QUEENSLAND PERINATAL DATA COLLECTION FORM

MOTHER'S DETAILS

PLACE OF DELIVERY

DATE OF ADMISSION (for delivery)

MOTHER'S COUNTRY OF BIRTH

INDIGENOUS STATUS
- select -

MARITAL STATUS
- select -

ACCOMMODATION STATUS OF MOTHER
- select -

SEROLOGY
RPR igG
Rubella
Blood group
Rh
Antibodies No Yes
Other

FAMILY NAME
1ST GIVEN NAME
2ND GIVEN NAME
USUAL RESIDENCE
UR NO.
DOB
ESTIMATED DATE OF BIRTH
STATE POSTCODE

ANTENATAL TRANSFER No 1 Yes 2 (include transfers from planned home birth to hospital, from birthing centre to acute care areas etc)
Reason for Transfer
TIME OF TRANSFER prior to onset of labour 1
during labour 2
Transferred from

PREVIOUS PREGNANCIES

PREVIOUS PREGNANCIES
None 1 (go to next section)
Number of previous pregnancies resulting in:
Only livebirths
Only stillbirths
Only abortions/miscarriages/ectopic/hydatiform mole
Livebirth & stillbirth
Livebirth & abortion/miscarriage/ectopic/hydatiform mole
Stillbirth & abortion/miscarriage/ectopic/hydatiform mole
Livebirth, stillbirth & abortion/miscarriage/ectopic/hydatiform mole
TOTAL NUMBER OF PREVIOUS PREGNANCIES

METHOD OF DELIVERY OF LAST BIRTH
Vaginal non-instrumental 10
Forceps 02
Vacuum extractor 03
LSCS 04
Classical CS 05
OTHER (specify)
Number of previous caesareans

ANTENATAL SCREENING
Was antenatal screening for family violence performed?
- select -
Was antenatal screening for illicit drug use performed?
- select -
Was antenatal screening for EPDS performed?
- select -
What was the EPDS Score?

IMMUNISATION
Was immunisation for influenza received during this pregnancy?
- select -
Gestation Weeks
Was immunisation for pertussis received during this pregnancy?
- select -
Gestation Weeks

SMOKING
During the first 20 weeks of pregnancy did the mother smoke?
- select -
If yes, how many cigarettes per day?
Was smoking cessation advice offered by a health care provider?
- select -
After 20 weeks of pregnancy did the mother smoke?
- select -
If yes, how many cigarettes per day?
Was smoking cessation advice offered by a health care provider?
- select -

ALCOHOL
During the first 20 weeks of pregnancy did the mother consume alcohol?
- select -
If yes, how many standard drinks has the mother had on a typical day when drinking?
Frequency of alcohol consumption
- select -
After 20 weeks of pregnancy did the mother consume alcohol?
- select -
If yes, how many standard drinks has the mother had on a typical day when drinking?
Frequency of alcohol consumption
- select -

PRESENT PREGNANCY

ANTENATAL CARE
You may tick more than one box
No antenatal care
Public hospital/clinic midwifery practitioner 06
Public hospital/clinic medical practitioner 07
General practitioner 08
Private medical practitioner 03
Private midwife practitioner 04
TOTAL NUMBER OF VISITS

GESTATION AT FIRST ANTENATAL VISIT
weeks
LMP
EDC
by US scan/dates/clinical assessment
HEIGHT cm
WEIGHT kg
(self reported at conception)

CURRENT MEDICAL CONDITIONS
You may tick more than one box
None
Pre-existing hypertension 010
Diabetes mellitus
- Type 1 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)
Anaemia D649
Renal condition (specify)
Cardiac condition (specify)
Hepatitis B Active B169
Hepatitis B Carrier B181
Hepatitis C Active B171
Hepatitis C Carrier B182
Other (specify)

PREGNANCY COMPLICATIONS
You may tick more than one box
None
APH (<20 weeks) 0209
APH (20 weeks or later) due to
- abruption 0459
- placenta praevia 0441
- other 0469

Gestational diabetes
- insulin treated 02442
- oral hypoglycaemic therapy 02443
- diet/exercise 02444

Hypertension
- Gestational (mild) 013
- Pre eclampsia (moderate) 0140
- Pre eclampsia (severe) 0141
- HELLP 0142

Other (specify)

PROCEDURES & OPERATIONS
(during pregnancy, labour and delivery)
You may tick more than one box
None
Chorionic villus sampling 1660300
Amniocentesis (diagnostic) 1660000
Cordocentesis 1660600
Cervical suture (for cervical incompetence) 1651100
Other (specify)

ULTRASOUNDS
Number of Scans

WERE ANY OF THE FOLLOWING PERFORMED?
Nuchal translucency ultrasound
- select -
Morphology ultrasound scan
- select -
Assessment for chorionicity scan
- select -

ASSISTED CONCEPTION
Was this pregnancy the result of assisted conception?
- select -
If yes, indicated method/s used
AIH / AID 02
Ovulation induction 03
IVF 04
GIFT 05
ICSI (intracytoplasmic sperm injection) 07
Donor egg Frozen embryo transfer/embryo transfer 08
Other (specify) 09

Primary Maternity Model of Care
Maternity Model of Care at onset of labour

LABOUR AND DELIVERY

INTENDED PLACE OF BIRTH AT ONSET OF LABOUR
- select -
Other (specify)

ACTUAL PLACE OF BIRTH OF BABY
- select -
Other (specify)

ONSET OF LABOUR
Spontaneous (1)

METHODS USED TO INDUCE LABOUR OR AUGMENT LABOUR?
You may tick more than one box
Artifical rupture of Membranes (ARM) 1
Oxytocin 2
Prostaglandins 3
Mechanical Cervical Dilatation 6
Antiprogestogen 7
Other (specify)

IF LABOUR INDUCED
MAIN reason for induction
1st Additional reason for induction
2nd Additional reason for induction

MEMBRANES RUPTURED
days hours mins
before delivery

LENGTH OF LABOUR
- 1st Stage hours mins
- 2nd Stage hours mins

PRESENTATION AT BIRTH
- select -
Other (specify)

METHOD OF BIRTH
- select -
Other (specify)

WATER BIRTH
Was this a water birth? - select -
If yes, was the water birth - select -

REASON FOR FORCEPS/VACUUM
MAIN REASON FOR CAESAREAN
1ST ADDITIONAL REASON FOR CAESAREAN
2ND ADDITIONAL REASON FOR CAESAREAN
Cervical dilation prior to caesarean
- select -
ANTIBIOTICS RECEIVED AT TIME OF CAESAREAN
- select -
PLACENTA / CORD

NON-PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY
None
Heat Pack 02
Birth Ball 03
Massage 04
Shower 05
Water Immersion 06
Aromatherapy 07
Homeopathy 08
Acupuncture 09
TENS 10
Water Injection 11
Other (specify)

PRINCIPAL ACCOUCHEUR
- select -
Other (specify)

DAMAGE TO THE PERINEUM
You may tick more than one box
None
Graze/tear vagina, labia, vulva 02
Lacerated 1st degree 02
2nd degree 03
3rd degree 04
4th degree 05
Episiotomy 06
Other genital trauma
Surgical repair of vagina or perineum? - select -

LABOUR AND DELIVERY (continued)

PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY

- None
- Nitrous oxide — 02
- Systemic opioid (incl. narcotic (IM/IV)) — 08
- Epidural — 04
- Spinal — 05
- Combined Spinal-Epidural — 10
- Caudal — 07
- Other (specify)

LABOUR AND DELIVERY COMPLICATIONS
You may tick more than one box

- None
- Meconium liquor — 0681
- Fetal distress — 0689
- Cord prolapse — 0690
- Cord entanglement with compression — 0692
- Failure to progress — 0629
- Prolonged second stage (active) — 0631
- Precipitate labour/delivery — 0623

Retained placenta with manual removal
- • with haemorrhage — 0720
- • without haemorrhage — 0730

Primary PPH (500-999ml) — 0721
Primary PPH (1000-1499ml) — 0721
Primary PPH (=> 1500ml) — 0721
Other (specify)

- CTG in labour? - select -
- FSE in labour? - select -
- Fetal scalp pH? - select -
- Fetal Scalp pH result →
- Lactate? - select -
- Lactate Result →

ANAESTHESIA FOR DELIVERY

- None
- Epidural — 04
- Spinal — 05
- Combined Spinal-Epidural — 10
- General anaesthetic — 06
- Local to perineum — 02
- Pudendal — 03
- Caudal — 07
- Other (specify)

BABY

For multiple births complete one form per baby

BABY'S UR NO.

DATE OF BIRTH

INDIGENOUS STATUS - BABY
- select -

TIME OF BIRTH ____ hours

BIRTHWEIGHT ____ grams

GESTATION (clinical assessment at birth) ____ weeks ____ days

HEAD CIRCUMFERENCE AT BIRTH ____ . ____ cm

LENGTH AT BIRTH ____ . ____ cm

PLURALITY
- select -

Other (specify)

SEX
- select -

BIRTH STATUS
- select -

-macerated
- select -

APGAR SCORE

	1 min	5min
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 — 1
- Suction (oral, pharyngeal etc) — 02
- Suction of meconium (oral, pharyngeal etc) — 03
- Suction of meconium via ETT — 04
- Facial O^2 — 05
- Bag and mask — 06
- IPPV via ETT — 07
- CPAP ventilation — 13
- Intubation — 14
- Narcotic antagonist injection — 08
- External cardiac massage — 09
- Other (specify-include drugs)

- Urine
- Meconium
- Cord pH? - select -
- Cord pH value ____ . ____
- BE
- VITAMIN K (first dose) - select -
- **HEPATITIS B** (birth dose vaccination) - select -
- **HEPATITIS B IMMUNOGLOBULIN** - select -

POSTNATAL DETAILS

BABY

NEONATAL MORBIDITY

- None
- Jaundice → Diagnosis
- Respiratory distress → Diagnosis
- Hypo/Hyperglycaemia or Normal → Results
- Neonatal abstinence syndrome → Drug name
- Infection → Diagnosis
- Other (Specify) →

NEONATAL TREATMENT

- None — 1
- Oxygen for > 4 hours — 02
- Phototherapy — 03
- IV/IM antibiotics — 04
- IV fluid — 05
- Mechanical ventilation — 06
- Blood glucose monitoring — 10
- CPAP — 11
- Oro / naso gastric feeding — 12
- Other Treatment

Was baby admitted to ICN/SCN?
- select -

If yes, how many days was baby admitted to:
- • ICN (days)
- • SCN (days)

Main reason for admission to ICN/SCN

CONGENITAL ANOMALY
- select -

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

Position
- select -

Status
- select -

Was CA diagnosed antenatally?
- select -

DISCHARGE DETAILS

MOTHER PUERPERIUM COMPLICATIONS
You may tick more than one box

- None
- Haemorrhoids — 0872
- Wound Infection — 0860
- Anaemia — 09903
- Dehiscence/disruption of wound
- Febrile — 0864
- UTI — 0862
- Spinal Headache — T8852
- Secondary PPH — 0722
- Other (specify)

THROMBOPROPHYLAXIS FOLLOWING CAESAREAN
You may tick more than one box

- None
- Pharmocological thromboprophylaxis — 2
- Intermittent Calf Compression — 3
- TED Stocking — 4
- Other thromboprophylaxis

PUERPERIUM PROCEDURES AND OPERATIONS
You may tick more than one box

- None
- Blood Patch — 1823300
- Blood Transfusion — 1370601
- D & C — 1656400
- Other (specify)

MOTHER'S DISCHARGE DETAILS

- Discharged — 1
- Transferred — 2

Place of Transfer

- Died — 3
- Remaining in — 4

Date

Early Discharge Program - select -

BABY

NEONATAL SCREENING

Discharge weight ____ grams

- Discharged — 1
- Transferred — 2

Place of Transfer

- Died — 3
- Remaining in — 4

Date

TYPES OF FLUID BABY RECEIVED AT ANY TIME FROM BIRTH TO DISCHARGE
You may tick more than one box

- Breast milk/colostrum — 1
- Infant Formula — 2
- Water, fruit juice or water based products — 3
- Nil By Mouth — 4

TYPES OF FLUID BABY RECEIVED IN THE 24 HOURS PRIOR TO DISCHARGE
You may tick more than one box

- Breast milk/colostrum — 1
- Infant Formula — 2
- Water, fruit juice or water based products — 3
- Nil By Mouth — 4

ALTERNATE FEEDING METHOD
You may tick more than one box

- None
- Bottle — 02
- Cup — 03
- Syringe — 04
- Other

OFFICE USE ONLY