHOD OF DELIVERY OF LAST BIRTH
- Vaginal non-instrumental
- Forceps
- Vacuum extractor
- LSCS
- Classical CS
- Other (specify)

Number of previous caesareans

ANTENATAL TRANSFER No Yes
(include transfers from planned home birth to hospital, from birthing centre to acute care areas etc.)

Reason for transfer ____

Transferred from ____

Time of transfer
- prior to onset of labour
- during labour

SMOKING

Did the mother smoke at all during this pregnancy? No Yes

If yes,

At any time during the **first 20 weeks** of pregnancy, was smoking cessation advice offered by a health care provider? No Yes

After 20 weeks gestation how many cigarettes were smoked each day on average?
- None
- <=10 per day
- > 10 per day
- unknown

PRESENT PREGNANCY

LMP

EDC by US scan/dates/clinical assessment

HEIGHT cm

WEIGHT (self-reported at conception) kg

ANTENATAL CARE
You may tick more than one box
- No antenatal care
- Public hospital/clinic midwifery practitioner
- Public hospital/clinic medical practitioner
- General practitioner
- Private medical practitioner
- Private midwife practitioner

NUMBER OF VISITS
- Less than 2
- 2 - 4
- 5 - 7
- 8 or more

CURRENT MEDICAL CONDITIONS
You may tick more than one box
- None
- Essential hypertension
- Pre-existing diabetes mellitus
  - insulin treated
  - oral hypoglycaemic therapy
  - other
- Asthma (treated during this pregnancy)
- Epilepsy
- Genital herpes (active during this pregnancy)
- Anaemia
- Renal condition (specify) ____
- Cardiac condition (specify) ____
- Other (specify)

PREGNANCY COMPLICATIONS
You may tick more than one box
- None
- APH (<20 weeks)
- APH (20 weeks or later) due to
  - abruption
  - placenta praevia
  - other
- Gestational diabetes
  - insulin treated
  - oral hypoglycaemic therapy
  - other
- PIH/PE
  - mild
  - moderate
  - severe
- Other (specify)

PROCEDURES AND OPERATIONS
(during pregnancy, labour and delivery)
You may tick more than one box
- None
- Chorionic villus sampling
- Amniocentesis (diagnostic)
- Cordocentesis
- Cervical suture (for cervical incompetence)
- Other (specify)

ULTRASOUNDS
Number of scans

Were any of the following performed?
- Nuchal translucency ultrasound No Yes
- Morphology ultrasound scan No Yes
- Assessment for chorionicity scan No Yes

ASSISTED CONCEPTION
Was this pregnancy the result of assisted conception? No Yes

If yes, indicate method/s used
- AIH / AID
- Ovulation induction
- IVF
- GIFT
- ICSI (intracytoplasmic sperm injection)
- Other (specify)

LABOUR AND DELIVERY

INTENDED PLACE OF BIRTH AT ONSET OF LABOUR
- Hospital
- Birthing centre
- Home
- Other

ACTUAL PLACE OF BIRTH OF BABY
- Hospital
- Birthing centre
- Home
- Other (BBA)

ONSET OF LABOUR
Tick one box only
- Spontaneous
- Induced
- No labour (caesarean section)

Which of the following were used to **induce labour** or **during labour**?
You may tick more than one box
- Artificial rupture of Membranes (ARM)
- Oxytocin
- Prostaglandins
- Other (specify)

If labour induced
Reason for induction

MEMBRANES RUPTURED
____ days ____ hours ____ mins before delivery

LENGTH OF LABOUR

	hours	minutes
1st stage		
2nd stage		

PRESENTATION AT BIRTH
Tick one box only
- Vertex
- Breech
- Face
- Brow
- Transverse/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**? No Yes

If **yes**, was it
- Unplanned
- Planned

REASON FOR FORCEPS/VACUUM

REASON FOR CAESAREAN

Cervical dilation prior to caesarean
- 3cm or less
- More than 3cm
- Not measured

PLACENTA / CORD

NON-PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY
- None
- Heat pack
- Birth ball
- Massage
- Shower
- Water Immersion
- Aromatherapy
- Homeopathy
- Acupuncture
- TENS
- Other (specify)

PRINCIPAL ACCOUCHEUR
Tick one box only
- Obstetrician
- Other medical officer
- Midwife
- Student midwife
- Medical student
- Other (specify)

PERINEUM
Please tick the most severe
- Intact
- Grazes
- Lacerated -1st degree
- -2nd degree
- -3rd degree
- -4th degree

Episiotomy? No Yes

Other genital trauma

Surgical repair of vagina or perineum? No Yes

PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY
- None
- Nitrous oxide
- Systemic opioid (incl. narcotic (IM/IV))
- Epidural
- Spinal
- Combined Spinal-Epidural
- Caudal
- Other (specify)

LABOUR AND DELIVERY COMPLICATIONS
You may tick more than one box
- None
- Meconium liquor
- Fetal distress
- Cord prolapse
- Cord entanglement with compression
- Failure to progress
- Prolonged second stage (active)
- Precipitate labour/delivery
- Retained placenta with manual removal
  - with haemorrhage
  - without haemorrhage
- Primary PPH (500-999ml)
- Primary PPH (=>1000ml)
- Other (specify) ____

CTG in labour? No Yes

FSE in labour? No Yes

Fetal scalp pH? No Yes

Fetal scalp pH result

ANAESTHESIA FOR DELIVERY
- None
- Epidural
- Spinal
- Combined Spinal-Epidural
- General Anaesthetic
- Local to perineum
- Pudendal
- Caudal
- Other (specify)

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BABY

For multiple births complete one form per baby

BABY'S UR No.

DATE OF BIRTH

TIME OF BIRTH hours

BIRTHWEIGHT grams

GESTATION (clinical assessment at birth) weeks

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 O_2
Bag and mask
IPPV via ETT
Narcotic antagonist injection
External cardiac massage
Other (specify-include drugs)

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
Infection → Diagnosis
Neonatal abstinence syndrome → Drug name
Hypo/Hyperglycaemia or Normal → Results
Other (specify) →

NEONATAL TREATMENT

None
Oxygen for > 4 hours
Phototherapy
IV/IM antibiotics
IV fluid
Mechanical ventilation
Blood glucose monitoring
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)

PUERPERIUM PROCEDURES AND OPERATIONS
You may tick more than one box

None
Blood Patch
Blood Transfusion
D & C
Other (specify)

Discharged
Transferred
Died
Remaining in

Place of transfer

Date

Early Discharge Program
No Yes

BABY
Neonatal Screening

Discharge weight grams

Discharged
Transferred
Died
Remaining in

Place of transfer

Date

FLUID BABY RECEIVED
Types of fluid the baby has received at any time during the birth episode
You may tick more than one box

Breast milk/colostrum
Infant formula
Water, fruit juice or water-based products
Nil by mouth

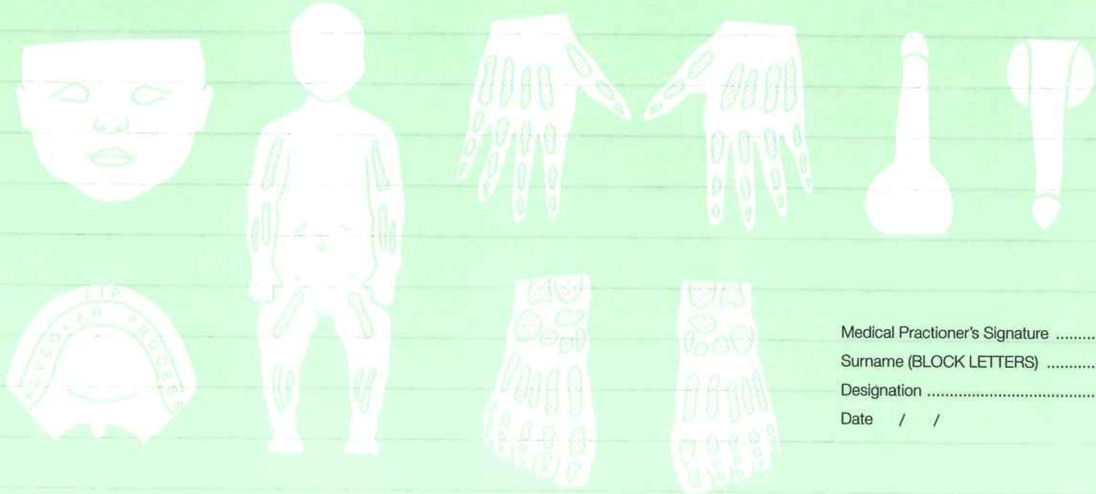
In the 24 hours prior to discharge has the baby received:
You may tick more than one box

Breast milk/colostrum
Infant formula
Water, fruit juice or water-based products
Nil by mouth

Has the baby ever been fed by a bottle
No Yes

CONGENITAL ANOMALY/MORBIDITY DATA

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 / /

Additional Congenital Anomaly description or details.

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