

Perinatal Statistics

Queensland 2021

Version 1.0



Perinatal Statistics Queensland 2021

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An electronic version of this document is available at <http://qheps.health.qld.gov.au/hsu/datacollections.htm>

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2. 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 of Births, Deaths and Marriages) for providing additional data on perinatal deaths
- The staff of the Perinatal Data Collection

3. Data Quality Statement

Hospitals should ensure that the following principles guide the collection and reporting of data to the Queensland Department of Health (DoH) via the Statistical Services Branch (SSB):

- Trustworthy - data is accurate, relevant and timely;
- Valued - data is a core strategic asset;
- Managed - collection of data is actively planned, managed and compliant; and
- Quality – data provided is complete, consistent, undergoes regular validation and is of sufficient quality to enable the DoH to perform regulatory functions such as monthly performance reports, fulfil legislative requirements, deliver accountabilities to state and commonwealth governments, monitor and promote improvements in the safety and quality of health services.

To ensure the DoH can fulfil its regulatory functions, hospitals must ensure that data submitted to SSB are of high quality. SSB cannot accept data containing a high number of validation errors.

Should data submitted contain a high number of validation errors, SSB will advise the hospital accordingly to review the quality of the data submitted for correction and re-submission. For SSB to accept data submitted any validation errors identified must be addressed (on the relevant information system) to ensure that erroneous data is not submitted to SSB.

4. Preface

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.

The data were collected through Perinatal Data Collection forms, or extracts for hospitals using electronic systems, and 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 2020-2021 and 2021-2022) and Obstetric Summary and Neonatal Notes (edition July 2015 MR63D) forms were used in 2021, shown in Appendix B. It is also important to note that most 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.

This report presents summary statistics based on the data collected for 2021.

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 Eleventh Edition occurred from 1 July 2019 and is valid to 30 June 2022.

5. Explanatory Notes

Scope

The statistics shown in this report relate to births that occurred in Queensland during 2021 and were reported to the Perinatal Data Collection. 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

Several 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.

6. Glossary

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 birth takes place.

Date of birth (baby)

The date of birth of an individual baby.

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 birth (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.

Grand Multipara

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, (e.g.: 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: Data Available from the Perinatal Data Collection

MOTHER

Place of birth
Age
Country of birth
Indigenous status
State of usual residence
Statistical local area of usual residence
Marital status
Weight
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 birth (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
Alcohol during pregnancy
(status, volume and frequency)
Antenatal screening for family violence
Antenatal screening for illicit drug use
Antenatal screening Edinburgh Postnatal
Depression Scale (EPDS) indicator and score
Immunisation for influenza during pregnancy
and gestational age administered
Immunisation for pertussis during pregnancy
and gestational age administered
Maternity model of care primary
Maternity model of care at onset of labour
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 24 hours prior to discharge
Use of a bottle
Date of separation
Separation type
Place of transfer

PERINATAL DEATHS

Date of death
Age at death
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) and Electronic File Format

https://www.health.qld.gov.au/data/assets/pdf_file/0024/1029624/qpdc-form-2122.PDF

QUEENSLAND PERINATAL DATA COLLECTION FORM

MOTHER'S DETAILS	PLACE OF DELIVERY <input type="text"/> DATE OF ADMISSION (for delivery) <input type="text"/> MOTHER'S COUNTRY OF BIRTH <input type="text"/> INDIGENOUS STATUS <input type="text"/> MARITAL STATUS <input type="text"/> ACCOMMODATION STATUS OF MOTHER <input type="text"/>	SEROLOGY RPR <input type="text"/> igG <input type="text"/> Rubella <input type="text"/> Blood group <input type="text"/> Rh <input type="text"/> Antibodies No <input type="text"/> Yes <input type="text"/> Other <input type="text"/>	FAMILY NAME <input type="text"/> UR NO <input type="text"/> 1ST GIVEN NAME <input type="text"/> DOB <input type="text"/> 2ND GIVEN NAME <input type="text"/> USUAL RESIDENCE <input type="text"/> STATE <input type="text"/> POSTCODE <input type="text"/> ANTENATAL TRANSFER No <input type="checkbox"/> Yes <input type="checkbox"/> (include transfers from planned home birth to hospital, from birthing centre to acute care areas etc) Reason for Transfer <input type="text"/> TIME OF TRANSFER prior to onset of labour <input type="checkbox"/> 1 Transferred from <input type="text"/> during labour <input type="checkbox"/> 2			
	PREVIOUS PREGNANCIES None <input type="checkbox"/> (go to next section) Number of previous pregnancies resulting in: Only livebirths <input type="text"/> Only stillbirths <input type="text"/> Only abortions/miscarriages/ectopic/hydattiform mole <input type="text"/> Livebirth & stillbirth <input type="text"/> Livebirth & abortion/miscarriage/ectopic/hydattiform mole <input type="text"/> Stillbirth & abortion/miscarriage/ectopic/hydattiform mole <input type="text"/> Livebirth, stillbirth & abortion/miscarriage/ectopic/hydattiform mole <input type="text"/> TOTAL NUMBER OF PREVIOUS PREGNANCIES <input type="text"/>	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"/> Number of previous caesareans <input type="text"/>	ANTENATAL SCREENING Was antenatal screening for family violence performed? <input type="text"/> Was antenatal screening for illicit drug use performed? <input type="text"/> Was antenatal screening for EPDS performed? <input type="text"/> What was the EPDS Score? <input type="text"/> IMMUNISATION Was immunisation for influenza received during this pregnancy? <input type="text"/> Gestation Weeks <input type="text"/> Was immunisation for pertussis received during this pregnancy? <input type="text"/> Gestation Weeks <input type="text"/>	SMOKING During the first 20 weeks of pregnancy did the mother smoke? <input type="text"/> If yes, how many cigarettes per day? <input type="text"/> Was smoking cessation advice offered by a health care provider? <input type="text"/> After 20 weeks of pregnancy did the mother smoke? <input type="text"/> If yes, how many cigarettes per day? <input type="text"/> Was smoking cessation advice offered by a health care provider? <input type="text"/>	ALCOHOL During the first 20 weeks of pregnancy did the mother consume alcohol? <input type="text"/> If yes, how many standard drinks has the mother had on a typical day when drinking? <input type="text"/> Frequency of alcohol consumption <input type="text"/> After 20 weeks of pregnancy did the mother consume alcohol? <input type="text"/> If yes, how many standard drinks has the mother had on a typical day when drinking? <input type="text"/> Frequency of alcohol consumption <input type="text"/>	
PRESENT PREGNANCY	ANTENATAL CARE You may tick more than one box No antenatal care <input type="checkbox"/> Public hospital/dinic midwifery practitioner <input type="checkbox"/> 06 Public hospital/dinic 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 TOTAL NUMBER OF VISITS <input type="text"/>	CURRENT MEDICAL CONDITIONS You may tick more than one box None <input type="checkbox"/> Pre-existing hypertension <input type="checkbox"/> 010 Diabetes mellitus <input type="checkbox"/> • Type 1 <input type="checkbox"/> 0240 • Type 2 insulin treated <input type="checkbox"/> 02412 • Type 2 oral hypoglycaemic therapy <input type="checkbox"/> 02413 • Type 2 diet/exercise <input type="checkbox"/> 02414 Other (specify) <input type="text"/>	PREGNANCY COMPLICATIONS You may tick more than one box None <input type="checkbox"/> APH (<20 weeks) <input type="checkbox"/> 0209 APH (20 weeks or later) due to <input type="checkbox"/> • abruption <input type="checkbox"/> 0459 • placenta praevia <input type="checkbox"/> 0441 • other <input type="checkbox"/> 0469 Gestational diabetes <input type="checkbox"/> • insulin treated <input type="checkbox"/> 02442 • oral hypoglycaemic therapy <input type="checkbox"/> 02443 • diet/exercise <input type="checkbox"/> 02444 Hypertension <input type="checkbox"/> • Gestational (mild) <input type="checkbox"/> 013 • Pre eclampsia (moderate) <input type="checkbox"/> 0140 • Pre eclampsia (severe) <input type="checkbox"/> 0141 • HELLP <input type="checkbox"/> 0142 Other (specify) <input type="text"/>	PROCEDURES & OPERATIONS (during pregnancy, labour and delivery) You may tick more than one box None <input type="checkbox"/> Chorionic villus sampling <input type="checkbox"/> 1660300 Amniocentesis (diagnostic) <input type="checkbox"/> 1660000 Cordocentesis <input type="checkbox"/> 1660600 Cervical suture (for cervical incompetence) <input type="checkbox"/> 1651100 Other (specify) <input type="text"/>	ASSISTED CONCEPTION Was this pregnancy the result of assisted conception? <input type="text"/> If yes, indicated method/s used <input type="text"/> AIH / AID <input type="checkbox"/> 02 Ovulation induction <input type="checkbox"/> 03 IVF <input type="checkbox"/> 04 GIFT <input type="checkbox"/> 05 ICSI (intracytoplasmic sperm injection) <input type="checkbox"/> 07 Donor egg <input type="checkbox"/> 08 Frozen embryo transfer/embryo transfer <input type="checkbox"/> 09 Other (specify) <input type="text"/>	
	GESTATION AT FIRST ANTENATAL VISIT <input type="text"/> weeks LMP <input type="text"/> EDC <input type="text"/> by US scan/dates/clinical assessment HEIGHT <input type="text"/> cm WEIGHT <input type="text"/> kg (self reported at conception)	Asthma (treated during this pregnancy) <input type="checkbox"/> J459 Epilepsy <input type="checkbox"/> G4090 Genital herpes (active during this pregnancy) <input type="checkbox"/> Anaemia <input type="checkbox"/> D649 Renal condition (specify) <input type="text"/> Cardiac condition (specify) <input type="text"/> Hepatitis B Active <input type="checkbox"/> B169 Hepatitis B Carrier <input type="checkbox"/> B181 Hepatitis C Active <input type="checkbox"/> B171 Hepatitis C Carrier <input type="checkbox"/> B182 Other (specify) <input type="text"/>	ULTRASOUNDS Number of Scans <input type="text"/> WERE ANY OF THE FOLLOWING PERFORMED? Nuchal translucency ultrasound <input type="checkbox"/> Morphology ultrasound scan <input type="checkbox"/> Assessment for chorionicity scan <input type="checkbox"/>	ICS (intracytoplasmic sperm injection) <input type="checkbox"/> 07 Donor egg <input type="checkbox"/> 08 Frozen embryo transfer/embryo transfer <input type="checkbox"/> 09 Other (specify) <input type="text"/> Primary Maternity Model of Care <input type="text"/> Maternity Model of Care at onset of labour <input type="text"/>		
LABOUR AND DELIVERY	INTENDED PLACE OF BIRTH AT ONSET OF LABOUR <input type="text"/> Other (specify) <input type="text"/> ACTUAL PLACE OF BIRTH OF BABY <input type="text"/> Other (specify) <input type="text"/> ONSET OF LABOUR Spontaneous (1) <input type="checkbox"/>	METHODS USED TO INDUCE LABOUR OR AUGMENT LABOUR? You may tick more than one box Artificial rupture of Membranes (ARM) <input type="checkbox"/> 1 Oxytocin <input type="checkbox"/> 2 Prostaglandins <input type="checkbox"/> 3 Mechanical Cervical Dilatation <input type="checkbox"/> 6 Antiprostagogen <input type="checkbox"/> 7 Other (specify) <input type="text"/> IF LABOUR INDUCED MAIN reason for induction <input type="text"/> 1 st Additional reason for induction <input type="text"/> 2 nd Additional reason for induction <input type="text"/>	MEMBRANES RUPTURED <input type="checkbox"/> days <input type="text"/> hours <input type="text"/> mins before delivery LENGTH OF LABOUR • 1st Stage <input type="text"/> hours <input type="text"/> mins • 2nd Stage <input type="text"/> hours <input type="text"/> mins PRESENTATION AT BIRTH <input type="text"/> Other (specify) <input type="text"/> METHOD OF BIRTH <input type="text"/> Other (specify) <input type="text"/> WATER BIRTH Was this a water birth? <input type="checkbox"/> If yes, was the water birth <input type="checkbox"/>	REASON FOR FORCEPS/VACUUM <input type="text"/> MAIN REASON FOR CAESAREAN <input type="text"/> 1 st ADDITIONAL REASON FOR CAESAREAN <input type="text"/> 2 nd ADDITIONAL REASON FOR CAESAREAN <input type="text"/> Cervical dilation prior to caesarean <input type="checkbox"/> ANTIBIOTICS RECEIVED AT TIME OF CAESAREAN <input type="checkbox"/> PLACENTA / CORD <input type="text"/>	NON-PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY None <input type="checkbox"/> Heat Pack <input type="checkbox"/> 02 Birth Ball <input type="checkbox"/> 03 Massage <input type="checkbox"/> 04 Shower <input type="checkbox"/> 05 Water Immersion <input type="checkbox"/> 06 Aromatherapy <input type="checkbox"/> 07 Homeopathy <input type="checkbox"/> 08 Acupuncture <input type="checkbox"/> 09 TENS <input type="checkbox"/> 10 Water Injection <input type="checkbox"/> 11 Other (specify) <input type="text"/>	PRINCIPAL ACCOUCHEUR <input type="text"/> Other (specify) <input type="text"/> DAMAGE TO THE PERINEUM You may tick more than one box None <input type="checkbox"/> Graze/tear vagina, labia, vulva <input type="checkbox"/> 02 Lacerated 1st degree <input type="checkbox"/> 02 2nd degree <input type="checkbox"/> 03 3rd degree <input type="checkbox"/> 04 4th degree <input type="checkbox"/> 05 Episiotomy <input type="checkbox"/> 06 Other genital trauma <input type="text"/> Surgical repair of vagina or perineum? <input type="checkbox"/>

LABOUR AND DELIVERY (continued)	PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY None <input type="checkbox"/> Nitrous oxide <input type="checkbox"/> 02 Systemic opioid (incl. narcotic (IM/IV)) <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"/>	LABOUR AND DELIVERY COMPLICATIONS <i>You may tick more than one box</i> None <input type="checkbox"/> Meconium liquor <input type="checkbox"/> 0681 Fetal distress <input type="checkbox"/> 0689 Cord prolapse <input type="checkbox"/> 0690 Cord entanglement with compression <input type="checkbox"/> 0692 Failure to progress <input type="checkbox"/> 0629 Prolonged second stage (active) <input type="checkbox"/> 0631 Precipitate labour/delivery <input type="checkbox"/> 0623 Retained placenta with manual removal <input type="checkbox"/> 0720 • with haemorrhage <input type="checkbox"/> 0730 • without haemorrhage <input type="checkbox"/> 0721 Primary PPH (500-999ml) <input type="checkbox"/> 0721 Primary PPH (1000-1499ml) <input type="checkbox"/> 0721 Primary PPH (=> 1500ml) <input type="checkbox"/> 0721 Other (specify) <input type="text"/>	ANAESTHESIA FOR DELIVERY None <input type="checkbox"/> Epidural <input type="checkbox"/> 04 Spinal <input type="checkbox"/> 05 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"/>		
BABY	For multiple births complete one form per baby BABY'S UR NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DATE OF BIRTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> INDIGENOUS STATUS - BABY -select - <input type="text"/> TIME OF BIRTH <input type="text"/> <input type="text"/> hours <input type="text"/> <input type="text"/> minutes BIRTHWEIGHT <input type="text"/> <input type="text"/> <input type="text"/> grams GESTATION (clinical assessment at birth) <input type="text"/> weeks <input type="text"/> days HEAD CIRCUMFERENCE AT BIRTH <input type="text"/> <input type="text"/> cm LENGTH AT BIRTH <input type="text"/> <input type="text"/> cm	PLURALITY -select - <input type="text"/> Other (specify) <input type="text"/> SEX -select - <input type="text"/> BIRTH STATUS -select - <input type="text"/> -macerated <input type="checkbox"/> -select - <input type="text"/>	APGAR SCORE 1 min 5 min Heart rate <input type="text"/> <input type="text"/> Respiratory effort <input type="text"/> <input type="text"/> Muscle tone <input type="text"/> <input type="text"/> Reflex irritability <input type="text"/> <input type="text"/> Colour <input type="text"/> <input type="text"/> TOTAL <input type="text"/> <input type="text"/> REGULAR RESPIRATIONS <input type="text"/> minutes OR At birth <input type="checkbox"/> OR Intubated/ventilated <input type="checkbox"/> OR Respirations not established <input type="checkbox"/>	RESUSCITATION <i>You may tick more than one box</i> None <input type="checkbox"/> 1 Suction (oral, pharyngeal etc) <input type="checkbox"/> 02 Suction of meconium (oral, pharyngeal etc) <input type="checkbox"/> 03 Suction of meconium via ETT <input type="checkbox"/> 04 Facial O ₂ <input type="checkbox"/> 05 Bag and mask <input type="checkbox"/> 06 IPPV via ETT <input type="checkbox"/> 07 CPAP ventilation <input type="checkbox"/> 13 Intubation <input type="checkbox"/> 14 Narcotic antagonist injection <input type="checkbox"/> 08 External cardiac massage <input type="checkbox"/> 09 Other (specify-include drugs) <input type="text"/>	
POSTNATAL DETAILS	BABY NEONATAL MORBIDITY None <input type="checkbox"/> Jaundice <input type="checkbox"/> Respiratory distress <input type="checkbox"/> Hypo/Hyperglycaemia or Normal <input type="checkbox"/> Neonatal abstinence syndrome <input type="checkbox"/> Infection <input type="checkbox"/> Other (Specify) <input type="text"/>	NEONATAL TREATMENT None <input type="checkbox"/> 1 Oxygen for > 4 hours <input type="checkbox"/> 02 Phototherapy <input type="checkbox"/> 03 IV/IM antibiotics <input type="checkbox"/> 04 IV fluid <input type="checkbox"/> 05 Mechanical ventilation <input type="checkbox"/> 06 Blood glucose monitoring <input type="checkbox"/> 10 CPAP <input type="checkbox"/> 11 Oro / naso gastric feeding <input type="checkbox"/> 12 Other Treatment <input type="text"/>	Was baby admitted to ICN/SCN? -select - <input type="text"/> If yes, how many days was baby admitted to: • ICN (days) <input type="text"/> • SCN (days) <input type="text"/> Main reason for admission to ICN/SCN <input type="text"/>	CONGENITAL ANOMALY -select - <input type="text"/> If yes or suspected enter details below or in the Congenital Anomaly section Position <input type="text"/> Status <input type="text"/> Was CA diagnosed antenatally? -select - <input type="text"/>	
DISCHARGE DETAILS	MOTHER PUERPERIUM COMPLICATIONS <i>You may tick more than one box</i> None <input type="checkbox"/> Haemorrhoids <input type="checkbox"/> 0872 Wound Infection <input type="checkbox"/> 0860 Anaemia <input type="checkbox"/> 09903 Dehiscence/disruption of wound <input type="checkbox"/> Febrile <input type="checkbox"/> 0864 UTI <input type="checkbox"/> 0862 Spinal Headache <input type="checkbox"/> T8852 Secondary PPH <input type="checkbox"/> 0722 Other (specify) <input type="text"/>	PUERPERIUM PROCEDURES AND OPERATIONS <i>You may tick more than one box</i> None <input type="checkbox"/> Blood Patch <input type="checkbox"/> 1823300 Blood Transfusion <input type="checkbox"/> 1370601 D & C <input type="checkbox"/> 1656400 Other (specify) <input type="text"/>	BABY NEONATAL SCREENING <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Discharge weight <input type="text"/> grams Discharged <input type="checkbox"/> 1 Transferred <input type="checkbox"/> 2 Place of Transfer <input type="text"/> Died <input type="checkbox"/> 3 Remaining in <input type="checkbox"/> 4 Date <input type="text"/>	TYPES OF FLUID BABY RECEIVED AT ANY TIME FROM BIRTH TO DISCHARGE <i>You may tick more than one box</i> Breast milk/colostrum <input type="checkbox"/> 1 Infant Formula <input type="checkbox"/> 2 Water, fruit juice or water based products <input type="checkbox"/> 3 Nil By Mouth <input type="checkbox"/> 4 TYPES OF FLUID BABY RECEIVED IN THE 24 HOURS PRIOR TO DISCHARGE <i>You may tick more than one box</i> Breast milk/colostrum <input type="checkbox"/> 1 Infant Formula <input type="checkbox"/> 2 Water, fruit juice or water based products <input type="checkbox"/> 3 Nil By Mouth <input type="checkbox"/> 4	ALTERNATE FEEDING METHOD <i>You may tick more than one box</i> None <input type="checkbox"/> Bottle <input type="checkbox"/> 02 Cup <input type="checkbox"/> 03 Syringe <input type="checkbox"/> 04 Other <input type="text"/>
	THROMBOPROPHYLAXIS FOLLOWING CAESAREAN <i>You may tick more than one box</i> None <input type="checkbox"/> Pharmacological thromboprophylaxis <input type="checkbox"/> 2 Intermittent Calf Compression <input type="checkbox"/> 3 TED Stocking <input type="checkbox"/> 4 Other thromboprophylaxis <input type="text"/>	MOTHER'S DISCHARGE DETAILS Discharged <input type="checkbox"/> 1 Transferred <input type="checkbox"/> 2 Place of Transfer <input type="text"/> Died <input type="checkbox"/> 3 Remaining in <input type="checkbox"/> 4 Date <input type="text"/> Early Discharge Program -select- <input type="text"/>			
			OFFICE USE ONLY		

PERINATAL DATA COLLECTION ELECTRONIC FILE FORMAT

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

https://www.health.qld.gov.au/_data/assets/pdf_file/0037/949906/Queensland-Perinatal-Data-Collection-File-Format-2020-2021_v1.36b.pdf

https://www.health.qld.gov.au/_data/assets/pdf_file/0023/1029623/qpdc-file-format-2122.pdf

Appendix C: Perinatal Data Collection Form Changes (MR63D)

New items collected for the 'Actual Place of Birth' introduced from 1 July 2021.

- 5=Born before Arrival
- 7=Community, non-medical (freebirth)

https://www.health.qld.gov.au/_data/assets/pdf_file/0025/1029625/qcdc-summary-changes-2122.pdf

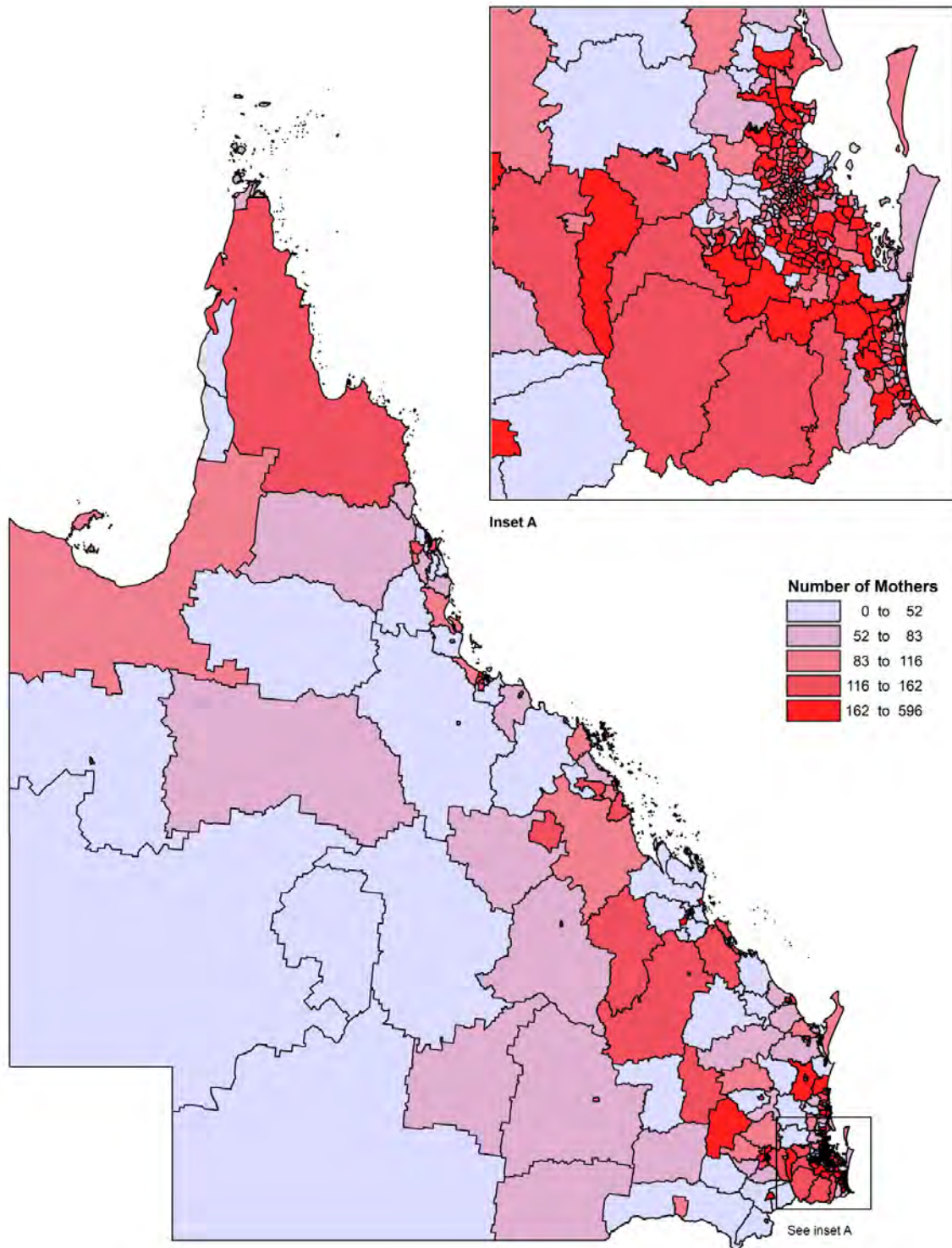
Appendix D: Hospital and Health Services

Hospital and Health Services, Queensland Health by Recognised Public Hospitals and Primary Health Centres



Prepared by: Statistical Reporting and Coordination, Statistical Services Branch, 2 March 2021
Hospital and Health Services by recognised public hospitals and primary health centres as at March 2021

Appendix E: Mothers by SA2 of usual residence (ASGS2016)



SA2 - Statistical Area Level 2 ASGS 2016 version.
Source: Perinatal Data Collection, Statistical Services Branch
Prepared by: Statistical Reporting and Coordination, Statistical Services Branch, Queensland Health, 12 March 2023

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.