

QUEENSLAND PERINATAL DATA COLLECTION FORM

MOTHER'S DETAILS	PLACE OF DELIVERY <input type="text"/>	DATE OF ADMISSION (for delivery) <input type="text"/>	FAMILY NAME <input type="text"/>	UR No. <input type="text"/>	
	MOTHER'S COUNTRY OF BIRTH <input type="text"/>	SEROLOGY RPR.....IgG..... Rubella..... Blood Group..... Rh..... Antibodies No <input type="checkbox"/> Yes <input type="checkbox"/>	1ST GIVEN NAME <input type="text"/>	DOB <input type="text"/>	Estimated Date of Birth <input type="text"/>
PREVIOUS PREGNANCIES	INDIGENOUS STATUS Aboriginal <input type="checkbox"/> 1 Torres Strait Islander <input type="checkbox"/> 2 Aborig. & Torres Str. Is. <input type="checkbox"/> 3 Neither Aboriginal nor Torres Str. Is. <input type="checkbox"/> 4	MARITAL STATUS Never Married <input type="checkbox"/> 1 Married/defacto <input type="checkbox"/> 2 Widowed <input type="checkbox"/> 3 Divorced <input type="checkbox"/> 4 Separated <input type="checkbox"/> 5	ACCOMMODATION STATUS OF MOTHER Public <input type="checkbox"/> 1 Private <input type="checkbox"/> 4	USUAL RESIDENCE <input type="text"/>	
	PREVIOUS PREGNANCIES None <input type="checkbox"/> 1 (go to next section)		METHOD OF DELIVERY OF LAST BIRTH Vaginal non-instrumental <input type="checkbox"/> 10 Forceps <input type="checkbox"/> 02 Vacuum extractor <input type="checkbox"/> 03 LSCS <input type="checkbox"/> 04 Classical CS <input type="checkbox"/> 05 Other (specify) <input type="text"/>		
PRESENT PREGNANCY	LMP <input type="text"/>	TOTAL NUMBER OF VISITS <input type="text"/>	GESTATION AT FIRST ANTENATAL VISIT <input type="text"/> Weeks		
	EDC <input type="text"/> by US scan/dates/clinical assessment	HEIGHT <input type="text"/> cm	WEIGHT <input type="text"/> kg (self-reported at conception)	CURRENT MEDICAL CONDITIONS You may tick more than one box	
ANTENATAL CARE You may tick more than one box	PREGNANCY COMPLICATIONS You may tick more than one box		PROCEDURES AND OPERATIONS (during pregnancy, labour and delivery) You may tick more than one box		
HEALTH CARE PROVIDER No antenatal care <input type="checkbox"/> Public hospital/clinic midwifery practitioner <input type="checkbox"/> 06 Public hospital/clinic medical practitioner <input type="checkbox"/> 07 General practitioner <input type="checkbox"/> 08 Private medical practitioner <input type="checkbox"/> 03 Private midwife practitioner <input type="checkbox"/> 04	ASSISTED CONCEPTION Was this pregnancy the result of assisted conception? No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 If yes, indicate method/s used		ULTRASOUNDS Number of scans <input type="text"/>		
INTENDED PLACE OF BIRTH AT ONSET OF LABOUR Hospital <input type="checkbox"/> 1 Birthing centre <input type="checkbox"/> 2 Home <input type="checkbox"/> 4 Other <input type="checkbox"/> 8		MEMBRANES RUPTURED <input type="checkbox"/> days <input type="text"/> hours <input type="text"/> mins before delivery		PRINCIPAL ACCOUCHEUR Tick one box only	
ACTUAL PLACE OF BIRTH OF BABY Hospital <input type="checkbox"/> 1 Birthing centre <input type="checkbox"/> 2 Home <input type="checkbox"/> 4 Other (BBA) <input type="checkbox"/> 8		REASON FOR FORCEPS/VACUUM <input type="text"/>		LABOUR AND DELIVERY COMPLICATIONS You may tick more than one box	
ONSET OF LABOUR Tick one box only Spontaneous <input type="checkbox"/> 1 Induced <input type="checkbox"/> 2 No labour (caesarean section) <input type="checkbox"/> 3		LENGTH OF LABOUR hours minutes • 1st stage <input type="text"/> <input type="text"/> • 2nd stage <input type="text"/> <input type="text"/>		DAMAGE TO THE PERINEUM You may tick more than one box	
METHODS USED TO INDUCE LABOUR OR AUGMENT LABOUR? You may tick more than one box		PRESENTATION AT BIRTH Tick one box only		PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY	
Artificial rupture of Membranes (ARM) <input type="checkbox"/> 1 Oxytocin <input type="checkbox"/> 2 Prostaglandins <input type="checkbox"/> 3 Other (specify) <input type="text"/>		Cervical dilation prior to caesarean 3cm or less <input type="checkbox"/> 1 More than 3cm <input type="checkbox"/> 2 Not measured <input type="checkbox"/> 3		ANESTHESIA FOR DELIVERY	
If labour induced MAIN REASON FOR INDUCTION <input type="text"/>		ANTIBIOTICS AT TIME OF CAESAREAN Tick one box only		None <input type="checkbox"/> 04 Epidural <input type="checkbox"/> 05 Spinal <input type="checkbox"/> 06 Combined Spinal-Epidural <input type="checkbox"/> 10 General Anaesthetic <input type="checkbox"/> 06 Local to perineum <input type="checkbox"/> 02 Pudendal <input type="checkbox"/> 03 Caudal <input type="checkbox"/> 07 Other (specify) <input type="text"/>	
1 ST ADDITIONAL REASON FOR INDUCTION <input type="text"/>		PLACENTA/ CORD <input type="text"/>		None <input type="checkbox"/> 02 Nitrous oxide <input type="checkbox"/> 02 Systemic opioid (incl. narcotic (M/V)) <input type="checkbox"/> 08 Epidural <input type="checkbox"/> 04 Spinal <input type="checkbox"/> 05 Combined Spinal-Epidural <input type="checkbox"/> 10 Caudal <input type="checkbox"/> 07 Other (specify) <input type="text"/>	
2 ND ADDITIONAL REASON FOR INDUCTION <input type="text"/>		NON-PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY		None <input type="checkbox"/> 02 Nitrous oxide <input type="checkbox"/> 02 Systemic opioid (incl. narcotic (M/V)) <input type="checkbox"/> 08 Epidural <input type="checkbox"/> 04 Spinal <input type="checkbox"/> 05 Combined Spinal-Epidural <input type="checkbox"/> 10 Caudal <input type="checkbox"/> 07 Other (specify) <input type="text"/>	

