
1 JULY 2007 – 30 JUNE 2008

QUEENSLAND PERINATAL DATA COLLECTION
(PDC)

Manual of Instructions
for the completion and dispatch
of the Perinatal Data Collection Form
(MR63d)

DATA SERVICES UNIT (DSU)
QUEENSLAND HEALTH

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GLOSSARY OF TERMS AND ABBREVIATIONS

AIHW	Australian Institute of Health and Welfare
CTG	Cardiotocography
DSU	Data Services Unit
EDC	Estimated Date of Confinement
FSE	Fetal Scalp Electrode
HIC	Health Information Centre
ICD-10-AM	International Classification of Diseases and Related Health Problems,
	10 th Revision, Australian Modification
ICN	Intensive Care Nursery
LMP	Last Menstrual Period
MR63d	Perinatal Data Collection Form
NHDD	National Health Data Dictionary
NPSU	National Perinatal Statistics Unit
PDC	Perinatal Data Collection
QHDD	Queensland Health Data Dictionary
SCN	Special Care Nursery
SLA	Statistical Local Area
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 Corporate Office, Health Service Area and Division 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) or providing an electronic extract.

Where differences occur between the electronic system used and Queensland Health's Data Services Unit (DSU) requirements for the collection, the data extracted should be mapped or grouped to meet the DSU 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 DSU 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 Collection Coordinator (details below).

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

Collection Coordinator
Perinatal Data Collection
Data Services Unit
Queensland Health
GPO Box 48
Brisbane Qld 4001
Telephone: (07) 3234 0744
Facsimile: (07) 3234 0279
Email: perimail@health.qld.gov.au

1.4 ACKNOWLEDGMENTS

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

2 INTRODUCTION

2.1 BACKGROUND

The Health Act 1937 – 1988 was replaced in 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 Queensland 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 Queensland 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, cytology reports and post mortem reports supplement the Collection.

2.4 CONFIDENTIALITY OF DATA

All unit record information collected by the DSU is treated as strictly confidential. All information collected is used for statistical purposes only.

DSU adhere to Information Standard IS42A which requires personal information to be managed in accordance with National Privacy Principals.

2.5 PERINATAL STATISTICS AND PUBLICATIONS

The Health Information Centre (HIC) 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-

- www.health.qld.gov.au - use the search engine and the terms "health information centre" and follow the prompts to publications and then perinatal.

Through the National Perinatal Statistics Unit (NPSU) of the AIHW, Queensland data are 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 Client Services Unit (CSU). 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 or by phoning (07) 3234 1875. (Note that in some instances charges may apply – contact CSU 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.

2.6.1 PERINATAL DATA COLLECTION FORM (MR63d) (see Appendix B)

From 1 July 2007, the MR63d form will be supplied on 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 the DSU within 35 days of the baby's birth.

2.7 DISPATCH OF FORMS

Instructions for the dispatch of the DSU copies of the MR63d forms are included in Appendix A. These forms should be forwarded to the DSU 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).

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 to PDC, individual facilities should contact the Senior Collection Officer, Joanne Bunney Ph (07) 3234 1708 or via e-mail, Joanne.Bunney@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 will not be able to 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 DSU 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 make a note about the transfer destination so that further enquires can be made about congenital anomalies, if applicable.
- 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 a sticky 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 U.R. NUMBER on the second duplicate (i.e. the DSU copy).

4.1 PLACE OF DELIVERY

PLACE OF DELIVERY _____

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 DSU copy.

This field allows the DSU 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 2007 should be entered as:

DATE OF ADMISSION	0	1	1	1	2	0	0	7
(for delivery)								

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

MOTHER'S COUNTRY OF BIRTH _____

Enter the country of birth of the mother. Be as specific as possible, eg. Enter Zimbabwe rather than Africa.

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 Indigenous Information Strategy Unit on (Ph (07) 3234 0365).

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 (6.6).

SEROLOGY	
RPR.....IgG.....	
Rubella.....	
Hepatitis B.....	
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 rubella titre if known.
Hepatitis B	Enter 'Pos' or 'Neg'
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 SURNAME, FIRST NAME, SECOND NAME

Enter the surname, first name and second name of the mother.

If the mother is known by only one name then record this in the surname field. If the mother has only a first name and surname then leave second name blank. If the mother has more than a first and second name, do not record these on the form, they can be recorded in the hospital chart or hospital label if required.

SURNAME	_____
FIRST NAME	_____
SECOND 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 UR NUMBER

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

UR No.	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>
--------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------

Note that leading letters such as 'T' for Toowoomba Hospital are not required. 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. PDC adhere to Queensland Health's confidentiality of data standards including IS42A.

4.10 D.O.B (DATE OF BIRTH OF MOTHER)

Enter the day, month and year of the mother's date of birth using all boxes, eg. 10 January 1975 should be entered as:

D.O.B.	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="9"/>	<input type="text" value="7"/>	<input type="text" value="5"/>
--------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------

4.11 USUAL RESIDENCE

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.

USUAL RESIDENCE	_____									
POSTCODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	STATE	<input type="text"/>	SLA	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

This information is used to determine the Statistical Local Area (SLA) of usual residence, enabling the comparison of the use of services by persons residing in different geographical areas, the characterisation of catchment areas and populations for facilities for planning purposes and the documentation of the provision of services to residents of States or Territories other than Queensland.

For those hospitals sending data electronically, please contact the CRDS Administrator on (07) 3836 0598 or via e-mail CRDS@health.qld.gov.au for a complete list of valid SLA codes.

4.12 ANTENATAL TRANSFER

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

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

4.12.1 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 _____

4.12.2 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 (planned or unplanned), enter 'Home'.

Transferred from _____

4.12.3 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	<input type="checkbox"/>
• During labour	<input type="checkbox"/>

5 PREVIOUS PREGNANCIES

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

5.1 PREVIOUS PREGNANCIES

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

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

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

5.2 PARITY

PARITY	
Number of previous pregnancies 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"/>
TOTAL NUMBER of previous pregnancies	<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, so therefore a pregnancy resulting in multiple births should be counted as only one pregnancy.

The total number of previous pregnancies should be entered in 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 fetus does not breathe or show any other evidence of life, such as beating of the heard, 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"/>
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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 2007 should be entered as:

LMP	0	1	1	1	2	0	0	7
-----	---	---	---	---	---	---	---	---

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

LMP	?	?	1	1	2	0	0	7
-----	---	---	---	---	---	---	---	---

If the date of the LMP is unknown, enter '99 99 99' as shown below. This may happen 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.

LMP	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.

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 2007 should be entered as:

EDC	0	1	1	1	2	0	0	7
-----	---	---	---	---	---	---	---	---

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

EDC	?	?	1	1	2	0	0	7
-----	---	---	---	---	---	---	---	---

Assessment

EDC								
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.

6.3 HEIGHT

HEIGHT	<input type="text"/>	<input type="text"/>	<input type="text"/>	cm
--------	----------------------	----------------------	----------------------	----

Record the mother's height in total centimetres. 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 (SELF REPORTED AT CONCEPTION)

WEIGHT	<input type="text"/>	<input type="text"/>	<input type="text"/>	kg
(self reported at conception)				

Record the mother's weight in total kilograms. 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

ANTENATAL CARE	
(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:

- **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 medical practitioner in own private practice (for example a private obstetrician).
- **Private midwife practitioner**
Registered midwife practising in the community.

6.6 NUMBER OF VISITS

NUMBER OF VISITS	
Less than 2	<input type="checkbox"/>
2 – 4	<input type="checkbox"/>
5 – 7	<input type="checkbox"/>
8 or more	<input type="checkbox"/>

Tick the box (one box only) that corresponds to the 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 shared care has been provided, 'less than 2 visits' is not a valid option for number of visits. Where shared care has been provided please report the total number of visits for the pregnancy, not just those provided at the reporting facility.

6.7 CURRENT MEDICAL CONDITIONS

CURRENT MEDICAL CONDITIONS (affecting the management of this pregnancy) 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"/>
• non-insulin treated	<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"/>
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 write 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. For example rather than report 'Hepatitis', the type and infection status is required, i.e. Acute or Chronic Hepatitis B/C or Carrier of Hepatitis B/C.

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.

6.8 PREGNANCY COMPLICATIONS

PREGNANCY COMPLICATIONS	
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"/>
• non-insulin treated	<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:

- **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 fetus 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 or non-insulin treated.
- **PE/PIH**
Pre-Eclampsia/Pregnancy Induced Hypertension. Indicate whether mild, moderate or severe.

6.9 SMOKING

SMOKING				
Did the mother smoke at all during the pregnancy?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
If yes,	At any time during the first 20 weeks of pregnancy, was smoking cessation advice offered by health care provider?			
	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
After 20 weeks gestation how many cigarettes were smoked each day on average?	None	<input type="checkbox"/>	<= 10 per day	<input type="checkbox"/>
	> 10 per day	<input type="checkbox"/>	unknown	<input type="checkbox"/>

Tick the box that corresponds to the mother's smoking status. If the mother did smoke at all during in the pregnancy, tick 'yes' to the first question.

If the mother smoked, firstly, tick the box that corresponds with whether the mother was offered smoking cessation advice or not at any time during the first 20 weeks or the 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.

If the mother smoked, secondly, tick the box that corresponds to the number of cigarettes that were smoked each day on average after 20 weeks gestation.

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

6.10 PROCEDURES AND OPERATIONS

PROCEDURES AND OPERATIONS (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 fetus while in utero, 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'.

6.11 NUMBER OF ULTRASOUND SCANS

ULTRASOUNDS				
Number of ultrasound scans	<input type="text"/> <input type="text"/>			
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"/>

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 number, as not all ultrasounds performed will have a written report.

6.12 TYPES OF ULTRASOUND SCANS

ULTRASOUNDS				
Number of ultrasound scans	<input type="text"/> <input type="text"/>			
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"/>

Record whether or not a nuchal translucency scan was performed.

Record whether or not a morphology ultrasound scan was performed.

Record whether or not 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.

6.13 ASSISTED CONCEPTION

ASSISTED CONCEPTION	
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.
 - **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 for outcome 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 to identify mothers who may actually plan 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

ONSET OF LABOUR	
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 occurs, and subsequently a caesarean, 'no labour' should be ticked, and the reason for caesarean should be reported as failed induction of labour.

How labour commenced 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 WHICH OF THE FOLLOWING WERE USED TO INDUCE LABOUR OR DURING LABOUR?

Which of the following were used to induce labour or during labour? (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

If labour induced 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, etc.

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

7.6 MEMBRANES RUPTURED

Membranes ruptured ____ 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 the actual time or write 'at delivery' or enter '0' as above.

7.7 LENGTH OF 1ST AND 2ND STAGE OF LABOUR

LENGTH OF LABOUR		hours		minutes	
1 st stage					
2 nd stage					

Enter in the length of each of Stage 1 and Stage 2 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 are 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, also indicate 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

METHOD OF BIRTH	
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 know 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

WATER BIRTH	
Was this a Water birth?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes , was it:	
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

Reason for forceps/vacuum

If forceps or vacuum were used as the method of birth, specify the reason in the space provided, eg. 'prolonged active 2nd stage', 'malpresentation' and specify type, etc (eg. 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 2nd 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 PLACENTA/CORD*

PLACENTA/CORD

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

7.15 PRINCIPAL ACCOUCHEUR

PRINCIPAL ACCOUCHEUR	
Tick one box only	
Obstetrician	<input type="checkbox"/>
Other medical officer	<input type="checkbox"/>
Midwife	<input type="checkbox"/>
Student midwife	<input type="checkbox"/>
Medical student	<input type="checkbox"/>
Other (specify)	<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.
- **Student midwife**
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.

7.16 PERINEUM

PERINEUM	
Please tick the most severe	
Intact	<input type="checkbox"/>
Grazes	<input type="checkbox"/>
Lacerated - 1 st degree	<input type="checkbox"/>
- 2 nd degree	<input type="checkbox"/>
- 3 rd degree	<input type="checkbox"/>
- 4 th degree	<input type="checkbox"/>
Episiotomy?	No <input type="checkbox"/> Yes <input type="checkbox"/>

Tick the box that corresponds to the condition of perineum following delivery. Tick 'Yes' or 'No' to indicate whether or not an episiotomy was performed.

Note that if an episiotomy has been performed, the perineum can not be intact and this box should be left blank along with the laceration boxes. If both a 2nd degree tear and an episiotomy occurred, please note which occurred first. If an episiotomy is extended to a 3rd or 4th degree tear, tick both corresponding boxes (ie episiotomy as well as either 3rd or 4th degree tear).

For definitions see table below.

Definitions:

- **Intact**
The perineum is intact following delivery.

- **Graze**
A slight abrasion of the skin 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, of intervention rates.

7.17 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 intact, cervical tears, urethral tears, etc.

7.18 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.

7.19 NON-PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY

NON-PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY (You may tick more than one box)	
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"/>
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.

7.20 PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY

PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY (You may tick more than one box)	
None	<input type="checkbox"/>
Nitrous oxide	<input type="checkbox"/>
Systemic opioid (inc. 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 used was other than those listed, tick 'Other' and specify the pharmacological analgesia in the space provided. If no pharmacological analgesia was administered, tick 'None'.

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.

7.21 ANAESTHESIA FOR DELIVERY

ANAESTHESIA FOR DELIVERY	
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 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:

- **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.

7.22 LABOUR AND DELIVERY COMPLICATIONS

LABOUR AND DELIVERY COMPLICATIONS	
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 CTG IN LABOUR

CTG 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 (ie continuous or intermittent) should be reported. A baseline trace recorded prior to labour commencing should not be included.

7.24 FSE IN LABOUR

FSE 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.

7.25 FETAL SCALP PH

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

8 BABY

Sticky labels may be attached to the back of the original and duplicate copies, however, if a sticky label is used only on the hospital copies DO NOT FORGET to complete BABY'S UR NUMBER and DATE OF BIRTH on the DSU copy. If a label is used on the duplicate copies, then identifying information that is not required by DSU 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:

BABY'S UR No.	1	2	3	4	5	6	7	8
---------------	---	---	---	---	---	---	---	---

Note that leading letters such as 'T' for Toowoomba Hospital are not required. 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 DATE OF BIRTH

Enter the day, month and year of the baby's date of birth using all boxes, eg. 1 July 2007 should be entered as:

Date of birth	0	1	0	7	2	0	0	7
---------------	---	---	---	---	---	---	---	---

8.3 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.

TIME OF BIRTH					hours
---------------	--	--	--	--	-------

8.4 BIRTHWEIGHT

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

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

8.5 GESTATION

Gestation	<input type="text"/>	<input type="text"/>	weeks
(clinical assessment at birth)			

Enter the estimated gestational age of the baby in completed weeks, as determined by clinical assessment after birth. Round down to the nearest completed week, eg. 37 weeks and 3 days should be entered as 37 weeks, and 37 weeks and 6 days should also be entered as 37 weeks. Do not use 'T' for term, or 'K'.

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

8.6 HEAD CIRCUMFERENCE AT BIRTH

HEAD CIRCUMFERENCE at birth	<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.

8.7 LENGTH AT BIRTH

LENGTH AT BIRTH	<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.

8.8 PLURALITY

PLURALITY	
Single	<input type="checkbox"/>
Twin I	<input type="checkbox"/>
Twin II	<input type="checkbox"/>
Other	<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 fetus is miscarried before 20 weeks and/or 400 grams, the plurality would be single.

8.9 SEX

SEX	
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.'. If the response is 'indeterminate', a corresponding MR66 must be submitted to report associated congenital anomalies.

8.10 BIRTH STATUS

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 or not 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:

- **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 fetus 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 fetus.

8.11 APGAR SCORE

APGAR SCORE		1 min	5 min
Heart rate			
Respiratory effort			
Muscle tone			
Reflex irritability			
Colour			
TOTAL			

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

Sign	Scores 0	Scores 1	Scores 2
Heart rate	Absent	<100 beats/min	>100 beats/min
Respiratory rate	Absent	Slow, irregular	Good lusty cry
Muscle Tone	Flaccid, limp	Flexion of extremities	Active flexion
Reflex Irritability	No response	Grimace, some motion	Cry, cough
Colour	Cyanotic, pale	Pink body, acrocyanosis	Pink body/extremities

Source: Manual of Neonatal Care (Fifth Edition). John Cloherty, Eric Eichenwald, Ann Stark. 2004

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, labour and birth, and is useful in deciding the need for and adequacy of resuscitation.

8.12 REGULAR RESPIRATION

REGULAR RESPIRATIONS	
<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 respiration 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.

8.13 RESUSCITATION

RESUSCITATION	
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 injection	<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. Use of oropharyngeal airway. Include other drugs used for resuscitation, eg. adrenalin, etc. If no methods were used, tick 'None'.

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 O2**
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 needed for different birth settings.

8.14 CORD PH?

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

Indicate whether pH of the umbilical cord was measured or not.

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

Record the Base Excess (BE) level if required.

8.15 VITAMIN K (FIRST DOSE)

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

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

8.16 HEPATITIS B VACCINATION (BIRTH DOSE)

HEPATITIS 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, which should be reported in neonatal treatment.

9 POSTNATAL DETAILS

9.1 NEONATAL MORBIDITY

BABY				
NEONATAL MORBIDITY				
None	<input type="checkbox"/>			
Jaundice	<input type="checkbox"/>	→	Diagnosis	_____
Respiratory distress	<input type="checkbox"/>	→	Diagnosis	_____
Infection	<input type="checkbox"/>	→	Diagnosis	_____
Neonatal abstinence syndrome	<input type="checkbox"/>	→	Drug name	_____
Hypo/Hyperglycaemia or Normal	<input type="checkbox"/>	→	Results	_____ ←
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 reached 28 days of age and write 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.
- **Infection**
Cytomegalovirus, septicaemia, eye infection, etc. and also specify the name of the bacteria where applicable.
- **Neonatal Abstinence Syndrome**
Please specify the name of the drug used by mother.
- **Hypo/Hyperglycaemia or Normal**
When blood glucose monitoring has been reported, please supply the outcome of the observation (hypoglycaemia, hyperglycaemia or normal).

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"/>
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). If extra space is required, use the relevant section (Section C) on the Neonatal Notes - Congenital Anomaly/Morbidity Data Form (MR66). (See section 12.8).

9.3 ADMITTED TO ICN/SCN

Nurseries are approved for neo-natal facilities, for the treatment of newly born children, under the Health Insurance Act 1973. Hospitals with facilities which meet the criteria (outlined in the Act) may apply for approval, under Section 3 (2) of the Act to the Director, Insurance and Hospitals Services Section (MDP86), Australian Department of Health and Aged Care, GPO Box 9848, Canberra, ACT 2601. Approvals will be renewed every 3 years. (See appendix E for list of facilities with approved Level 2 and 3 nurseries at the time of publication).

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 whether or not 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 (mature infant nursery) **should not be reported**.

Definitions:

- **Neonatal Service Level 1 - Mature Infant Nursery (MIN)**

Neonatal service level 1 primarily cares for healthy infants of 37 weeks gestation or later, and their mothers, postnatally. Requires a secure area for nursing/supervising infants (See appendix E for specific criteria).

- **Neonatal Service Level 2 - Special Care Nursery (SCN)**

Neonatal service level 2 provides services at a higher level than a level 1 neonatal service (neonates of 32 weeks gestation or later) and may be used in a 'step down' capacity by level 3 neonatal services. This practice usually aims to stabilise the baby on ventilation, in consultation with the Neonatologist from a level 3 neonatal service, before transfer to a higher level service (preferably within 6 hours) (See appendix E for specific criteria).

- **Neonatal Services Level 3 - Intensive Care Nursery (NICU)**

Neonatal service level 3 provides the highest level of life support including medium to long term ventilation of neonates. Services provided from these units include infant follow-up programs with paediatrician(s) experienced in the follow-up of very premature neonates and access to allied health professionals including a paediatric dietician and social worker (See appendix E for specific criteria).

SOURCE: Queensland Health Clinical Services Capability Framework V2.0 (2005)

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

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

Tick 'Yes', 'No' or 'Suspected' to indicate whether a congenital anomaly is present or suspected. Congenital anomalies are abnormalities (including deformations) 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.

10 DISCHARGE DETAILS

10.1 DISCHARGE DETAILS - MOTHER

10.1.1 PUERPERIUM COMPLICATIONS

MOTHER PERUPERIUM COMPLICATIONS	
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 PUERPERIUM PROCEDURES

MOTHER PUERPERIUM PROCEDURES	
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 vaginal or via laparotomy or laparoscopy please report as either 'vaginal ligation' or 'open abdominal ligation' or 'laparoscopic ligation'.

10.1.3 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="checkbox"/>	<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 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.

Enter the day, month and year of the date 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.

10.1.4 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 - 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 2007, enter:

Baby Neonatal Screening	0	1	1	1	2	0	0	7
-------------------------	---	---	---	---	---	---	---	---

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

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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.

Enter the day, month and year of the date 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 TYPES OF FLUID BABY RECEIVED AT ANY TIME DURING THE BIRTH EPISODE

FLUID BABY RECEIVED Types of fluid the baby has received at any time during the birth episode: (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 during the birth episode. More than one box may be ticked. This field may be used as an indicator for the Baby Friendly Health Initiative.

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 includes but is not limited to water, fruit juice, herbal tea or flavoured water.

10.2.5 TYPES OF FLUID BABY RECEIVED IN THE 24 HOURS PROR TO DISCHARGE

In the 24 hours prior to discharge has the baby received:
(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 at 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.

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 includes but is not limited to water, fruit juice, herbal tea or flavoured water.

10.2.6 HAS THE BABY EVER BEEN FED BY A BOTTLE

Has the baby ever been fed by a bottle? No <input type="checkbox"/> Yes <input type="checkbox"/>
--

This includes babies who are fed expressed breast milk/colostrum from a bottle. 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

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.

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