PERINATAL STATISTICS
QUEENSLAND
2017

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CONTENTS

List of Tables ........................................................................................................................................ 4

Acknowledgements ......................................................................................................................... 7

Introduction ........................................................................................................................................ 8

Data Collection ................................................................................................................................ 9

Explanatory Notes ............................................................................................................................. 10

Appendix A: Unpublished Data Available From the Perinatal Data Collection ......................... 15

Appendix B: Perinatal Data Collection Form (MR63D) and Electronic File Format .............. 16

Appendix C: Perinatal Data Collection Form Changes (MR63D) ............................................. 19

Appendix D: Hospital and Health Service ...................................................................................... 20

References ......................................................................................................................................... 21
**TABLES**

**Summary Statistics**

Selected variables by year - number of mothers
Selected variables by year - proportion of all mothers
Selected variables by year - number of babies
Selected variables by year - proportion of all babies

**Clinical Indicators**

*Mothers, Queensland:*

<table>
<thead>
<tr>
<th>3.01</th>
<th>Mothers by method of assistance and type of facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.02</td>
<td>Mothers by method of assistance</td>
</tr>
<tr>
<td>3.03</td>
<td>Age of mother by assisted conception</td>
</tr>
<tr>
<td>3.04</td>
<td>Mothers by method of assistance and plurality</td>
</tr>
<tr>
<td>3.05</td>
<td>Mothers with assisted conception: Birthweight by gestation</td>
</tr>
<tr>
<td>3.06</td>
<td>Assisted conception by Hospital and Health Service of usual residence of mother</td>
</tr>
<tr>
<td>3.07</td>
<td>Assisted conception by birth status</td>
</tr>
</tbody>
</table>

**Mother's Demographic Details**

*Mothers, Queensland:*

<table>
<thead>
<tr>
<th>4.01</th>
<th>Age of mother by plurality of pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.02</td>
<td>Hospital and Health Service of usual residence of mother</td>
</tr>
<tr>
<td>4.03</td>
<td>Marital status of mother by plurality of pregnancy</td>
</tr>
<tr>
<td>4.04</td>
<td>Indigenous status of mother</td>
</tr>
<tr>
<td>4.05</td>
<td>Country of birth of mother</td>
</tr>
<tr>
<td>4.06</td>
<td>Body Mass Index (BMI) by facility type</td>
</tr>
</tbody>
</table>

**Mother’s Antenatal Details**

*Mothers, Queensland:*

<table>
<thead>
<tr>
<th>5.01</th>
<th>Number of antenatal visits by Indigenous status of mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.02</td>
<td>Parity by age of mother</td>
</tr>
<tr>
<td>5.03</td>
<td>Selected medical conditions of mother</td>
</tr>
<tr>
<td>5.04</td>
<td>Selected pregnancy complications</td>
</tr>
<tr>
<td>5.05</td>
<td>Antenatal transfer status by Indigenous status of mother</td>
</tr>
<tr>
<td>5.06</td>
<td>Selected reasons for antenatal transfer by Indigenous status of mother</td>
</tr>
<tr>
<td>5.07</td>
<td>Smoking Status by number of cigarettes after 20 weeks gestation</td>
</tr>
<tr>
<td>5.08</td>
<td>Smoking Advice during the first 20 weeks of pregnancy to mothers who smoked</td>
</tr>
<tr>
<td>5.09</td>
<td>Antenatal care type</td>
</tr>
<tr>
<td>5.10</td>
<td>Gestation at first antenatal visit by facility type</td>
</tr>
</tbody>
</table>
Labour and Birthing Details

Mothers, Births, Queensland:

6.01 Onset of labour by plurality of pregnancy
6.02 Onset of labour by age of mother
6.03 Selected reason for induction
6.04 Presentation by plurality of pregnancy
6.05 Method of birth by plurality of pregnancy
6.06 Method of birth by age of mother
6.07 Method of birth by presentation
6.08 Method of birth by method of pharmacological analgesia during labour/birth
6.09 Method of birth by method of non-pharmacological analgesia during labour/birth
6.10 Method of birth by method of anaesthesia for birth
6.11 Labour status by primary caesarean section reason
6.12 Onset of labour by method of birth
6.13 Onset of labour by method of birth for term, singleton vertex births to primiparous mothers
6.14 Method of birth by onset of labour, mothers with previous caesarean section
6.15 Selected labour and birth complications
6.16 Method of birth by selected labour and birth complications
6.17 Selected procedures and operations performed during pregnancy, labour and the puerperium
6.18 Selected puerperium complications
6.19 Genital tract trauma by surgical repair
6.20 Episiotomy by surgical repair
6.21 Genital tract trauma by accoucheur
6.22 Selected antenatal ultrasounds

Baby Details

Births, Queensland:

7.01 Sex by outcome
7.02a Apgar score at 1 minute and 5 minutes (livebirths)
7.02b Apgar score at 1 minute by Apgar score at 5 minutes (livebirths)
7.03 Use of resuscitation (livebirths)
7.04 Resuscitation other than routine suction (livebirths)
7.05 Birthweight by Indigenous status of mother
7.06 Gestation by Indigenous status of mother
7.07 Birthweight by gestation (singleton births)
7.08 Birthweight by gestation (multiple births)
7.09 Neonatal treatment by gestation (livebirths)
7.10 Neonatal survival by birthweight
7.11 Selected conditions causing neonatal morbidity (livebirths)
7.12a Fluid baby received during the birth episode by age of mother (livebirths discharged home)
7.12b Fluid baby received in the 24 hours prior to discharge by age of mother (livebirths discharged home)
7.13a Fluid baby received during the birth episode by accommodation status of mother (livebirths discharged home)
7.13b Fluid baby received in the 24 hours prior to discharge by accommodation status of mother (livebirths discharged home)
7.14a Fluid during the birth episode by number of previous births (livebirths discharged home)
7.14b Fluid 24 hours prior to discharge by number of previous births (livebirths discharged home)
Hospital, Birth Centres and Planned Home Births Information

Mothers, Queensland:

8.01 Hospital and Health Service of usual residence of mother by type of facility and accommodation
8.02 Age of mother by type of facility and accommodation
8.03 Onset of labour by type of facility and accommodation
8.04 Method of birth by type of facility and accommodation
8.05 Hospital and Health Service of usual residence of mother by Hospital and Health Service of birthing facility
8.06 Livebirths - Level of nursery at facility of birth by level of nursery at facility of transfer
8.07 Mothers - Level of nursery at facility of birth by level of nursery at facility of transfer
8.08 Hospital and Health Service of usual residence of mother by maternal age
8.09 Babies by facility of birth type and facility name

Discharge Details and Length of Stay (Mother and Baby)

Mothers & Births, Queensland:

9.01 Separation status of mother
9.02 Separation status of baby
9.03 Mothers’ postnatal length of stay by facility type and accommodation, mothers discharged home
9.04 Postnatal length of stay of mother by parity, mothers discharged home
9.05 Postnatal length of stay of mother by method of birth, mothers discharged home
9.06 Length of stay by birthweight, facility livebirths discharged home
9.07 Month of birth

Perinatal Deaths

Perinatal deaths, Queensland:

10.01 Perinatal deaths: Type of perinatal death by sex
10.02 Stillbirths: Time of death by sex
10.03 Neonatal deaths: Age at neonatal death by sex
10.04 Age of mother by type of perinatal death
10.05 Indigenous status of mother by type of perinatal death
10.06 Marital status of mother by type of perinatal death
10.07 Plurality of pregnancy by type of perinatal death
10.08 Birthweight by type of perinatal death
10.09 Gestation by type of perinatal death
10.10 Hospital and Health Service of usual residence of mother by type of perinatal death
10.11 Neonatal Deaths: Birthweight by gestation
10.12 Stillbirths: Birthweight by gestation
10.13 Main condition in fetus/neonate by type of perinatal death
10.14 Nature/site of congenital anomaly by type of perinatal death
10.15 Postmortem status by type of perinatal death
10.16 Selected weight & gestation groupings by type of perinatal death

Incidence Data

Queensland Newborn Screening
ACKNOWLEDGEMENTS

Appreciation is extended to:

- Midwives, obstetricians, paediatricians, neonatologists, pathologists and other hospital staff who completed and returned the Perinatal Data Collection forms,

- The Registrar-General’s Office (Registry for Births, Deaths and Marriages) for providing additional data on perinatal deaths,

- The staff of the Perinatal Data Collection,

- The Newborn Screening Unit for its 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 2017.

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 Tenth Edition occurred from 1 July 2017.
DATA COLLECTION

Perinatal Data Collection forms, or in the case of hospitals using electronic systems, an extract was provided to Queensland Department of Health by public hospitals, private hospitals, and homebirth practitioners. The data submitted 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 or electronic system and suggests that the resulting output 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 Perinatal Data Collection Electronic File Format and Obstetric Summary and Neonatal Notes (MR63D) form collected antenatal, intrapartum and postpartum data. Perinatal Data Collection Electronic File Format (versions 2016-2017 and 2017-2018) and Obstetric Summary and Neonatal Notes (edition July 2015 MR63D) forms were used in 2017, 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 electronic system extracts and 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 2017 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 for hospital births.

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 performs 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 24 hours prior to discharge**

The type of fluid ingested by the baby in the twenty-four (24) 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 a 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 babies resulting from a single pregnancy. Plurality at birth is determined by the total number of live births and stillbirths that result from the pregnancy. Stillbirths, including those where the fetus was likely to have died before 20 weeks gestation, should be included in the count of plurality. To be included, they should be recognisable as a fetus and have been expelled or extracted with other products of conception when pregnancy ended at 20 or more weeks gestation.

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, the six week period following the birth.

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

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<thead>
<tr>
<th>Parameter</th>
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<td>Date of separation</td>
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<td>Place of transfer</td>
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<td>Smoking during pregnancy (status and number)</td>
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<td>Puerperium procedures &amp; operations</td>
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<td>Assisted conception methods</td>
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<tr>
<td>Antenatal care</td>
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<tr>
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<td>Procedures and operations</td>
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<td>Number of ultrasound scans</td>
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<tr>
<td>Methods of induction/augmentation</td>
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<td>Length of time membranes ruptured before birth</td>
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<td>Presentation</td>
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<tr>
<td>Reason for Induction</td>
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<tr>
<td>Reason for Caesarean</td>
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<tr>
<td>Cervical dilation prior to Caesarean</td>
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<td>Accoucheur</td>
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</tr>
<tr>
<td>Episiotomy</td>
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<tr>
<td>Surgical repair of vagina or perineum</td>
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<td>Gestation at first antenatal visit</td>
<td></td>
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<td>Labour and birth complications</td>
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### BABY

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<td>Sex</td>
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<td>Route of administration of vitamin K</td>
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<td>Apgar score (1 and 5 minutes)</td>
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<tr>
<td>Time to establish respirations</td>
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<td>Resuscitation methods</td>
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<tr>
<td>Neonatal morbidity</td>
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<td>Neonatal treatment methods</td>
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<tr>
<td>Congenital anomalies</td>
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</tr>
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<td>Antenatal diagnosis of congenital anomalies</td>
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</tr>
<tr>
<td>Indigenous status of baby</td>
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</tr>
<tr>
<td>Days in ICN</td>
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</tr>
<tr>
<td>Days in SCN</td>
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<tr>
<td>Main reason for admission to ICN/SCN</td>
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<td></td>
</tr>
<tr>
<td>Fluid received in the 24 hours prior to discharge</td>
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</tr>
<tr>
<td>Use of a bottle</td>
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<td>Date of separation</td>
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<td>Separation type</td>
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### PERINATAL DEATHS

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<td>Age at death</td>
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<td>Indigenous status of baby</td>
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<td>Place of death</td>
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<td>Macerated (stillbirths)</td>
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<td>When heartbeat ceases</td>
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<td>Post-mortem performed</td>
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<td>Post-mortem confirmed</td>
<td></td>
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<tr>
<td>Main and other maternal diseases</td>
<td></td>
</tr>
<tr>
<td>Main and other causes of death</td>
<td></td>
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</tbody>
</table>
APPENDIX B
PERINATAL DATA COLLECTION FORM (MR63D) current for the 2017 period
PERINATAL DATA COLLECTION ELECTRONIC FILE FORMAT

To view data items submitted via the electronic file format please see links below:


APPENDIX C: PERINATAL DATA COLLECTION FORM CHANGES (MR63D)

There were no changes to the data items reported in 2017.
REFERENCES