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**1 JULY 2013 – 30 JUNE 2014**

**QUEENSLAND PERINATAL DATA  
COLLECTION  
(PDC)**

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**Manual of Instructions  
for the completion and notification of births to  
the Perinatal Data Collection**

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**STATISTICAL COLLECTIONS AND  
INTEGRATION  
DEPARTMENT OF HEALTH**

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**GLOSSARY OF TERMS AND ABBREVIATIONS**

AIHW	Australian Institute of Health and Welfare
CTG	Cardiotocography
CSCF	Clinical Services Capability Framework
EDC	Estimated Date of Confinement
FSE	Fetal Scalp Electrode
HHS	Hospital and Health Services
HSU	Health Statistics Unit
ICD-10-AM	International Classification of Diseases and Related Health Problems, 10 <sup>th</sup> Revision, Australian Modification
ICN	Intensive Care Nursery
LMP	Last Menstrual Period
MR63D	Perinatal Data Collection Form
NHDD	National Health Data Dictionary
NPESU	National Perinatal Epidemiology and Statistics Unit
PDC	Perinatal Data Collection
PNO	Perinatal Online Form
QHDD	Queensland Health Data Dictionary
SCI	Statistical Collections and Integration
SCN	Special Care Nursery
SRCT	Statistical Reporting and Coordination Team
US	Ultrasound

# 1 THE MANUAL

## 1.1 PURPOSE

This Instruction Manual describes the data items that are collected as part of the Queensland Perinatal Data Collection (PDC). It is intended to be a reference for all public hospitals, private hospitals, and private midwifery or medical practitioners who deliver babies outside hospitals, as well as Hospital and Health Services and Department of Health personnel who are involved in the collection and use of perinatal data.

## 1.2 PAPER FORMS VS ELECTRONIC EXTRACT

All data providers should use this manual, whether using the paper forms (MR63D), the Perinatal Online application (PNO) or providing an electronic extract.

For specific instructions on how to complete the PNO, refer to the Perinatal Online User manual or the Perinatal Online Administration manual.

Where differences occur between the electronic system used and Department of Health's Statistical Collections and Integration requirements, the data extracted should be mapped or grouped to meet the SCI file format and requirements.

## 1.3 MAINTENANCE OF THE MANUAL

It is important that the information in this Manual is updated with any changes forwarded by the Statistical Collections and Integration Team so that the Manual remains a relevant and up-to-date reference for contributors to and managers of the Collection, and for users of the data.

Amendments to the Collection form (MR63D) may need to be made to reflect changes in legislation, standards and policies, and therefore the Instruction Manual will also need to be updated accordingly. Any such changes are likely to occur each financial year.

If you have any queries or questions relating to this document or to the Perinatal Data Collection, please contact the Perinatal Data Collection (details below).

If you require any further copies of this Manual, also contact the Perinatal Data Collection.

Perinatal Data Collection  
Statistical Collections and Integration  
Health Statistics Unit  
Department of Health  
GPO Box 48  
Brisbane Qld 4001

Email: [perimail@health.qld.gov.au](mailto:perimail@health.qld.gov.au)

## 1.4 ACKNOWLEDGMENTS

Definitions have been taken from the Department of Health, Queensland Health Data Dictionary (QHDD) and the National Health Data Dictionary (NHDD) as prepared by



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Department of Health and the Australian Institute of Health and Welfare (AIHW) where applicable to this Collection.

We would like to thank all the midwives and medical practitioners who complete the Perinatal Data Collection (MR63D) form as well as input and submit data electronically using Perinatal Online Form or via other electronic systems.

## 2 INTRODUCTION

### 2.1 BACKGROUND

The *Health Act 1937–1988* was replaced by the *Public Health Act 2005*. Chapter 6, Part 1 - Perinatal Statistics includes a requirement that perinatal data be provided to the Chief Executive of Department of Health for every baby born in Queensland. The Queensland Perinatal Data Collection commenced in November 1986.

### 2.2 REQUIREMENTS

The Perinatal Data Collection Form (MR63D) is required to be completed (or in the case of hospitals providing electronic extracts, an extract is required) by all public hospitals, private hospitals, and private midwifery or medical practitioners who deliver babies outside hospitals, for all births occurring in Queensland. The scope of the Collection includes all live births, and stillbirths of at least 20 weeks gestation and/or at least 400 grams in weight. Information relating to neonatal morbidity is collected up until the baby is discharged from the birth admission or up until the baby reaches 28 days of age.

The quality of information produced from the PDC depends on the accurate, consistent and timely completion of the forms. Completed forms and electronic extracts are validated and queries relating to missing, contradictory or ambiguous data are directed back to the hospital or independent practitioner.

### 2.3 AIMS OF THE PERINATAL DATA COLLECTION

The aims of the PDC are to monitor patterns of obstetric and neonatal practice in the State and to provide statistical information on specific topics within these fields to assist with the planning of Department of Health services. It is also intended to be a basic source of information for research in obstetric and neonatal care and to be used in the education of students of midwifery and medicine.

In addition to information collected via the perinatal data forms and via electronic extracts, details from Certificates of Perinatal Death, Histopathology reports and post mortem reports supplement the Collection.

### 2.4 CONFIDENTIALITY OF DATA

All unit record information collected by Statistical Collections and Integration is treated as strictly confidential. All information collected is used for statistical purposes only.

Statistical Collections and Integration adheres to the National Privacy Principles.

### 2.5 PERINATAL STATISTICS AND PUBLICATIONS

The Health Statistics Unit (HSU) releases an annual report presenting summary statistics based on the data collected via the PDC. This report is available on QHEPS:

- <http://qheps.health.qld.gov.au/hic/products.htm#reports>

or via the following website:

- <http://www.health.qld.gov.au> - use the search engine and the terms "Health Statistics Unit" and follow the prompts to publications and then perinatal.

Through the National Perinatal Epidemiology and Statistics Unit (NPESU) of the AIHW, Queensland data is used in the compilation of Australia-wide figures and can be compared with perinatal statistics from other States and Territories.

Data is also available via request, on an adhoc or regular basis, from the Statistical Reporting and Coordination Team (SRCT) within HSU. The release of data is governed by patient confidentiality legislation in the Public Health Act 2005. Requests for data should be made via e-mail to [HlthStat@health.qld.gov.au](mailto:HlthStat@health.qld.gov.au) or by phoning (07) 3234 1875. (Note that in some instances charges may apply – contact SRCT for further details).

## 2.6 THE FORM

The form is designed to be an integral part of the obstetric record, both to reduce duplication of recording and to ensure optimum accuracy of data. The hospital copies can be used as a summary for the patient's chart and this includes some items which are not essential for the PDC but may be useful in hospitals. Items not needed specifically for the PDC but included for hospitals' use are not highlighted white on the hospital copies and have been marked with an asterisk (\*) in this Manual.

Currently, there is no distinction in PNO between mandatory and non-mandatory fields.

### 2.6.1 PERINATAL DATA COLLECTION FORM (MR63D) (SEE APPENDIX B)

From 1 July 2007, the MR63D form is supplied as an A3 size sheet which will fold in half to A4 size for placement within the medical record. The MR66 Congenital Anomaly form has been subsumed into the MR63D form. This form consists of three sheets – an original and two duplicates:

- The original (green) must be retained for your own hospital records and should be referred to when clarifying or confirming queries.
- The first duplicate (green) may be placed in the baby's chart or forwarded to the private medical practitioner or Child Health Nurse. This is left to the discretion of individual hospitals.
- The second duplicate (white) is to be returned to Statistical Collections and Integration within 35 days of the baby's birth.

## 2.7 DISPATCH OF FORMS

Instructions for the dispatch of the Statistical Collections and Integration copies of the MR63D forms are included in Appendix A. These forms should be forwarded to the Statistical Collections and Integration within 35 days of the birth of a baby. Hospitals should dispatch the returns on a fortnightly or monthly basis, with an accompanying Dispatch Cover Note (see Appendix A).

Facilities using PNO may refer to the Perinatal Online Administration manual for details on the extraction of data.

## 2.8 ELECTRONIC TRANSFER OF DATA

For facilities providing data via electronic extract, please contact PDC to obtain the most current file format required (see Appendix C for example file format, current at time of publication). Prior to providing an electronic extract of data, individual facilities should

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contact the PDC via e-mail at the following address: [PERIMAIL@health.qld.gov.au](mailto:PERIMAIL@health.qld.gov.au).  
Extracts are required within 35 days of the birth of a baby.

## 3 GENERAL INSTRUCTIONS

### 3.1 COMPLETING THE FORMS

- Please PRINT clearly using a ballpoint pen (not a felt pen) and press firmly.
- The paper has been carbonised so please take care not to write on paper placed over these forms, or place undue sharp pressure on the original.
- If an error is made on the form, it is preferable to cross through the incorrect response and rewrite the answer, rather than overwriting the original answer, as this is easier to read, and reduces errors in interpretation.
- Please enter the appropriate information in the areas provided, or tick the appropriate boxes. If the boxes do not provide the appropriate alternative, please specify details under 'Other' in the space provided.
- Using a question mark (?) on the form to indicate that a condition is suspected will always generate a query to confirm the suspected condition. Wherever possible please confirm prior to reporting. If the diagnosis can not be confirmed, indicate this also on the form by writing beside the condition 'unable to be confirmed'.
- The forms should be as complete as possible. Do not leave any fields blank. If any details are unknown the best estimate should be used, or 'not known' written beside the missing item.
- In the case of multiple births, a separate form should be completed for each baby. For example, in the case of twins, two forms are to be completed, identifying each twin as Twin I and Twin II. The Statistical Collections and Integration copies should be pinned together so that common information need not be completed on the second form. Details in the LABOUR AND DELIVERY, BABY, POSTNATAL and BABY DISCHARGE DETAILS sections are required for each baby.
- If the baby is transferred to another hospital after birth, please complete the form and document the transfer destination so that, if necessary, further enquires can be made about congenital anomalies.
- The items marked with an asterisk (\*) are for hospital use only and do not form part of the information processed for the PDC. These items are not highlighted white on the hospital copies of the form.

## 4 MOTHER'S DETAILS

All items contained in this section of the form must be completed clearly. Wherever possible, it is preferred that printed labels be used to provide maternal details and to identify the MR63D forms, however this is not mandatory.

If used on the original and duplicate copies, labels should be placed in the upper right hand corner, ensuring that no other information is obscured. If an identification label is used only on the hospital copies (and not the duplicates), **DO NOT FORGET** to complete **MOTHER'S USUAL RESIDENCE, DATE OF BIRTH, NAMES** and **UR NUMBER** on the second duplicate (i.e. the Statistical Collections and Integration copy).

### 4.1 PLACE OF DELIVERY

<b>PLACE OF DELIVERY</b> _____
--------------------------------

Enter the name of the hospital where the birth occurred. Where both public and private facilities exist please specify (eg Mater Mothers Public or Mater Mothers Private).

For births notified by a hospital but not delivered in the hospital (eg Born before arrival (BBA) or home birth), enter the name of the hospital completing the form. If a home birth is notified by the accoucheur, write 'Home' and complete the details on the reverse side of the Statistical Collections and Integration copy.

This field allows the Statistical Collections and Integration to follow up queries concerning missing or inconsistent data. It also enables individual hospitals to receive feedback on the data they record on the form.

### 4.2 DATE OF ADMISSION

Enter the day, month and year of the date of admission of the mother for delivery using all boxes, eg 1 November 2013 should be entered as:

<b>DATE OF ADMISSION</b> (for delivery)	<table border="1"> <tr> <td>0</td> <td>1</td> <td>1</td> <td>1</td> <td>2</td> <td>0</td> <td>1</td> <td>3</td> </tr> </table>	0	1	1	1	2	0	1	3
0	1	1	1	2	0	1	3		

For this Collection, record the date of admission for the delivery to the facility where the delivery takes place. For planned home births where the baby is not admitted to a hospital, this field is not required.

### 4.3 MOTHER'S COUNTRY OF BIRTH

<b>MOTHER'S COUNTRY OF BIRTH</b> _____
--

Enter the country of birth of the mother. Be as specific as possible, eg. enter South Korea or North Korea rather than Korea.

Ethnicity is an important concept, both in the study of disease patterns and the need for and provision of services. Country of birth is the most easily collected and consistently

reported of possible ethnicity data items. It is recognised that country of birth is one of a number of surrogate measures for ethnicity.

#### 4.4 INDIGENOUS STATUS

INDIGENOUS STATUS	
Aboriginal	<input type="checkbox"/>
Torres Strait Islander	<input type="checkbox"/>
Aborig. & Torres Str. Is.	<input type="checkbox"/>
Neither Aboriginal nor Torres Str. Is.	<input type="checkbox"/>

Tick the box (one box only) that corresponds to the Indigenous Status of the mother.

Note that a mother's indigenous status cannot be determined simply by observation and therefore this question must be asked of all mothers. For further information regarding determining Indigenous status, please refer to the 'Are you of Aboriginal or Torres Strait Islander origin?' pamphlet. If you require copies of this publication, please contact the National Centre for Aboriginal and Torres Strait Islander Statistics (Australian Bureau of Statistics) on the free call number 1800 633 216.

##### **Definitions:**

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 she lives.

- **Aboriginal**  
Aboriginal but not Torres Strait Islander origin.
- **Torres Strait Islander**  
Torres Strait Islander but not Aboriginal origin.
- **Aboriginal and Torres Strait Islander**  
Both Aboriginal and Torres Strait Islander origin.
- **Neither Aboriginal nor Torres Strait Islander**  
Neither Aboriginal nor Torres Strait Islander origin.

Given the gross inequalities in health status between Indigenous and Non-indigenous peoples in Australia, the size of the Aboriginal and Torres Strait Islander populations and their historical and political context, there is a strong case for ensuring that information on Indigenous status is collected for planning and service delivery purposes and for monitoring Aboriginal and Torres Strait Islander health.

**4.5 MARITAL STATUS**

MARITAL STATUS	
Never Married	<input type="checkbox"/>
Married/defacto	<input type="checkbox"/>
Widowed	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Separated	<input type="checkbox"/>

Tick the box (one box only) that corresponds to the marital status of the mother.

Marital status is a core data element in a wide range of social, labour and demographic statistics. Its main purpose is to establish the living arrangements of individuals, to facilitate analysis of the association of marital status with the need for and use of services and for epidemiological analysis.

**4.6 ACCOMMODATION STATUS OF MOTHER**

ACCOMMODATION STATUS OF MOTHER	
Public	<input type="checkbox"/>
Private	<input type="checkbox"/>

Tick the box (one box only) that corresponds to the type of ward accommodation the mother has elected to be accommodated in regardless of the method of payment for the hospital admission. This item does not indicate the insurance status of the mother.

For home births where the baby is not admitted to a hospital, this field is not required.

**Definitions:**

• **Public**

A public patient is a person, eligible for Medicare, who, on admission to a recognised hospital or soon after:

- receives a public hospital service free of charge; or
- elects to be a public patient; or
- whose treatment is contracted to a private hospital.

• **Private**

A private patient is a person who, on admission to a recognised hospital or soon after:

- elects to be a private patient treated by a medical practitioner of her own choice; or
- elects to occupy a bed in a single room (where such an election is made, the patient is responsible for meeting certain hospital charges as well as the professional charges raised by any treating medical practitioner); or
- a person, eligible for Medicare, who chooses to be admitted to a private hospital (where such a choice is made, the patient is responsible for meeting all hospital charges as well as the professional charges raised by any treating medical practitioner).



Note that ineligible and compensable patients who are chargeable but use public hospital doctors are classified as public. Those who use private doctors are to be classified as private.

**4.7 SEROLOGY\***

This field is not mandatory, however if results reported in this field affect the management of the pregnancy, please report the associated condition in Medical Conditions (see 6.5) or Pregnancy Complications (see 6.6).

<b>SEROLOGY</b>	
RPR.....IgG.....	
Rubella.....	
Blood group.....	
Rh.....	
Antibodies	No <input type="checkbox"/> Yes <input type="checkbox"/>
Other_____	

RPR.....IgG.....	Enter 'Pos' or 'Neg' in both fields to show RPR and IgG status
Rubella	Enter immune or not immune
Blood group	Enter blood group, eg 'O', 'A', 'B' or 'AB'
Rh	Enter the Rhesus factor (+ or -)
Antibodies	Tick the appropriate box for 'Yes' or 'No'

**4.8 MOTHER FAMILY NAME**

The mother's full family name should be recorded.  
If family name is not known or cannot be established, record UNKNOWN.

Some people do not have a family name and a given name and they have only one name by which they are known. If the mother has only one name, record it as the family name.

<b>FAMILY NAME</b>	_____
1ST GIVEN NAME	_____
2ND GIVEN NAME	_____

The use of hospital labels is the preferred method to identify forms, as long as they contain all of the relevant information, as it reduces errors in transcription of written information (such as UR numbers and Date of Birth).

**4.9 GIVEN NAMES**

A mother may have more than one given name.

A mother's given name(s) should be recorded. Where applicable it is essential that the given names are recorded for the first two recorded given names of a mother.

If given name is not known or cannot be established, record UNKNOWN

Some people do not have a family name and a given name and they have only one name by which they are known. If the mother has only one name, record it as the family name.

<b>FAMILY NAME</b>	_____
<b>1ST GIVEN NAME</b>	_____
<b>2ND GIVEN NAME</b>	_____

The use of hospital labels is the preferred method to identify forms, as long as they contain all of the relevant information, as it reduces errors in transcription of written information (such as UR numbers and Date of Birth).

#### 4.10 UR NUMBER

Enter the Unit Record (UR) number assigned to the mother (if applicable).

<b>UR No.</b>	1	2	3	4	5	6	7	8
---------------	---	---	---	---	---	---	---	---

For home births where the baby is not admitted to a hospital, this field is not required, however, if the private midwifery practitioner assigns a record number for administrative purposes it can be included.

Confidentiality of data is maintained through the storage of this data in a separate table by PDC, with limited access.

#### 4.11 DATE OF BIRTH (MOTHER)

Record the date of birth of the mother using the full date (ie. ddmmyyyy) and leading zeros where necessary. Example: 10 January 1985 should be entered as:

<b>DOB</b>	1	0	0	1	1	9	8	5
	Estimated Date of Birth <input type="text"/>							

If the day of birth is unknown, use 15.  
 If the month of birth is unknown, use 06.  
 If the year of birth is unknown, estimate the year from the age of the mother.  
 If the age of the mother is unknown and it is not possible to estimate an age and hence a year of birth (eg. for unconscious mothers, use the year 1900)

Example: If a mother is admitted in 2013 and does not know her exact date of birth but knows that she is 30 years of age, record the date of birth as follows:

<b>DOB</b>	1	5	0	6	1	9	8	3
	Estimated Date of Birth <input type="text"/>							

Although provision is made for recording an unknown date of birth (using 15/06/1900), every effort should be made during the course of the admission to determine (and record) the mother's actual date of birth. The mother's date of birth is an important requirement for the correct identification of the individual.

**4.12 ESTIMATED DATE OF BIRTH FLAG (MOTHER)**

The Estimated Date of Birth box indicates whether the mother's date of birth has been estimated.

If an estimate has been used in place of either the day or the month or the year, then Estimated Date of Birth box must be ticked.

DOB	1	5	0	6	1	9	8	0
Estimated Date of Birth								<input type="checkbox"/>

**4.13 ADDRESS OF USUAL RESIDENCE**

The collection of the address details of a mother is critical for patient follow up and as a means of reporting information about the geographic location of the residence of a mother. A mother may have one address or many addresses. The last known address should be recorded.

Enter the street number, street name, suburb/town and postcode where the mother usually resides (not postal address). For interstate mothers, enter the address and name of the State of the mother's usual residence.

<b>USUAL RESIDENCE</b>	<input type="text"/>		
<b>POSTCODE</b>	<input type="text"/>	<input type="text"/>	<b>STATE</b> <input type="checkbox"/>

If the mother is not a resident of Australia or an Australian External Territory, or has no fixed address, use one of the following supplementary codes as the postcode of usual residence.

Code	Description
9301	Papua New Guinea
9302	New Zealand
9399	Overseas other (not PNG or NZ)
9799	At Sea
9989	No Fixed Address
0989	Not stated or unknown

Please note that it is particularly important to record the country of residence accurately for patients from Papua New Guinea and New Zealand.

For Australian External Territory addresses, the actual postcode and State ID is to be used from 1 July 2005, rather than a supplementary postcode and State ID. Australian External Territories include the following: Christmas Island, Cocos (Keeling) Islands, and Norfolk Island.

**4.14 ANTENATAL TRANSFER**

<p><b>ANTENATAL TRANSFER</b>    No <input type="checkbox"/>    Yes <input type="checkbox"/></p> <p>(include transfers from planned home birth to hospital, from birthing centre to acute areas etc.)</p> <p>Reason for transfer _____</p> <p>_____</p> <p>Transferred from _____</p>	<p><b>Time of Transfer</b></p> <ul style="list-style-type: none"> <li>• prior to onset of labour <input type="checkbox"/></li> <li>• during labour <input type="checkbox"/></li> </ul>
--	--

Tick 'Yes' or 'No' to indicate whether the mother has been transferred from a different location. This includes transfers from home births to hospital, from birthing centre to acute care area.

**4.14.1 REASON FOR TRANSFER**

Enter the reason for the transfer of the mother from the initial location, eg 'unavailability of medical services', 'premature rupture of membranes'.

Reason for transfer \_\_\_\_\_

\_\_\_\_\_

**4.14.2 TRANSFERRED FROM**

Enter the initial place of treatment that the mother has been transferred from. Enter the full name of the facility, including whether public or private where applicable, or where transferred from a home birth, enter 'Home'.

Transferred from \_\_\_\_\_

**4.14.3 TIME OF TRANSFER**

Tick whether the mother was transferred 'prior to onset of labour' or 'during labour'.

**Time of Transfer**

- prior to onset of labour
- during labour

## 5 PREVIOUS PREGNANCIES

**Note:** This section refers to all previous pregnancies and therefore excludes the current pregnancy.

### 5.1 PREVIOUS PREGNANCIES

<b>PREVIOUS PREGNANCIES</b>	
None <input type="checkbox"/>	(go to next section)

If the mother has had no previous pregnancies, tick 'None' and go to the next section PRESENT PREGNANCY. **DO NOT** complete the remaining fields in this section.

If the mother has had previous pregnancies, complete all sections in Previous Pregnancies field (5.2 – 5.4).

### 5.2 NUMBER OF PREVIOUS PREGNANCIES

Number of <b>previous pregnancies</b> resulting in:	
Only livebirths	<input type="text"/> <input type="text"/>
Only stillbirths	<input type="text"/> <input type="text"/>
Only abortions/miscarriages/ectopic/hydatiform mole	<input type="text"/> <input type="text"/>
Livebirth & stillbirth	<input type="text"/> <input type="text"/>
Livebirth & abortion/miscarriage/ectopic/hydatiform mole	<input type="text"/> <input type="text"/>
Stillbirth & abortion/miscarriage/ectopic/hydatiform mole	<input type="text"/> <input type="text"/>
Livebirth, stillbirth & abortion/miscarriage/ectopic/hydatiform mole	<input type="text"/> <input type="text"/>
<b>TOTAL NUMBER of previous pregnancies</b>	<input type="text"/> <input type="text"/>

Enter the number of previous pregnancies (not number of previous babies) resulting in each of:

- Only livebirths (Number of previous pregnancies resulting in livebirths only);
- Only stillbirths (Number of previous pregnancies resulting in stillbirths only);
- Only abortions/miscarriage/ectopic/hydatiform mole (Number of previous pregnancies resulting in abortion/miscarriage/ectopic/hydatiform mole only);
- Livebirth & stillbirth (Number of previous pregnancies resulting in an outcome of livebirth and stillbirth in the same pregnancy);
- Livebirth & abortion/miscarriage/ectopic/hydatiform mole (Number of previous pregnancies resulting in an outcome of livebirth and abortion/miscarriage/ectopic/hydatiform mole in the same pregnancy);
- Stillbirth & abortion/miscarriage/ectopic/hydatiform mole (Number of previous pregnancies resulting in an outcome of stillbirth and abortion/miscarriage/ectopic/hydatiform mole in the same pregnancy);
- Livebirth, stillbirth & abortion/miscarriage/ectopic/hydatiform mole (Number of previous pregnancies resulting in an outcome of livebirth and stillbirth and abortion/miscarriage/ectopic/hydatiform mole in the same pregnancy).

A tick or cross is not sufficient; the actual number of pregnancies must be recorded, even if that number is zero.

Note: This field refers to the number of pregnancies, not the number of babies born. Consequently, a pregnancy resulting in multiple births should be counted as only one pregnancy.

The total number of previous pregnancies should be entered at the bottom of the list of outcomes in the field provided. Note that the total number entered should be equal to the combined numbers entered as outcomes.

**Definitions:**

- **Live birth**

The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

- **Stillbirth**

A fetal death prior to the complete expulsion or extraction from its mother of a product or conception of 20 or more completed weeks of gestation and/or of 400 grams or more birthweight; the death is indicated by the fact that after such separation the foetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

- **Abortion/Miscarriage/Ectopic/Hydatiform mole**

Includes spontaneous abortion (less than 20 weeks gestation and less than 400 grams birthweight); induced abortion (termination of pregnancy before 20 weeks gestation); ectopic pregnancy; or molar pregnancy.

Note, that in the case of medical abortion or termination of pregnancy where gestation is 20 weeks or greater and/or birthweight 400g or greater, the pregnancy should be recorded as determined by the outcome (i.e. live birth or stillbirth).

### 5.3 METHOD OF DELIVERY OF LAST BIRTH

**METHOD OF DELIVERY OF LAST BIRTH**

Vaginal non-instrumental	<input type="checkbox"/>
Forceps	<input type="checkbox"/>
Vacuum extractor	<input type="checkbox"/>
LSCS	<input type="checkbox"/>
Classical CS	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

Tick the box(es) that correspond to the method of delivery of the last birth. If a previous multiple pregnancy resulted in two or more different outcomes (eg Vaginal non-instrumental and LSCS), tick both boxes. This should be further clarified by noting in this section that a multiple pregnancy occurred.

Note: This relates to the last birth, and therefore not necessarily the last pregnancy. For example, if the mother has had two previous pregnancies and the last pregnancy resulted in a spontaneous abortion while the pregnancy before that resulted in a lower segment caesarean birth then tick 'LSCS'.

Method of delivery should only be provided for abortion/miscarriage when gestation is 20 weeks or greater and/or birthweight 400g or more.

(See Section 7.10 for definitions of Methods of Birth).

**5.4 NUMBER OF PREVIOUS CAESAREANS**

Number of previous caesareans	<input type="text"/>	<input type="text"/>
-------------------------------	----------------------	----------------------

Enter the number of previous caesarean sections the mother has had. Enter zero if the mother has had no previous caesarean sections.

## 6 PRESENT PREGNANCY

### 6.1 LMP

Enter the day, month and year of the first day of the mother's last menstrual period (LMP) using all boxes. For example, a LMP of 1 November 2012 should be entered as:

<b>LMP</b>	0	1	1	1	2	0	1	2
------------	---	---	---	---	---	---	---	---

If the exact day is unknown, enter month and year as show below:

<b>LMP</b>	?	?	1	1	2	0	1	2
------------	---	---	---	---	---	---	---	---

If the date of the LMP is unknown, enter '99 99 99' as shown below. This may occur in cases where there is a history of abnormal or irregular periods, or a delay of ovulation has occurred following the use of the contraceptive pill.

<b>LMP</b>	9	9	9	9	9	9	9	9
------------	---	---	---	---	---	---	---	---

In the case of hospitals reporting this information electronically, if only month and year are known, the day is entered as 01, 15 or 28 for early, mid or late in the month. The LMP Estimation Flag must be completed as an E for estimated. If the date is unknown, leave the field blank. LMP estimation flag can be found in the electronic file format.

### 6.2 EDC

Enter the day, month and year of the best-estimated date of confinement (EDC) for this pregnancy using all boxes. For example, an EDC of 1 November 2013 should be entered as:

<b>EDC</b>	0	1	1	1	2	0	1	3
------------	---	---	---	---	---	---	---	---

If the exact day is unknown, enter month and year as shown below:

<b>EDC</b>	?	?	1	1	2	0	1	3
------------	---	---	---	---	---	---	---	---

Assessment

<b>EDC</b>	?	?	1	1	2	0	1	3
By US scan/dates/clinical assessment								

Indicate how the EDC was determined by circling US scan, dates or clinical assessment.

If more than one EDC is available, (either by US scan, dates or clinical assessment), then record the one that has been deemed to be clinically the most reliable (i.e. the date used by the clinician, on which clinical decisions regarding the management of the pregnancy have been based).

In the case of hospitals reporting this information electronically, if only month and year are known, the day is entered as 01, 15 or 28 for early, mid or late in the month. The EDC



Estimation Flag must be completed as an E for estimated. If the date is unknown, leave the field blank. EDC Estimation Flag can be found in the electronic file format.

### 6.3 HEIGHT

<b>HEIGHT</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	cm
---------------	---	----

Record the mother's height in total centimetres (round down if required). This can either be measured or self reported. Height will be used in conjunction with self-reported weight for Body Mass Index (BMI) assessment to assist in identifying pregnancies at risk.

### 6.4 WEIGHT

<b>WEIGHT</b> (self-reported at conception)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	kg
--	---	----

Record the mother's weight in total kilograms (round down if required). This will be the self reported weight of the mother in the four to six weeks prior to or at conception. Weight will be used in conjunction with height for Body Mass Index (BMI) assessment to assist in identifying pregnancies at risk.

### 6.5 ANTENATAL CARE

<b>ANTENATAL CARE</b>	
(You may tick more than one box)	
No antenatal care	<input type="checkbox"/>
Public hospital/clinic midwifery practitioner	<input type="checkbox"/>
Public hospital/clinic medical practitioner	<input type="checkbox"/>
General practitioner	<input type="checkbox"/>
Private medical practitioner	<input type="checkbox"/>
Private midwife practitioner	<input type="checkbox"/>

Tick the box(es) that correspond to the antenatal care received for the current pregnancy. More than one box may be ticked. If the mother received no antenatal care, tick 'No antenatal care'.

Definitions are listed on the next page.

**Definitions:**

- **Public hospital/clinic midwifery practitioner**  
Includes public hospital clinics, hospital based midwifery clinics, and community based midwifery programs run by nursing staff.
- **Public hospital/clinical medical practitioner**  
Includes public hospitals and hospital based clinics attended by medical staff.
- **General practitioner**  
Includes a medical officer in general practice.
- **Private medical practitioner**  
Includes a private specialist medical practitioner in own private practice (for example a private obstetrician).
- **Private midwife practitioner**  
Registered midwife practising in the community.

**6.6 DID THE SAME MIDWIFE(S) WHO PROVIDED ANTENATAL CARE ALSO PROVIDE THE WOMAN'S INTRAPARTUM AND POST-DISCHARGE CARE? (PERINATAL ONLINE HOSPITALS ONLY)**

Did the same Midwife(s) who provided antenatal care also provide the woman's intrapartum and post-discharge care?

No  Yes

**Definition:**

- **Continuity of Midwife Carer**  
Where the woman has a 'primary' or 'named' midwife(s), providing the majority of pregnancy, birth and post birth care

Did the same Midwife(s) who provided antenatal care also provide the woman's intrapartum and post-discharge care?

Answer 'yes' if **all** of the following occurred:

- a) The woman received antenatal care on a number of occasions by the named midwife or small group of 2 – 4 midwives to the extent that they could be considered 'known' by the woman;
- b) The woman was cared for in labour/birth by the named or one of the small group of midwives; and
- c) It is embedded in the maternity service that the named or one of the small group of midwives will provide the postnatal care to the woman after discharge.

If you require further assistance with this data field please phone the Maternity, Primary Community & Extended Care Branch on (07) 3234 0691.

**6.7 TOTAL NUMBER OF VISITS**

TOTAL NUMBER OF VISITS	<input type="text"/>	<input type="text"/>
------------------------	----------------------	----------------------

Enter the total number of antenatal visits for the current pregnancy. This information can be obtained from the case notes (hospital clinic patients) or by asking the mother. The question is designed to measure the amount of supervision in the current pregnancy.

Note that if more than one type of antenatal care has been provided please report the total number of visits for the pregnancy, not just those provided at the reporting facility.

## 6.8 CURRENT MEDICAL CONDITIONS

<b>CURRENT MEDICAL CONDITIONS</b>	
You may tick more than one box	
None	<input type="checkbox"/>
Essential hypertension	<input type="checkbox"/>
Pre-existing diabetes mellitus	<input type="checkbox"/>
• insulin treated	<input type="checkbox"/>
• oral hypoglycaemic therapy	<input type="checkbox"/>
• other	<input type="checkbox"/>
Asthma (treated during this pregnancy)	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>
Genital herpes (active during this pregnancy)	<input type="checkbox"/>
Anaemia	<input type="checkbox"/>
Renal condition (specify) _____	<input type="checkbox"/>
Cardiac condition (specify) _____	<input type="checkbox"/>
Hepatitis B Active	<input type="checkbox"/>
Hepatitis B Carrier	<input type="checkbox"/>
Hepatitis C Active	<input type="checkbox"/>
Hepatitis C Carrier	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

Tick the box(es) that correspond to any medical conditions the mother has which may significantly affect the current pregnancy or its management, or document the condition(s) in the space provided (see Appendix D for examples). If the mother has no current medical conditions, tick 'None'. Where 'Renal condition', 'Cardiac condition' or 'Other' is ticked, please provide as much detail as possible to allow an appropriate morbidity code to be assigned.

**Definition:**

- **Current medical conditions**  
Includes pre-existing maternal conditions, hypertension or diabetes, and other diseases, illnesses or conditions arising during the current pregnancy, that are not directly attributable to pregnancy but may significantly affect care during the current pregnancy and/or pregnancy outcome.
- **Pre-existing diabetes mellitus**  
Diabetes pre-existing prior to pregnancy. Indicate whether insulin treated, oral hypoglycaemic therapy treated or other (includes diet, exercise, lifestyle management).

**6.9 GESTATION AT FIRST ANTENATAL VISIT**

<b>GESTATION AT FIST ANTENATAL VISIT</b> <input type="text"/> <input type="text"/> Weeks
--

Record the number of completed weeks of the current pregnancy when the mother had her first contact for antenatal care. The first contact for antenatal care is the first contact with a doctor or nurse where actual pre-birth maternity care was provided. It does not include a contact if it was to confirm the pregnancy only or those contacts that occurred during the pregnancy that related to other non pregnancy related issues.

**6.10 PREGNANCY COMPLICATIONS**

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

Tick the box(es) that correspond to any complications of the current pregnancy. If there are complications other than those listed, tick 'Other' and specify the complication(s) in the space provided (see Appendix D for examples). If there are no pregnancy complications, tick 'None'.

Definitions are listed on the next page.

**Definitions:**

- **Pregnancy complications**  
Complications of pregnancy arising up to the period immediately preceding labour and delivery that are directly attributable to the pregnancy and may significantly affect care during the current pregnancy and/or the outcome.
- **APH (Antepartum haemorrhage)**
  - **Abruption**  
Abruptio placenta. An antepartum haemorrhage resulting from the placenta becoming totally or partially detached from the uterine wall whilst the foetus is still in utero.
  - **Placenta praevia**  
An antepartum haemorrhage resulting from the placenta being located over or very near to the internal os.
  - **Other**  
Any other antepartum haemorrhage, or cause unknown.
- **Gestational diabetes**  
Diabetes specifically occurring during pregnancy. Indicate whether insulin treated, oral hypoglycaemic therapy treated or other (includes diet, exercise, lifestyle management).
- **PIH /PE**  
Pregnancy Induced Hypertension/Pre-Eclampsia. Indicate whether mild, moderate or severe.

**6.11 SMOKING**

**SMOKING**

**During the first 20 weeks of pregnancy**

Did the mother smoke? No  Yes

If yes, how many cigarettes per day?

Was smoking cessation advice offered by a health care provider? No  Yes

**After 20 weeks of pregnancy**

Did the mother smoke? No  Yes

If yes, how many cigarettes per day?

Was smoking cessation advice offered by a health care provider? No  Yes

**Smoking during the first 20 weeks of pregnancy**

Tick the box that corresponds to the mother’s smoking status during the first 20 weeks of pregnancy.

If the mother smoked at all during the first 20 weeks of pregnancy, record the number of cigarettes smoked per day.

Next, tick the box that indicates whether the mother was offered smoking cessation advice by a health care provider at any time during the first 20 weeks of pregnancy.

Smoking cessation advice can include anything from a stop smoking pamphlet included in an antenatal package/visit, through to a full stop smoking program.

### **Smoking after 20 weeks of pregnancy**

Tick the box that corresponds to the mother's smoking status after 20 weeks of pregnancy.

If the mother smoked at all after 20 weeks of pregnancy, record the number of cigarettes smoked per day.

Next, tick the box that indicates whether the mother was offered smoking cessation advice by a health care provider after the first 20 weeks of pregnancy. Smoking cessation advice can include anything from a stop smoking pamphlet included in an antenatal package/visit, through to a full stop smoking program.

Cigarette smoking is the most important modifiable risk factor for preterm birth, which is the strongest predictor of perinatal death and disability.

## 6.12 PROCEDURES AND OPERATIONS

<b>PROCEDURES AND OPERATIONS</b>	
(during pregnancy, labour and delivery)	
You may tick more than one box	
None	<input type="checkbox"/>
Chorionic Villus Sampling	<input type="checkbox"/>
Amniocentesis (diagnostic)	<input type="checkbox"/>
Cordocentesis	<input type="checkbox"/>
Cervical suture (for cervical incompetence)	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>
_____	

Tick the box(es) that correspond to any medical or surgical procedures and/or operations that were performed on the mother or foetus during the current pregnancy. Please also include those performed during labour and delivery. If a procedure and/or operation was performed other than those listed, tick 'Other' and specify in the space provided (see Appendix D for examples). If no procedures or operations were performed during this pregnancy, tick 'None'. Where procedures are reported that may be performed via different approaches please provide as many details as possible.

For example: cholecystectomy, which may be open or via laparoscope please report as either 'open cholecystectomy' or 'laparoscopic cholecystectomy'.

## 6.13 NUMBER OF ULTRASOUND SCANS

<b>ULTRASOUNDS</b>		
Number of scans	<input type="text"/>	
Nuchal translucency ultrasound	No	Yes
Morphology ultrasound scan	No	Yes
Assessment for chorionicity scan	No	Yes

Enter the number of ultrasound scans performed during the current pregnancy. Enter zero if no ultrasound scans were performed.

This number indicates the total number of obstetric ultrasound scans performed during the current pregnancy. This will therefore include those performed by a radiographer in a recognised medical imaging unit and/or those performed by a health care professional(s) (eg Doctor or Midwife) in a variety of health care settings including hospital wards, community clinics or the premises of private practitioners.

Note that it does not include other non-obstetric ultrasounds (eg maternal renal, or gallbladder scan) and may necessitate asking the mother for confirmation of the number, as not all ultrasounds performed will have a written report.

## 6.14 TYPES OF ULTRASOUND SCANS

<b>ULTRASOUNDS</b>		
Number of scans		
Were any of the following performed?		
Nuchal translucency ultrasound	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Morphology ultrasound scan	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Assessment for chorionicity scan	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Indicate if a nuchal translucency scan was performed.

Indicate if a morphology ultrasound scan was performed.

Indicate if an assessment for chorionicity scan was performed.

**Definitions:****Nuchal translucency:**

An ultrasound to assess for major chromosomal abnormalities.

**Morphology:**

An ultrasound to allow the early diagnosis of morphologic abnormalities.

**Chorionicity:**

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.



## 6.15 ASSISTED CONCEPTION

<b>ASSISTED CONCEPTION</b>	
Was this pregnancy the result of assisted conception?	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, indicate method/s used	
AIH/AID	<input type="checkbox"/>
Ovulation induction	<input type="checkbox"/>
IVF	<input type="checkbox"/>
GIFT	<input type="checkbox"/>
ICSI (intracytoplasmic sperm injection)	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

Tick 'Yes' or 'No' to indicate whether this pregnancy was achieved via assisted conception. If 'Yes', tick the box(es) that correspond to the method(s) used to successfully assist conception for this pregnancy.

**Definitions:**

- **AIH/AID**  
Artificial insemination using either the husband or male partner's sperm or donor sperm. (includes IUI, IVI, ICI)
- **Ovulation induction**  
Ovulation is induced by pharmacological therapy such as Clomid.
- **IVF**  
In Vitro Fertilisation: Co-incubation of sperm and oocyte outside the body of the woman.
- **GIFT**  
Gamete Intra Fallopian Transfer: A medical procedure of transferring an egg(s) and sperm to the body of the woman.
- **ICSI**  
Intracytoplasmic Sperm Injection: Involves the injection of a single sperm directly into the ovum, combined with IVF.
- **Other**  
Indicate the type of method used, eg Assisted hatching, Blastocyst culture.

## 7 LABOUR AND DELIVERY

### 7.1 INTENDED PLACE OF BIRTH AT ONSET OF LABOUR

INTENDED PLACE OF BIRTH AT ONSET OF LABOUR	
Hospital	<input type="checkbox"/>
Birthing Centre	<input type="checkbox"/>
Home	<input type="checkbox"/>
Other	<input type="checkbox"/>

Tick the box (one box only) that corresponds to the intended place of birth at onset of labour. If intended place of birth was other than those listed, tick 'Other' and specify in the space provided.

#### Definitions:

- **Hospital**  
A health care facility established under Commonwealth, State or Territory legislation as a hospital or a free-standing day procedure unit and authorised to provide treatment and/or care to patients.
- **Birthing centre**  
A facility where women are able to birth in an environment which:
  - (a) is free-standing or physically separate from a labour ward but has access to emergency medical facilities for both mother and child if required; and
  - (b) has home-like atmosphere; and
  - (c) focuses on a model of care (eg Midwifery model) which ensures continuity of care/caregiver; a family-centred approach; and informed client participation in choices related to the management of care.
- **Home**  
Home may be the mother's own home or where the baby is born in a home environment where "home" may actually be that of a midwifery practitioner or any other person and attended by a midwifery practitioner.

Mothers who plan to give birth in birthing centres or at home usually have different risk factors compared to those who plan to give birth in hospital.

### 7.2 ACTUAL PLACE OF BIRTH OF BABY

ACTUAL PLACE OF BIRTH OF BABY	
Hospital	<input type="checkbox"/>
Birthing Centre	<input type="checkbox"/>
Home	<input type="checkbox"/>
Other (BBA)	<input type="checkbox"/>

Tick the box (one box only) that corresponds to the actual place where the birth of the baby occurred (see Section 7.1 for definitions). If the actual place of birth of the baby was other than those listed, tick 'Other' and specify in the space provided, eg hospital car park, on the way to hospital in an ambulance, etc.

Note that if the mother at the onset of labour intended to have her baby in a hospital but actually delivered at home, this should be reported as 'Other (BBA)' in this field.

This field is used in conjunction with the 'Intended Place of Birth at Onset of Labour' field. It identifies mothers who intend to deliver at hospital but deliver at home, compared to those mothers who intend to deliver at home and do so.

This information is used to analyse the risk factors and outcomes by place of birth. While most deliveries occur within hospitals an increasing number of births now occur in other settings. It is important to monitor the births occurring outside hospitals and to ascertain whether or not the actual place of birth was planned.

### 7.3 ONSET OF LABOUR

<b>ONSET OF LABOUR</b>	
Tick one box only	
Spontaneous	<input type="checkbox"/>
Induced	<input type="checkbox"/>
No labour (caesarean section)	<input type="checkbox"/>

Tick the box (one box only) that corresponds to how labour commenced. 'No labour' can only be associated with a caesarean section.

#### **Definitions:**

- Spontaneous**  
 Labour commences at the onset of regular uterine contractions, which act to produce progressive cervical dilatation, and is distinct from spurious labour or spontaneous pre-labour rupture of membranes.
- Induced**  
 Medical and/or surgical procedure performed for the purpose of stimulating and establishing labour in a woman who has not commenced labour spontaneously.
- No labour (caesarean section)**  
 Indicates the absence of labour, as in a caesarean section performed before the onset of labour or a failed induction.

Note that when a failed induction of labour results in a caesarean, 'No labour (caesarean section)' should be ticked, and the reason for caesarean should be reported as failed induction of labour.

The onset of labour is closely associated with type of delivery and maternal and neonatal morbidity. Induction rates vary for maternal risk factors and obstetric complications and are indicators of obstetric intervention.

**7.4 METHODS USED TO INDUCE LABOUR OR AUGMENT LABOUR?**

Methods used to <b>induce labour</b> or <b>augment labour</b> ?	
(You may tick more than one box)	
Artificial rupture of membranes (ARM)	<input type="checkbox"/>
Oxytocin	<input type="checkbox"/>
Prostaglandins	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>
_____	

If the labour was induced or spontaneous in onset but subsequently augmented, tick the box(es) that correspond to the method used. If a method was used other than those listed, tick 'Other' and specify in the space provided, eg Foley's catheter.

**7.5 REASON FOR INDUCTION**

<b>If labour induced</b> Reason for induction _____
---

If labour was induced, specify the reason for induction in the space provided, eg rupture of membranes > 24 hours before delivery, post-term, etc. If the reason for induction was a social reason, specify the actual reason(s) rather than writing 'social reasons'.

Note that 'failure to progress', or any other conditions that pertain to labour, are not valid reasons for induction as labour has not yet commenced. Also note that 'augmentation' is not a valid reason for induction as augmentation is any medical or surgical intervention that assists with the continuation of a labour that has had a spontaneous or induced onset, eg ARM, administration of oxytocin.

Where a failed induction of labour has occurred, ensure that 'No labour (caesarean section)' has been ticked. The reason the induction was attempted should be reported in the appropriate field (eg medical conditions or pregnancy complications).

**7.6 MEMBRANES RUPTURED**

<b>MEMBRANES RUPTURED</b> ____days ____hours ____mins before delivery
---

Enter the number of days, hours and minutes before delivery the membranes were ruptured. If membranes ruptured at delivery, then record 'at delivery' or enter '0'. If a 'no labour' caesarean section occurs, it cannot be assumed that the membranes ruptured at delivery so record 'at delivery' or enter '0' as above.

## 7.7 LENGTH OF 1ST AND 2ND STAGE OF LABOUR

LENGTH OF LABOUR					
	hours			minutes	
1 <sup>st</sup> stage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 <sup>nd</sup> stage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Enter in the length of each of 1<sup>st</sup> stage and 2<sup>nd</sup> stage of labour in hours and minutes.

**Definitions:**

- **Stage 1**  
Begins with the onset of regular uterine contractions and is complete when the cervix is fully dilated (10cm).
- **Stage 2**  
Begins when the cervix is fully dilated (10cm) and is complete with the birth of the baby.

Where the labour is interrupted (eg by caesarean section) and therefore either stage one or two are interrupted, complete as follows:

- If stage one is complete, and stage two interrupted, then report total length of stage one in hours and minutes, and enter 'not completed' for stage two.
- If neither stage is complete, then indicate by writing 'not completed' in both sections of the field.

Please note that if quantitative measurement has not been performed, then clinical judgement based on subjective observation is appropriate (i.e. vaginal examination to confirm dilation is not mandatory). Use of other clinical observations used to manage labour are appropriate indicators of stages of labour.

Where length of stages is unknown please write 'unknown'.

## 7.8 PRESENTATION AT BIRTH

PRESENTATION AT BIRTH	
Tick one box only	
Vertex	<input type="checkbox"/>
Breech	<input type="checkbox"/>
Face	<input type="checkbox"/>
Brow	<input type="checkbox"/>
Transverse/shoulder	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>
_____	

Tick the box (one box only) that corresponds to the presentation of the fetus at birth. If the presentation at birth is other than those listed, tick 'Other' and specify the presentation in the space provided.

If the presentation is unknown, for example, due to extreme prematurity or macerated fetus, document this in the space provided.

**Definitions:**

- **Vertex**  
Presentation is where the occiput is the point of reference.
- **Breech**  
Presentation includes breech with extended legs, breech with flexed legs, footling and knee presentations.
- **Face**  
Presentation where the fetal head is hyperextended and the area of the head below the root of the nose and the orbital ridges is at the uterine cervix.
- **Brow**  
Presentation where the fetal head is partly extended and the area of the head between the anterior fontanelle and the root of the nose is at the uterine cervix.
- **Transverse/shoulder**  
Transverse presentation - the long axis of the baby's body is across the long axis of the mother's body.  
Shoulder presentation - the fetal head is in the iliac fossa and the shoulder is at the uterine cervix.
- **Other**  
Examples include compound presentations.

Presentation types other than vertex are associated with higher rates of caesarean section, instrumental delivery, perinatal mortality and neonatal morbidity.

## 7.9 METHOD OF BIRTH

<b>METHOD OF BIRTH</b>	
Tick one box only	
Vaginal non-instrumental	<input type="checkbox"/>
Forceps	<input type="checkbox"/>
Vacuum extractor	<input type="checkbox"/>
LSCS	<input type="checkbox"/>
Classical CS	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>
_____	

Tick the box (one box only) that corresponds to the method of birth of the baby, i.e. the method of complete expulsion or extraction from its mother of a product of conception. If the method of birth was other than those listed, tick 'Other' and specify the method in the space provided.

Note that a vaginal breech with forceps applied to the after coming head should be recorded as 'Forceps'. Forceps used to assist delivery at caesarean should be reported as a caesarean.

**Definitions:**

- **Vaginal non-instrumental**  
A birth which is achieved solely by the mother's expulsive efforts requiring no mechanical or surgical assistance.
- **Forceps**  
Where forceps are applied to assist the delivery process, including rotation forceps, liftout, etc.
- **Vacuum Extractor**  
An assisted birth using a suction cap applied to the baby's head, including rotation vacuum, also known as Ventouse Extractor.
- **LSCS**  
Lower segment caesarean section.
- **Classical CS**  
Classical caesarean section.
- **Other**  
Includes birth methods not classified above, eg Hysterotomy or extraction at post mortem.

**7.10 WATER BIRTH**

<b>WATER BIRTH</b>	
Was this a Water birth?	
No <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>If yes, was the water birth:</b>	
Unplanned	<input type="checkbox"/>
Planned	<input type="checkbox"/>

Tick the box to indicate if this birth was a water birth.

If the birth was a water birth, tick the box to indicate if it was an unplanned or a planned 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.

**7.11 REASON FOR FORCEPS/VACUUM**

<b>REASON FOR FORCEPS/VACUUM</b>
_____

If forceps or vacuum were used as the method of birth, specify the reason in the space provided, eg 'prolonged active 2<sup>nd</sup> stage', 'Direct OP'.

**7.12 REASON FOR CAESAREAN****REASON FOR CAESAREAN**

If caesarean section was performed as the method of birth, specify the reason in the space provided, eg 'repeat caesar', 'fetal distress', 'prolonged labour', etc.

Where a caesarean occurs as a result of a failed forceps/vacuum, then reason for caesarean should be reported as 'failed forceps/vacuum' and the original indication for the trial of forceps/vacuum (eg prolonged active 2<sup>nd</sup> stage) should be reported as a labour and delivery complication.

**7.13 CERVICAL DILATATION PRIOR TO CAESAREAN**

Cervical dilatation prior to caesarean	
3cm or less	<input type="checkbox"/>
More than 3cm	<input type="checkbox"/>
Not measured	<input type="checkbox"/>

If a caesarean was performed, tick the box (one box only) that corresponds to the level of dilatation of the cervix prior to the caesarean. If the cervical dilatation was not measured, tick 'Not measured'.

Note this field is mandatory when the method of birth is a caesarean, including no labour caesarean. It is not necessary to complete for any other method of birth.

**7.14 ANTIBIOTICS AT TIME OF CAESAREAN****ANTIBIOTICS RECEIVED AT TIME OF CAESAREAN**

Tick one box only

None	<input type="checkbox"/>
Prophylactic antibiotics received	<input type="checkbox"/>
Antibiotics already received	<input type="checkbox"/>

When the method of birth is either a lower segment caesarean section or a classical caesarean section, tick the box (one box only) that corresponds to the administration of antibiotics to the mother in relation to the caesarean.

If antibiotics were not received at the time of LSCS or classical caesarean section, tick the 'None' box.

If antibiotics have been received for prophylaxis of infection specifically associated with the caesarean, tick the 'Prophylactic antibiotics received' box.

If antibiotics have been received for a known condition (eg. chorioamnionitis, pneumonia, etc) at the time of LSCS or classical caesarean, tick the 'Antibiotics already received' box. This does not include antibiotic prophylaxis.



This information is used to assist the identification of adverse outcomes in relation to maternal health and wellbeing.

### 7.15 PLACENTA/CORD\*

PLACENTA / CORD

Indicate whether the placenta was complete, incomplete or ragged and/or whether the cord had 2 vessels or 3 vessels at delivery in the space provided. Report any malformations noted, eg circumvallate placenta, velamentous cord insertion, true knot in cord.

### 7.16 PRINCIPAL ACCOUCHEUR

#### PRINCIPAL ACCOUCHEUR

Tick one box only

Obstetrician

Other medical officer

Midwife

Midwifery Student

Medical student

Other (specify)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Tick the box (one box only) that corresponds to the principal person who assisted the mother in the birth of the baby. If the principal accoucheur is other than those listed, tick 'Other' and specify the accoucheur in the space provided.

#### Definitions:

- **Obstetrician**  
A medical doctor who is qualified in the field of obstetrics.
- **Other medical officer**  
Includes registrar, junior house officer, resident, general practitioner, etc.
- **Midwife**  
A registered nurse who is qualified in the field of midwifery.
- **Midwifery Student**  
A registered nurse training to obtain qualifications in the field of midwifery.
- **Medical student**  
A student training to obtain qualifications to become a medical doctor.
- **Other**  
Includes a registered nurse without midwifery qualifications, doula, ambulance officer, self, husband, other patient, etc.

## 7.17 DAMAGE TO THE PERINEUM

<b>DAMAGE TO THE PERINEUM</b>	
You may tick more than one box	
None	<input type="checkbox"/>
Graze/Tear – vagina, labia, vulva	<input type="checkbox"/>
Lacerated - 1 <sup>st</sup> degree	<input type="checkbox"/>
- 2 <sup>nd</sup> degree	<input type="checkbox"/>
- 3 <sup>rd</sup> degree	<input type="checkbox"/>
- 4 <sup>th</sup> degree	<input type="checkbox"/>
Episiotomy	<input type="checkbox"/>

Tick the box(es) that corresponds to the damage to the perineum following delivery. Note that more than one box may be ticked to indicate if there is multiple damage to the perineum.

If both a 2<sup>nd</sup> degree tear and an episiotomy occurred, please tick both corresponding boxes.

If an episiotomy is extended to a 3<sup>rd</sup> or 4<sup>th</sup> degree tear, tick both corresponding boxes (i.e. episiotomy as well as either 3<sup>rd</sup> or 4<sup>th</sup> degree tear).

**Definitions:**

- **None**  
There is no damage to the perineum following delivery.
- **Graze/Tear – vagina, labia, vulva**  
A slight abrasion to the vagina, labia, vulva following delivery.
- **Lacerated**  
If the perineum is lacerated following delivery, indicate the degree of laceration.
  - **1st Degree**  
Tear or laceration involving one of the fourchette, hymen, labia, skin, vagina or vulva.
  - **2nd Degree**  
Tear or laceration involving the pelvic floor or perineal muscles or vaginal muscles.
  - **3rd Degree**  
Tear or laceration involving the anal sphincter or recto vaginal septum.
  - **4th Degree**  
Third degree tear or laceration also involving the anal mucosa or rectal mucosa.
- **Episiotomy**  
Surgical incision into the perineum and vagina to assist delivery.

Perineal laceration (tear) may cause significant maternal morbidity in the postnatal period. Episiotomy is an indicator of management during labour and, to some extent intervention rates.

**7.18 OTHER GENITAL TRAUMA**

Other genital trauma _____
-------------------------------

Specify any other genital trauma experienced by the mother in the space provided, including high vaginal tears where the perineum is not damaged, cervical tears, urethral tears, etc.

**7.19 SURGICAL REPAIR OF THE VAGINA OR PERINEUM**

Surgical repair of vagina or perineum?                      No <input type="checkbox"/> Yes <input type="checkbox"/>
---

Tick 'Yes' or 'No' to indicate whether the vagina or perineum was surgically repaired. Note that if an episiotomy has been performed, then corresponding surgical repair would be expected.

**7.20 NON-PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY**

<b>NON-PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY</b>	
None	<input type="checkbox"/>
Heat pack	<input type="checkbox"/>
Birth ball	<input type="checkbox"/>
Massage	<input type="checkbox"/>
Shower	<input type="checkbox"/>
Water immersion	<input type="checkbox"/>
Aromatherapy	<input type="checkbox"/>
Homeopathy	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>
TENS	<input type="checkbox"/>
Water Injection	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

Tick the box(es) under the Non-Pharmacological Analgesia during Labour/Delivery heading that correspond to the non-pharmacological analgesia administered to the mother during labour and delivery. If non-pharmacological analgesia used was other than those listed, tick 'Other' and specify the non-pharmacological analgesia in the space provided. If no non-pharmacological analgesia was administered, tick 'None'.

**Definitions:**

- **Heat Pack:** Includes the use of electronic heat pads, heat wheat packs and gel packs.
- **Water Immersion:** The labouring woman places her body into water or other liquid so that it is completely covered by the liquid.
- **TENS:** an electronic device that delivers small electrical impulses to the body via electrodes placed on the skin.
- **Other:** Includes the use of medication, visualisation and hypnotherapy.

**7.21 PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY**

<b>PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY</b>	
None	<input type="checkbox"/>
Nitrous oxide	<input type="checkbox"/>
Systemic opioid (incl. narcotic (IV/IM))	<input type="checkbox"/>
Epidural	<input type="checkbox"/>
Spinal	<input type="checkbox"/>
Combined Spinal-Epidural	<input type="checkbox"/>
Caudal	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

Tick the box(es) under the Pharmacological Analgesia heading that correspond to the pharmacological analgesia administered to the mother during labour and delivery. If a pharmacological analgesia other than those listed was used, tick 'Other' and specify the pharmacological analgesia in the space provided. If no pharmacological analgesia was administered, tick 'None'.

Definitions are listed on the next page.

**Definitions:**

- **Analgesia**  
Agents administered to the mother by injection or inhalation to relieve pain during labour and delivery.
- **Nitrous Oxide**  
Gas providing light anaesthesia delivered in various concentrations with oxygen.
- **Systemic Opioid (incl. narcotic (IM/IV))**  
Opioid analgesics that acts on the patient's central nervous system. This includes drugs which have an agonist action at the opioid receptor on the cell.
- **Epidural**  
Injection of a local anaesthetic into the epidural space of the spinal column.
- **Spinal**  
Injection of an analgesic drug or anaesthetic drug into the subarachnoid space of the spinal cord, also called the Subarachnoid Block Anaesthesia.
- **Combined Spinal-Epidural**  
Needle-through-needle injection of an analgesic drug or anaesthetic drug into both the epidural space and the subarachnoid space of the spinal column.
- **Caudal**  
Injection of a local anaesthetic agent into the caudal portion of the spinal canal through the sacrum.

**7.22 LABOUR AND DELIVERY COMPLICATIONS**

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

Tick the box(es) that correspond to any complications that arose during labour and delivery. If complications arose other than those listed, tick 'Other' and specify the complication(s) in the space provided (see Appendix D for examples). If no complications were experienced, tick 'None'.

**Definition:**

- **Labour and delivery complications**  
Medical and obstetric complications (necessitating intervention) arising after the onset of labour and before the completed delivery of the baby and placenta.

Complications of labour and delivery may cause maternal morbidity and may affect the health status of the baby at birth.

**7.23 ANAESTHESIA FOR DELIVERY**

<b>ANAESTHESIA FOR DELIVERY</b>	
None	<input type="checkbox"/>
Epidural	<input type="checkbox"/>
Spinal	<input type="checkbox"/>
Combined Spinal-Epidural	<input type="checkbox"/>
General anaesthetic	<input type="checkbox"/>
Local to perineum	<input type="checkbox"/>
Pudendal	<input type="checkbox"/>
Caudal	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>

Tick the box(es) under the Anaesthesia heading that correspond to the anaesthesia administered to the mother for delivery. If the anaesthesia used was other than those listed, tick 'Other' and specify the anaesthesia used in the space provided. If no anaesthesia was administered, tick 'None'.

Please note that a response is required in non-pharmacological analgesia, pharmacological analgesia and anaesthesia fields, eg if delivery is by elective caesarean section, and no non-pharmacological or pharmacological analgesia are used, then 'None' should be ticked in both fields.

Note also that local to the perineum for the sole purpose of repair of tear or episiotomy is not considered anaesthetic for delivery, and therefore should not be included.

Definitions are listed on the next page.

**Definitions:**

- **Anaesthesia**  
Agents administered to the mother for the operative/instrumental delivery of the baby (caesarean section, forceps or vacuum delivery).
- **Epidural**  
Injection of a local anaesthetic into the epidural space of the spinal column.
- **Spinal**  
Injection of an analgesic drug or anaesthetic drug into the subarachnoid space of the spinal cord. Also called the Subarachnoid Block Anaesthesia.
- **Combined Spinal-Epidural**  
Needle-through-needle injection of an analgesic drug or anaesthetic drug into both the epidural space and the subarachnoid space of the spinal column.
- **General Anaesthetic**  
Various anaesthetic agents given primarily by inhalation or intravenous injection.
- **Local to Perineum**  
Infiltrating the perineum with local anaesthetic.
- **Pudendal**  
Injection of local anaesthetic to the pudendal nerves.
- **Caudal**  
Injection of a local anaesthetic agent into the caudal portion of the spinal canal through the sacrum.

**7.24 CTG IN LABOUR**

<b>CTG</b> in labour?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
-----------------------	-----------------------------	------------------------------

Tick 'Yes' or 'No' to indicate whether Cardiotocography (CTG) monitoring was performed during labour. Any external trace (including 'routine baseline' traces) recorded during labour, regardless of the duration of recording (i.e. continuous or intermittent) should be reported. A baseline trace recorded prior to labour commencing should not be included.

**7.25 FSE IN LABOUR**

<b>FSE</b> in labour?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
-----------------------	-----------------------------	------------------------------

Tick 'Yes' or 'No' to indicate whether Fetal Scalp Electrode (FSE) monitoring was performed during labour.

**7.26 FETAL SCALP pH AND RESULT**

Fetal Scalp pH?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Fetal Scalp pH result	→	<input type="checkbox"/>	.	<input type="checkbox"/>

Indicate whether fetal scalp pH was measured or not.

If the fetal scalp pH was taken then record the fetal scalp pH result.

**7.27 LACTATE AND RESULT**

Lactate?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Lactate result	→	<input type="checkbox"/>	.	<input type="checkbox"/>

Tick 'Yes' or 'No' to indicate whether fetal scalp lactate was measured.

If the fetal scalp lactate was taken, record the fetal scalp lactate result.



## 8 BABY

Identification labels may be attached to the back of the original and duplicate copy of the MR63D form. If an identification label is used only on the hospital copies DO NOT FORGET to complete BABY'S UR NUMBER and DATE OF BIRTH on the Statistical Collections and Integration copy. If a label is used on the duplicate copies, then identifying information that is not required by Statistical Collections and Integration can be crossed through using a felt tipped pen (as ball point will affect the clarity of information on the form due to the carbonisation of the paper)

Note: In the case of multiple births, a separate MR63D must be completed for each baby. If the forms are pinned together prior to dispatch, the common information need not be repeated. Details in the LABOUR AND DELIVERY, BABY, POSTNATAL and BABY DISCHARGE DETAILS must be completed for each baby.

### 8.1 BABY'S UR NUMBER

Enter the Unit Record (UR) number assigned to the baby (if applicable), eg:

<b>BABY'S UR No.</b>	1	2	3	4	5	6	7	8
----------------------	---	---	---	---	---	---	---	---

For home births where the baby is not admitted to a hospital, this field is not required, however if the private midwifery practitioner assigns a record number for administrative purposes it can be included.

### 8.2 INDIGENOUS STATUS – BABY

<b>INDIGENOUS STATUS – BABY</b>	
Aboriginal	<input type="checkbox"/>
Torres Strait Islander	<input type="checkbox"/>
Aborig. & Torres Str. Is.	<input type="checkbox"/>
Neither Aboriginal nor Torres Str. Is.	<input type="checkbox"/>

Tick the box (one box only) that corresponds to the Indigenous Status of the baby.

#### **Definitions:**

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 she lives.

- **Aboriginal**  
Aboriginal but not Torres Strait Islander origin.
- **Torres Strait Islander**  
Torres Strait Islander but not Aboriginal origin.
- **Aboriginal and Torres Strait Islander**  
Both Aboriginal and Torres Strait Islander origin.
- **Neither Aboriginal nor Torres Strait Islander**  
Neither Aboriginal nor Torres Strait Islander origin.

Note that a baby's indigenous status cannot be determined simply by observation and therefore this question must be asked of all mothers. For further information regarding determining Indigenous status, please refer to the 'Are you of Aboriginal or Torres Strait Islander origin?' pamphlet. If you require copies of this publication, please contact the National Centre for Aboriginal and Torres Strait Islander Statistics (Australian Bureau of Statistics) on the free call number 1800 633 216.

### 8.3 DATE OF BIRTH

Enter the day, month and year of the baby's date of birth using all boxes, eg 1 July 2013 should be entered as:

<b>DOB</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="7"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="3"/>
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### 8.4 TIME OF BIRTH

Enter the time of birth of the baby using the 24 hour clock, eg 2.30pm should be entered as 14:30 hours. If the time of birth of the baby is midnight, this should be recorded as 00:00 hours to indicate the start of the day.

<b>TIME OF BIRTH</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	hours
----------------------	----------------------	----------------------	----------------------	----------------------	-------

### 8.5 BIRTHWEIGHT

Enter the first weight of the fetus or baby obtained after birth in grams, eg 3500 grams.

<b>BIRTHWEIGHT</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	grams
--------------------	----------------------	----------------------	----------------------	----------------------	-------

### 8.6 GESTATION

<b>GESTATION</b>	<input type="text"/>	<input type="text"/>	weeks	<input type="text"/>	days
(clinical assessment at birth)					

Enter the estimated gestational age of the baby in completed weeks and days, as determined by clinical assessment after birth. Do not use 'T' for term, or 'K'.

Gestational age is a key outcome of pregnancy and an important risk factor for neonatal outcomes.

### 8.7 HEAD CIRCUMFERENCE AT BIRTH

<b>HEAD CIRCUMFERENCE AT BIRTH</b>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
--	----------------------	----------------------	---	----------------------	----

Enter the head circumference of the baby at birth in centimetres, to the nearest one decimal place.

**8.8 LENGTH AT BIRTH**

<b>LENGTH AT BIRTH</b>	<input type="text"/> <input type="text"/> . <input type="text"/> cm
------------------------	---

Enter the length of the baby at birth in centimetres, to the nearest one decimal place.

**8.9 PLURALITY**

<b>PLURALITY</b>	
Single	<input type="checkbox"/>
Twin I	<input type="checkbox"/>
Twin II	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>
_____	

Tick one box only to indicate whether this pregnancy has resulted in a 'Single' birth, or for a multiple birth, tick the box for which baby the form is being completed. For example, if the form relates to the second twin, tick 'Twin II'.

**For the first baby of triplets or higher, tick 'Other' and write, for example, 'Triplet I' in the space provided.**

Note: The plurality refers to the total number of births resulting from this pregnancy. If the pregnancy commences as a twin pregnancy but one foetus is miscarried/aborted before 20 weeks and/or 400 grams, the plurality would be single.

**8.10 SEX**

<b>SEX</b>	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Indeterm.	<input type="checkbox"/>

Tick the box (one box only) that corresponds to the sex of the baby. If the sex of the baby cannot be determined, tick 'Indeterm'.

**8.11 BIRTH STATUS**

<b>BIRTH STATUS</b>	
Born alive	<input type="checkbox"/>
Stillborn	<input type="checkbox"/>
- macerated	
No <input type="checkbox"/>	Yes <input type="checkbox"/>

Tick the box that corresponds to the result of the birth. If the baby was born alive, tick 'Born alive'. If the baby was not born alive, tick 'Stillborn'.

If the baby was stillborn, indicate whether the baby was macerated by ticking 'Yes' or 'No'.

Note that maceration status should **only** be completed in the case of stillbirths, and should not be used to indicate 'peeling skin' associated with a post term infant.

Definitions are listed on next page.

**Definitions:**

- Live birth**  
The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.
- Stillbirth**  
A fetal death prior to the complete expulsion or extraction from its mother of a product of conception of 20 or more completed weeks of gestation or of 400 grams or more birthweight; the death is indicated by the fact that after such separation the foetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.
- Macerated**  
Softening and breaking down of skin caused by prolonged exposure to amniotic fluid in a deceased foetus.

**8.12 APGAR SCORE**

APGAR SCORE	
	1 min    5 min
Heart rate	<input type="text"/>
Respiratory effort	<input type="text"/>
Muscle tone	<input type="text"/>
Reflex irritability	<input type="text"/>
Colour	<input type="text"/>
TOTAL	<input type="text"/>

Enter the 1 minute and 5 minute Apgar scores in the boxes for each of the conditions listed (refer to table below).

The Apgar newborn scoring system	
	Blue or pale skin tone = 0.
Appearance	Pink body but blue fingers and toes = 1. Completely pink = 2.
	No heart rate detected = 0.
Pulse	Slow heart rate (below 100 beats per minute) = 1. Fast heart rate (more than 100 beats per minute) = 2.
	No response when the sole of the foot is stimulated = 0.
Grimace	Baby grimaces when the foot is stimulated = 1. Baby cries when the foot is stimulated = 2.
	Baby is limp = 0.
Activity	Baby shows some muscle flexing in its feet and hands = 1. Baby is active and can flex the muscles in its feet and hands = 2.
	There are no signs of the baby's breathing = 0.
Respiration	Baby has only a weak cry and can't seem to get enough air into its lungs = 1. Baby is breathing well and can cry strongly = 2.

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Enter the total Apgar scores in the boxes provided.

The Apgar score is a numerical score to evaluate the baby's condition at 1 minute and 5 minutes after birth. It is an indicator of the health of the baby, particularly after complications of pregnancy and/or labour and birth. It is useful in deciding the need for and adequacy of resuscitation.

### 8.13 REGULAR RESPIRATION

<b>REGULAR RESPIRATIONS</b>	
<input type="text"/>	<input type="text"/> minutes
OR At birth	<input type="checkbox"/>
OR Intubated/Ventilated	<input type="checkbox"/>
OR Respirations not established	<input type="checkbox"/>

Enter, to the nearest minute, the time the baby took to establish **regular, spontaneous breathing**. If respirations were established 30 to 59 seconds after birth, record as 1 minute.

If the baby established respirations spontaneously tick the 'at birth box'; if the baby was ventilated, tick the 'intubated/ventilated' box; if respirations were never established, tick the 'respirations not established' box.

### 8.14 RESUSITATION

<b>RESUSITATION</b>	
You may tick more than one box	
None	<input type="checkbox"/>
Suction (oral, pharyngeal etc)	<input type="checkbox"/>
Suction of meconium via ETT	<input type="checkbox"/>
Facial O2	<input type="checkbox"/>
Bag and mask	<input type="checkbox"/>
IPPV via ETT	<input type="checkbox"/>
Narcotic antagonist infusion	<input type="checkbox"/>
External cardiac massage	<input type="checkbox"/>
Other (specify – include drugs)	<input type="checkbox"/>

Tick the box(es) that correspond to the method of resuscitation used. If resuscitation methods were used other than those listed, tick 'Other' and specify the method(s) used in the space provided, eg tactile stimulation. Include other drugs used for resuscitation, eg adrenalin, etc. If no methods were used, tick 'None'.

Definitions are listed on the next page.

**Definitions:**

- **Suction (oral, pharyngeal, etc)**  
Routine aspiration of the airways only.
- **Suction of meconium (oral, pharyngeal, etc)**  
Meconium is cleared from the airway with a suction tube.
- **Suction of meconium via ETT**  
Meconium is cleared from the airway via insertion of an endotracheal tube.
- **Facial O<sub>2</sub>**  
Oxygen is administered via a mask, funnel, nasal prongs, head box, bag and mask without ventilation
- **Bag and mask**  
Intermittent positive pressure ventilation via a bag and mask, with or without laryngeal mask.
- **IPPV (via ETT)**  
Intermittent positive pressure ventilation via an endotracheal tube.
- **Narcotic antagonist injection**  
Administration of the drug Narcan (naloxene).

This information is required to analyse the need for resuscitation after complications of labour and delivery and to evaluate level of services required for different birth settings.

**8.15 CORD Ph AND VALUE**

Cord pH?	
No	Yes
<input type="checkbox"/>	<input type="checkbox"/>
Cord pH value	
<input type="text"/>	<input type="text"/>
BE _____	

Tick 'Yes' or 'No' to indicate whether pH of the umbilical cord was measured.

If the Cord pH was measured provide the cord pH value.

Record the Base Excess (BE) level if measured.

Note: this is not a mandatory field on the form and subsequently no information is stored by the PDC from this field.

**8.16 VITAMIN K (FIRST DOSE)**

<b>VITAMIN K</b> (first dose)	
Oral	<input type="checkbox"/>
IM	<input type="checkbox"/>
None	<input type="checkbox"/>

Tick the box (one box only) that corresponds to the method of administration for first dose of Vitamin K was administered. If no Vitamin K was administered, tick 'None'.

**8.17 HEPATITIS B VACCINATION (BIRTH DOSE)**

<b>HEPATITIS B</b> (birth dose vaccination)
No <input type="checkbox"/> Yes <input type="checkbox"/>

Tick the box (one box only) that corresponds to whether or not the birth dose Hepatitis B vaccination was given. Note that this is not exclusive to doses given immediately after birth or whilst still within the delivery room, and therefore includes doses given prior to discharge. This field does not refer to administration of Hepatitis B immunoglobulin.

**8.18 HEPATITIS B IMMUNOGLOBULIN**

<b>HEPATITIS B IMMUNOGLOBULIN</b>
No <input type="checkbox"/> Yes <input type="checkbox"/>

Tick the box (one box only) that corresponds to whether or not Hepatitis B immunoglobulin was given. Note that this is not exclusive to dose given immediately after birth or whilst still within the delivery room, and therefore includes any dose given prior to discharge. This field does not refer to administration of Hepatitis B Vaccination.

## 9 POSTNATAL DETAILS

### 9.1 NEONATAL MORBIDITY

<b>BABY</b>	
NEONATAL MORBIDITY	
None	<input type="checkbox"/>
Jaundice	<input type="checkbox"/> → Diagnosis _____
Respiratory distress	<input type="checkbox"/> → Diagnosis _____
Hypo/Hyperglycaemia or Normal	<input type="checkbox"/> → Results _____
Neonatal abstinence syndrome	<input type="checkbox"/> → Drug name _____
Infection	<input type="checkbox"/> → Diagnosis _____
Other (specify)	<input type="checkbox"/> → _____

Tick the box(es) that correspond to the conditions/diseases/illnesses/birth traumas experienced by the baby up to the time of discharge or when the baby reaches 28 days of age. Document the diagnosis in the space provided. If a condition is present other than those listed, tick 'Other' and specify the condition(s) in the space provided. If there is no neonatal morbidity, tick 'None' (See Appendix D for examples of neonatal morbidity).

**Examples of diagnoses include:**

- **Jaundice**  
Physiological, ABO incompatibility, etc.  
(Indicate whether phototherapy was used to treat the jaundice.)
- **Respiratory distress**  
Transient tachypnoea of the newborn, respiratory distress syndrome, etc.
- **Hypo/Hyperglycaemia or Normal**  
When blood glucose monitoring has been reported, please supply the outcome of the observation (hypoglycaemia, hyperglycaemia or normal).
- **Neonatal abstinence syndrome**  
Please specify the name of the drug used by mother.
- **Infection**  
Cytomegalovirus, septicaemia, eye infection, etc and also specify the name of the bacteria where applicable.



9.2 NEONATAL TREATMENT

NEONATAL TREATMENT	
None	<input type="checkbox"/>
Oxygen for >4 hours	<input type="checkbox"/>
Phototherapy	<input type="checkbox"/>
IV/IM antibiotics	<input type="checkbox"/>
IV fluid	<input type="checkbox"/>
Mechanical ventilation	<input type="checkbox"/>
Blood glucose monitoring	<input type="checkbox"/>
CPAP	<input type="checkbox"/>
Oro / naso gastric feeding	<input type="checkbox"/>
Other treatment	<input type="checkbox"/>

Tick the box(es) that correspond to any neonatal treatments given up to the time of discharge or when the baby reached 28 days of age. If a treatment is used other than those listed, tick 'Other' and specify the treatment(s) in the space provided. If no treatments were used, tick 'None'.

Note that if a treatment has been specified, ensure that a corresponding morbidity has also been specified (eg If phototherapy is ticked, jaundice should also be ticked in morbidities). If blood glucose monitoring is indicated, then the reason for the monitoring and the outcome of the monitoring should be specified (see 9.1).

9.3 ADMITTED TO ICN/SCN

Information about Neonatal Services see the *Clinical Services Capability Framework for Public and Licensed Private Health Facilities version 3.1* can be found at: [www.health.qld.gov.au/cscf/](http://www.health.qld.gov.au/cscf/) or by contacting:

**Public health sector**  
 Clinical Access & Redesign Unit  
 Phone: (07) 3131 1424  
 Email: [cscf@health.qld.gov.au](mailto:cscf@health.qld.gov.au)

**Private health sector**  
 Private Health Regulatory Unit  
 Phone: (07) 3328 9048  
 Email: [Private\\_Health@health.qld.gov.au](mailto:Private_Health@health.qld.gov.au)

Was baby admitted to ICN/SCN?
No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, how many days was baby admitted to:
• ICN (days) _____
• SCN (days) _____

Tick 'Yes' or 'No' to indicate if the baby was admitted to Intensive Care Nursery (ICN) or Special Care Nursery (SCN).

Specify the type of nursery the baby was admitted to by entering the number of days the baby was admitted to ICN and/or SCN, including 0 if the baby was not admitted. Reporting in this field is only required for those facilities where approval is current. Note that admissions to a neonatal service level 1, 2 and 3 (primarily for well infants) **should not be reported**.

**Definitions:**

SOURCE: Clinical Services Capability Framework for Public and Licensed Private Health Facilities version 3.1 (2012)

- **Level 4 Neonatal Service**

A Level 4 service with a continuous positive airway pressure (CPAP) device available on-site has the capability to plan and deliver care to infants greater than or equal to 32 weeks gestational age, or who have an estimated birth weight of greater than or equal to 1500 grams, with no additional risk factors (if born at that hospital). Where CPAP is not available on-site, a Level 4 service has the capability to plan and deliver care for infants greater than or equal to 34 weeks gestational age. A level 4 service may accept back-transfer of infants of any weight or gestational age from a Level 5 or 6 service once those infants are considered suitably stable for such transfer by the higher level unit.

Where unplanned births of infants of less than 32 weeks gestational age and/or infants with a birth weight less than 1500 grams occur, care must be provided in consultation with a Level 5 or 6 neonatal service.

*This service capability level was previously Neonatal Service Level 2 (SCN) in the CSCF version and is commonly referred to as an SCN.*

- **Level 5 Neonatal Service**

A Level 5 service has the capability to plan and deliver care for infants who were born at the hospital or back-transferred from a higher level service and who are greater than or equal to 29 weeks gestational age with an estimated birth weight of more than 1000 grams. Where unplanned births of infants at less than 29 weeks gestational age and/or with a birth weight less than 1000 grams occur, care must be provided in consultation with the Level 6 neonatal service.

No neonatal surgery is provided at this level.

*This service capability level was previously Neonatal Service Level 2 (SCN) in the CSCF version and is commonly referred to as an SCN.*

- **Level 6 Neonatal Service**

A Level 6 service provides the highest level of care to infants. A Level 6 service has personnel and equipment to provide continuous life support and comprehensive multidisciplinary care for extremely high-risk newborns and those with complex and critical illnesses. Neonatal surgery may be performed at this level of service. Multidisciplinary follow-up programs are provided for very premature infants and, where required, access to multidisciplinary early developmental programs is provided.

A Level 6 service provides education links to lower level services, as required, and has documented processes, within the relevant neonatal service network, with lower levels of neonatal services to support patient transfer and care.

This level of service also provides educational support to less comprehensive neonatal services. A Level 6 service plays a strategic role in the planning of clinical statewide services related to perinatal care, and participates in perinatal morbidity and mortality meetings within the service network.

*This service capability level was previously Neonatal Service Level 3 (NICU) in the CSCF version 2 and is commonly referred to as an NICU.*

For further information in regards to nursery details see the QHAPDC Manual or MAC Manual located at

<http://gheps.health.qld.gov.au/hic/products.htm#manuals>

Bed categories relevant to the PDC include:

- Neonatal Service Cots - Level 4 or 5 (SCN)
- Neonatal Service Cots - Level 6 (NICU)

#### 9.4 MAIN REASON FOR ADMISSION TO ICN/SCN

Main reason for admission to ICN/SCN
_____
_____

If the baby was admitted to either an ICN or SCN, enter one main reason for admission in the space provided. The reason should be a condition, not a treatment, eg 'prematurity' rather than 'tube feeding', or 'respiratory distress' rather than 'oxygen therapy or observation'. The treatment should be included in the Neonatal Treatments field (see 9.2).

## 9.5 CONGENITAL ANOMALY

<p><b>CONGENITAL ANOMALY</b></p> <p>No <input type="checkbox"/>    Yes <input type="checkbox"/>    Suspected <input type="checkbox"/></p> <p>If yes or suspected enter details below or in the Congenital Anomaly section</p> <hr/> <hr/> <hr/>
---

Tick 'Yes', 'No' or 'Suspected' to indicate whether a congenital anomaly is present or suspected. Congenital anomalies are abnormalities (including deformities) that were present at birth and detected prior to separation from care (See Appendix D for examples of congenital anomalies).

In the case of a diagnosed or suspected anomaly, enter a brief description in the space provided then ensure that the Additional Congenital Anomaly Data section of the form is completed. The medical practitioner responsible for the baby should complete the Congenital Anomaly section, which can be updated up to 28 days after the birth.

Perinatal Data Collection will be reporting against each congenital anomaly whether or not the congenital anomaly was diagnosed prior to birth.

### Hospitals supplying Perinatal data by MR63D

When entering the description of each congenital anomaly, enter 'No' or 'Yes' alongside each congenital anomaly to indicate whether the congenital anomaly was diagnosed prior to birth or not.

### Hospitals supplying Perinatal data electronically

Supply '1' (no) or '2' (yes) to indicate whether the congenital anomaly was diagnosed prior to birth or not as per the file format.

Validations will be generated if this data item has not been supplied.

## 10 DISCHARGE DETAILS

### 10.1 DISCHARGE DETAILS OF THE MOTHER

#### 10.1.1 PUERPERIUM COMPLICATIONS

<b>MOTHER</b>	
<b>PUERPERIUM</b>	
<b>COMPLICATIONS</b>	
You may tick more than one box	
None	<input type="checkbox"/>
Haemorrhoids	<input type="checkbox"/>
Wound Infection	<input type="checkbox"/>
Anaemia	<input type="checkbox"/>
Dehiscence/disruption of wound	<input type="checkbox"/>
Febrile	<input type="checkbox"/>
UTI	<input type="checkbox"/>
Spinal headache	<input type="checkbox"/>
Secondary PPH	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>
_____	

Tick the box(es) that correspond to the puerperium complications experienced by the mother. If a complication is experienced other than those listed, tick 'Other' and specify the complication(s) in the space provided (see Appendix D for examples). If no complications are experienced, tick 'None'.

This field should reflect conditions, not treatments or procedures. For example, a spinal headache would be reported in this field, but if it required intervention such as a blood patch, the treatment would be reported in the puerperium procedures and operations field.

**Definition:**

- **Puerperium complications**

Medical and obstetric complications of the mother occurring during the postnatal period up to the time of separation from care.

Complications of the puerperal period may cause maternal morbidity, and occasionally death, and may be an important factor in prolonging the duration of hospitalisation after childbirth.

**10.1.2 THROMBOPROPHYLAXIS FOLLOWING CAESAREAN**

<b>THROMBOPROPHYLAXIS FOLLOWING CAESARIAN</b>	
You may tick more than one box	
None	<input type="checkbox"/>
Pharmacological Thromboprophylaxis	<input type="checkbox"/>
Intermittent Calf Compression	<input type="checkbox"/>
TED Stocking	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

When the method of birth is either a lower segment caesarean section or a classical caesarean section, tick the box(es) that correspond to any puerperium thromboprophylaxis administered following caesarean section.

If Thromboprophylaxis following LSCS or classical caesarean section was not administered, tick the 'None' box.

If Thromboprophylaxis following LSCS or classical caesarean was via pharmacological thromboprophylaxis methods, tick the 'Pharmacological Thromboprophylaxis' box.

If Thromboprophylaxis following LSCS or classical caesarean was via intermittent calf compression, tick the 'Intermittent Calf Compression' box.

If Thromboprophylaxis following LSCS or classical caesarean was via TED Stocking, tick the 'TED Stocking' box.

If Thromboprophylaxis following LSCS or classical caesarean was via other thromboprophylaxis methods, tick the 'Other (specify)' box and record the method(s) used in the space provided.

This information is used to assist the identification of adverse outcomes in relation to maternal health and wellbeing.

**10.1.3 PUERPERIUM PROCEDURES AND OPERATIONS**

<b>PUERPERIUM PROCEDURES AND OPERATIONS</b>	
You may tick more than one box	
None	<input type="checkbox"/>
Blood Transfusion	<input type="checkbox"/>
Blood Patch	<input type="checkbox"/>
D & C	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

Tick the box(es) that correspond to any medical or surgical procedures and/or operations that were performed on the mother during the puerperium. If a procedure and/or operation were performed other than those listed, tick 'Other' and specify in the space provided (see Appendix D for examples). If no procedures or operations were performed during the puerperium, tick 'None'. Where procedures are reported that may be performed via different approaches please provide as many details as possible. For example: ligation of fallopian tubes, which may be via laparotomy or laparoscopy, please report as either 'open abdominal ligation' or 'laparoscopic ligation'.

**10.1.4 DISCHARGE DETAILS**

Discharged	<input type="checkbox"/>	Place of transfer
Transferred	<input type="checkbox"/>	
Died	<input type="checkbox"/>	
Remaining in	<input type="checkbox"/>	
Date	<input style="width: 100%;" type="text"/>	

Tick the box (one box only) that corresponds to whether the mother was discharged, transferred to another facility, remaining in hospital or died during the current admission. If the mother was transferred to another facility, enter full name of the other facility in the space provided. In cases such as Mater Mother’s Hospital indicate whether the transfer was to the public or private facility. For PDC purposes, a patient transferred from unit to unit within the same facility (eg maternity to intensive care) is not considered a transfer or discharge. A patient transferred from a birth centre to the labour ward or maternity ward is a transfer from one facility to another facility.

Enter the day, month and year the mother was discharged, transferred or died using all boxes. If the mother is remaining in after 28 days tick the remaining in box and provide the discharge date when available.

Note that if the baby had an extended stay in hospital and the mother was registered as a boarder so that she could be near her baby, enter the date she was formally discharged as an admitted patient, i.e. the day she changed from an admitted patient to a boarder.

Do not complete the discharge details field when a planned homebirth occurred unless the baby was transferred to a facility following delivery.

**10.1.5 EARLY DISCHARGE PROGRAM**

Early Discharge Program
No <input type="checkbox"/> Yes <input type="checkbox"/>

Tick the ‘Yes’ box if the mother was released from hospital to an Early Discharge or other similar program. Note there is currently no standard definition available that constitutes an early discharge program. Please report whatever individual facilities regard as an early discharge program.

**10.2 DISCHARGE DETAILS OF THE BABY**

**10.2.1 NEONATAL SCREENING**

Enter the day, month and year when the neonatal screening was performed using all boxes, eg if the neonatal screening was performed on 1 November 2013, enter:

<b>BABY</b>									
Neonatal Screening	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">3</td> </tr> </table>	0	1	1	1	2	0	1	3
0	1	1	1	2	0	1	3		

Note that this is not a mandatory field on the form, and subsequently no information is stored by PDC from this field.

For enquires regarding neonatal screening tests please contact the Neonatal Screening Unit on 3636 7171 or 3636 7051.

**10.2.2 DISCHARGE WEIGHT**

Enter the weight\* of the baby on discharge in grams.

Discharge weight \_\_\_\_\_ grams

Note that this is not a mandatory field on the form, and subsequently no information is stored by PDC from this field.

**10.2.3 DISCHARGE DETAILS**

Discharged	<input type="checkbox"/>	Place of transfer
Transferred	<input type="checkbox"/>	
Died	<input type="checkbox"/>	
Remaining in	<input type="checkbox"/>	
Date	<input type="text"/>	

Tick the box (one box only) that corresponds to whether the baby was discharged, transferred to another facility, remaining in hospital or died during the admission. If the baby was transferred to another facility, enter the full name of the other facility in the space provided. In cases such as Mater Mother’s Hospital indicate whether the transfer was to the public or private facility. For PDC purposes, a baby transferred from unit to unit within the same facility (eg Level 3 Nursery to Level 2 Nursery) is not considered a transfer or discharge. A patient transferred from a birth centre to a nursery is a transfer from one facility to another facility.

Enter the day, month and year the baby was discharged, transferred or died using all boxes. If the baby is remaining in after 28 days tick the ‘Remaining in’ box and provide the discharge date when available.

Do not complete the discharge details field when a planned homebirth occurred unless the baby was transferred to a facility following delivery.

**10.2.4 FLUID BABY RECEIVED AT ANY TIME FROM BIRTH TO DISCHARGE**

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

Breast milk/colostrum	<input type="checkbox"/>
Infant formula	<input type="checkbox"/>
Water, fruit juice or water-based products	<input type="checkbox"/>
Nil by mouth	<input type="checkbox"/>

Tick the box that applies to the type of fluid the baby received at any time from birth to discharge. More than one box may be ticked. This field may be used as an indicator for the Baby Friendly Health Initiative.



10.2.5 FLUID BABY RECEIVED IN THE 24 HOURS PRIOR TO DISCHARGE

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

Breast milk/colostrum	<input type="checkbox"/>
Infant formula	<input type="checkbox"/>
Water, fruit juice or water-based products	<input type="checkbox"/>
Nil by mouth	<input type="checkbox"/>

Tick the box that applies to the type of fluid (s) the baby received in the 24 hours prior to discharge (or part thereof). More than one box may be ticked. This field may be used as an indicator for the Baby Friendly Health Initiative.

NOTE: If the baby has received a type of fluid in the 24 hours prior to discharge, the type of fluid must also be selected in the types of fluid the baby received at any time from birth to discharge. See section 10.2.4.

**Definitions:**

- Breast milk/colostrum:**  
 Includes breast milk/colostrum received directly from the breast as well as expressed breast milk/colostrum received by but not limited to syringe, cup or enteral tube.
- Infant formula:**  
 Refers to commercially prepared formulas that adequately meet the nutritional needs of the newborn.
- Water, fruit juice or water-based products:**  
 Other types of fluid include but is not limited to water, fruit juice, herbal tea or flavoured water.

10.2.6 ALTERNATE FEEDING METHOD

**ALTERNATE FEEDING METHOD**  
 You may tick more than one box

Has the baby been fed by?

Bottle	<input type="checkbox"/>
Cup	<input type="checkbox"/>
Syringe	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

Tick the box(es) that apply to the type of alternate methods used to feed the baby from birth to discharge (or part thereof). More than one box may be ticked.

This includes babies who are fed expressed breast milk/colostrum via an alternate feeding method. This will enable a broader understanding of bottle usage by reducing association with infant formula and consideration of other liquids such as expressed breast milk. This may be an indicator for the Baby Friendly Health Initiative.

**11 ADDITIONAL CONGENITAL ANOMALY DATA**

**11.1 INDICATE BY SHADING OR MARKING THE APPROPRIATE DIAGRAM(S)**

See Appendix B for the diagrams included in Section B of the MR63D form.

In the case of congenital anomaly (ies) with apparent physical defects, indicate by shading or marking the anatomical site(s) affected on the appropriate diagram(s).

**11.2 ADDITIONAL CONGENITAL ANOMALY DESCRIPTION OR DETAILS**

Additional Congenital Anomaly description or details

Extra space is provided for a more detailed description of any congenital anomaly which does not fit in the space provided in the postnatal details section of the form.

**11.3 MEDICAL PRACTITIONER'S SIGNATURE**

Medical Practitioner's Signature _____
--

This form should be signed by the medical practitioner in charge of the neonatal care of the baby.

**11.4 SURNAME**

Surname (BLOCK LETTERS) _____
-------------------------------

Enter the surname of the medical practitioner as it may be necessary to elicit further details at a later date.

**11.5 DESIGNATION**

Designation _____
-------------------

Enter the position/designation of the medical practitioner.

**11.6 DATE**

Date            /            /
--------------------------------

Enter the date the medical practitioner signed the form.

24 hours prior to discharge, 1005

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Total number of previous pregnancies, 501  
Total Number of visits, 604  
Transferred, 1004  
Transferred from, 407  
Treatment, 902

**Ultrasound scans, 609**  
**Ultrasound Scans, 609**  
**Unit Record (UR) number, 405, 801**  
**Usual residence, 406**  
**Usual Residence, 406**

**Vaccination, 808**  
**Vitamin K, 808**

**Water birth, 706**  
**Weight, 602, 1004**