

QUEENSLAND PERINATAL DATA COLLECTION FORM

MOTHER'S DETAILS

PLACE OF DELIVERY DATE OF ADMISSION (for delivery)

MOTHER'S COUNTRY OF BIRTH

INDIGENOUS STATUS

MARITAL STATUS

ACCOMMODATION STATUS OF MOTHER

FAMILY NAME UR NO.

1ST GIVEN NAME DOB

2ND GIVEN NAME

USUAL RESIDENCE STATE POSTCODE

ESTIMATED DATE OF BIRTH

SEROLOGY

RPR igG

Rubella

Blood group

Rh

Antibodies No Yes

Other

ANTENATAL TRANSFER No 1 Yes 2 (include transfers from planned home birth to hospital, from birthing centre to acute care areas etc)

Reason for Transfer

Transferred from

TIME OF TRANSFER prior to onset of labour 1 during labour 2

PREVIOUS PREGNANCIES

None 1 (go to next section)

Number of previous pregnancies resulting in:

Only livebirths

Only stillbirths

Only abortions/miscarriages/ectopic/hydatiform mole

Livebirth & stillbirth

Livebirth & abortion/miscarriage/ectopic/hydatiform mole

Stillbirth & abortion/miscarriage/ectopic/hydatiform mole

Livebirth, stillbirth & abortion/miscarriage/ectopic/hydatiform mole

TOTAL NUMBER OF PREVIOUS PREGNANCIES

METHOD OF DELIVERY OF LAST BIRTH

Vaginal non-instrumental 10

Forceps 02

Vacuum extractor 03

LSCS 04

Classical CS 05

OTHER (specify)

Number of previous caesareans

ANTENATAL SCREENING

Was antenatal screening for family violence performed?

Was antenatal screening for illicit drug use performed?

Was antenatal screening for EPDS performed?

What was the EPDS Score?

SMOKING

During the first 20 weeks of pregnancy did the mother smoke?

If yes, how many cigarettes per day?

Was smoking cessation advice offered by a health care provider?

After 20 weeks of pregnancy did the mother smoke?

If yes, how many cigarettes per day?

Was smoking cessation advice offered by a health care provider?

ALCOHOL

During the first 20 weeks of pregnancy did the mother consume alcohol?

If yes, how many standard drinks has the mother had on a typical day when drinking?

Frequency of alcohol consumption

After 20 weeks of pregnancy did the mother consume alcohol?

If yes, how many standard drinks has the mother had on a typical day when drinking?

Frequency of alcohol consumption

PRESENT PREGNANCY

LMP

EDC

by US scan/dates/clinical assessment

HEIGHT cm

WEIGHT kg (self reported at conception)

CURRENT MEDICAL CONDITIONS
You may tick more than one box

None

Pre-existing hypertension 010

Pre-existing diabetes mellitus

- Type 1 0240
- Type 2 insulin treated 02412
- Type 2 oral hypoglycaemic therapy 02413
- Type 2 diet/exercise 02414

Other (specify)

Asthma (treated during this pregnancy) J459

Epilepsy G4090

Genital herpes (active during this pregnancy)

Anaemia D649

Renal condition (specify)

Cardiac condition (specify)

Hepatitis B Active B169

Hepatitis B Carrier B181

Hepatitis C Active B171

Hepatitis C Carrier B182

Other (specify)

ANTENATAL CARE
You may tick more than one box

No antenatal care

Public hospital/clinic midwifery practitioner 06

Public hospital/clinic medical practitioner 07

General practitioner 08

Private medical practitioner 03

Private midwife practitioner 04

TOTAL NUMBER OF VISITS

GESTATION AT FIRST ANTENATAL VISIT weeks

PREGNANCY COMPLICATIONS
You may tick more than one box

None

APH (<20 weeks) 0209

APH (20 weeks or later) due to

- abruption 0459
- placenta praevia 0441
- other 0469

Gestational diabetes

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

Hypertension

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

Other (specify)

PROCEDURES & OPERATIONS
(during pregnancy, labour and delivery)
You may tick more than one box

None

Chorionic villus sampling 1660300

Amniocentesis (diagnostic) 1660000

Cordocentesis 1660600

Cervical suture (for cervical incompetence) 1651100

Other (specify)

ULTRASOUNDS

Number of Scans

WERE ANY OF THE FOLLOWING PERFORMED?

Nuchal translucency ultrasound

Morphology ultrasound scan

Assessment for chorionicity scan

ASSISTED CONCEPTION
Was this pregnancy the result of assisted conception?

If yes, indicated method/s used

- AH / AID 02
- Ovulation induction 03
- IVF 04
- GIFT 05
- ICSI (intracytoplasmic sperm injection) 07
- Donor egg 08
- Frozen embryo transfer/embryo transfer 09
- Other (specify)

Primary Maternity Model of Care

Maternity Model of Care at onset of labour

LABOUR AND DELIVERY

INTENDED PLACE OF BIRTH AT ONSET OF LABOUR

OTHER (SPECIFY)

ACTUAL PLACE OF BIRTH OF BABY

OTHER (BBA)

ONSET OF LABOUR

METHODS USED TO INDUCE LABOUR OR AUGMENT LABOUR?
You may tick more than one box

Artificial rupture of Membranes (ARM) 1

Oxytocin 2

Prostaglandins 3

Mechanical Cervical Dilatation 6

Antiprogesterone 7

Other (specify)

IF LABOUR INDUCED

MAIN reason for induction

1st Additional reason for induction

2nd Additional reason for induction

MEMBRANES RUPTURED

days hours mins before delivery

LENGTH OF LABOUR

• 1st Stage hours mins

• 2nd Stage hours mins

PRESENTATION AT BIRTH

Other (specify)

METHOD OF BIRTH

Other (specify)

WATER BIRTH

Was this a water birth?

If yes, was the water birth

REASON FOR FORCEPS/VACUUM

MAIN REASON FOR CAESAREAN

1st ADDITIONAL REASON FOR CAESAREAN

2nd ADDITIONAL REASON FOR CAESAREAN

Cervical dilation prior to caesarean

ANTIBIOTICS RECEIVED AT TIME OF CAESAREAN

PLACENTA / CORD

NON-PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY

None

Heat Pack 02

Birth Ball 03

Massage 04

Shower 05

Water Immersion 06

Aromatherapy 07

Homeopathy 08

Acupuncture 09

TENS 10

Water Injection 11

Other (specify)

PRINCIPAL ACCOUCHEUR

Other (specify)

DAMAGE TO THE PERINEUM
You may tick more than one box

None

Graze/tear vagina, labia, vulva 02

Lacerated 1st degree 02

2nd degree 03

3rd degree 04

4th degree 05

Episiotomy 06

Other genital trauma

Surgical repair of vagina or perineum?

LABOUR AND DELIVERY (continued)

PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY

None 02, Nitrous oxide 08, Epidural 04, Spinal 05, Combined Spinal-Epidural 10, Caudal 07, Other (specify)

LABOUR AND DELIVERY COMPLICATIONS

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

Retained placenta with manual removal 0720, with haemorrhage 0730, without haemorrhage 0721, Primary PPH (500-999ml) 0721, Primary PPH (1000-1499ml) 0721, Primary PPH (>= 1500ml) 0721, Other (specify)

CTG in labour?, FSE in labour?, Fetal scalp pH?, Fetal Scalp pH result, Lactate?, Lactate Result

ANAESTHESIA FOR DELIVERY

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

BABY

For multiple births complete one form per baby

BABY'S UR NO.

DATE OF BIRTH

INDIGENOUS STATUS - BABY

TIME OF BIRTH

BIRTHWEIGHT

GESTATION (clinical assessment at birth)

HEAD CIRCUMFERENCE AT BIRTH

LENGTH AT BIRTH

PLURALITY

Other (specify)

SEX

BIRTH STATUS

-macerated

APGAR SCORE

1 min 5min

Heart rate

Respiratory effort

Muscle tone

Reflex irritability

Colour

TOTAL

REGULAR RESPIRATIONS

minutes

OR At birth

OR Intubated/ventilated

OR Respirations not established

RESUSCITATION

You may tick more than one box

None

Suction (oral, pharyngeal etc)

Suction of meconium (oral, pharyngeal etc)

Suction of meconium via ETT

Facial O₂

Bag and mask

IPPV via ETT

CPAP ventilation

Intubation

Narcotic antagonist injection

External cardiac massage

Other (specify-include drugs)

Urine

Meconium

Cord pH?

Cord pH value

BE

VITAMIN K (first dose)

HEPATITIS B (birth dose vaccination)

HEPATITIS B IMMUNOGLOBULIN

POSTNATAL DETAILS

BABY NEONATAL MORBIDITY

None

Jaundice

Respiratory distress

Hypo/Hyperglycaemia or Normal

Neonatal abstinence syndrome

Infection

Other (Specify)

Diagnosis, Results, Drug name, Diagnosis

NEONATAL TREATMENT

None

Oxygen for > 4 hours

Phototherapy

IV/IM antibiotics

IV fluid

Mechanical ventilation

Blood glucose monitoring

CPAP

Oro / naso gastric feeding

Other Treatment

Was baby admitted to ICN/SCN?

If yes, how many days was baby admitted to:

ICN (days)

SCN (days)

Main reason for admission to ICN/SCN

CONGENITAL ANOMALY

If yes or suspected enter details below

Position

Status

Was CA diagnosed antenatally?

DISCHARGE DETAILS

MOTHER PUERPERIUM COMPLICATIONS

You may tick more than one box

None

Haemorrhoids 0872

Wound Infection 0860

Anaemia 09903

Dehiscence/disruption of wound

Febrile 0864

UTI 0862

Spinal Headache T8852

Secondary PPH 0722

Other (specify)

THROMBOPROPHYLAXIS FOLLOWING CAESAREAN

You may tick more than one box

None

Pharmacological thromboprophylaxis 2

Intermittent Calf Compression 3

TED Stocking 4

Other thromboprophylaxis

PUERPERIUM PROCEDURES AND OPERATIONS

You may tick more than one box

None

Blood Patch 1823300

Blood Transfusion 1370601

D & C 1656400

Other (specify)

MOTHER'S DISCHARGE DETAILS

Discharged 1

Transferred 2

Place of Transfer

Died 3

Remaining in 4

Date

Early Discharge Program

BABY NEONATAL SCREENING

Discharge weight grams

Discharged 1

Transferred 2

Place of Transfer

Died 3

Remaining in 4

Date

TYPES OF FLUID BABY RECEIVED AT ANY TIME FROM BIRTH TO DISCHARGE

You may tick more than one box

Breast milk/colostrum 1

Infant Formula 2

Water, fruit juice or water based products 3

Nil By Mouth 4

TYPES OF FLUID BABY RECEIVED IN THE 24 HOURS PRIOR TO DISCHARGE

You may tick more than one box

Breast milk/colostrum 1

Infant Formula 2

Water, fruit juice or water based products 3

Nil By Mouth 4

ALTERNATE FEEDING METHOD

You may tick more than one box

None

Bottle 02

Cup 03

Syringe 04

Other

OFFICE USE ONLY