

PERINATAL STATISTICS

QUEENSLAND 2015



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PERINATAL STATISTICS

QUEENSLAND

2015

Enquiries Statistical Reporting and Coordination and Clinical Knowledge Resources
Statistical Services Branch
Queensland Department of Health
GPO Box 48
BRISBANE QLD 4001

Phone enquiries (07) 3234 1875
Email HlthStat@health.qld.gov.au

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Incidence Data

Queensland Newborn Screening

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- . The staff of the Perinatal Data Collection,
- . The Newborn Screening Unit for their contribution.

INTRODUCTION

The Queensland Perinatal Data Collection commenced in November 1986 after State legislation under Part II of the *Health Act 1937* was amended to include 'Division XII - Perinatal Statistics' requiring that perinatal data be provided to the Chief Executive for every child born in Queensland. The collection was established to provide a basic source of information for research into obstetric and neonatal care and to assist with the planning of Queensland's health services. In addition, it enables the monitoring of neonatal morbidity and congenital anomalies.

This report presents summary statistics based on the data collected for 2015.

Changes are routinely introduced to the collection on a financial year basis. Calendar year publications will reflect these changes as far as possible. The introduction of ICD-10-AM Seventh Edition occurred from 1 July 2012. For previous years, notations are made where relevant for items or coding that have changed in mid-year.

DATA COLLECTION

Perinatal Data Collection forms were forwarded to Queensland Department of Health by public hospitals, private hospitals, and homebirth practitioners or in the case of hospitals using electronic systems, an extract was provided. The forms were designed to be an integral part of the mother's medical record, both to reduce duplication of recording and to ensure optimum accuracy of data. The Statistical Collections and Integration Team (previously Data Collections Unit), which conducts the collection, has encouraged the practice that wherever possible, midwives complete the forms and suggests that the forms be considered an essential part of the nursing summary. For homebirths, the responsibility for the completion and return of the forms rests with homebirth practitioners.

The Obstetric Summary and Neonatal Notes (MR63D) form collected antenatal, intrapartum and postpartum data. Two editions of the Obstetric Summary and Neonatal Notes (MR63D) forms were used in 2015. These forms (January to June 2015 and July to December 2015 MR63D) are shown in Appendix B. It is also important to note that a large number of birthing hospitals now submit data electronically.

In addition to information from these forms, the collection was supplemented by information from Medical Certificates of Cause of Perinatal Death from the Registrar-General's Office.

EXPLANATORY NOTES

Scope

The statistics shown in this report relate to confinements/births that occurred in Queensland during 2015 and were reported to the Perinatal Data Collection. Confinements/births that occurred outside Queensland, but where the mother was usually resident in Queensland, were not captured by the Collection. Conversely, births that occurred in Queensland, but where the mother's usual residence was overseas or interstate, are included in the statistics. The scope of the Collection ceases at the point of formal separation - discharge, transfer or death.

Data quality

A number of quality control procedures have been employed to ensure that the statistics produced are reliable. The Statistical Collections and Integration Team run a series of input editing checks on the data to check unusual and incomplete data items, these checks include: data entry checks, coding checks, validation queries for internal and external purposes and quarterly queries for unusual, ambiguous or incomplete data items.

Definitions

Actual place of birth

Actual place where the birth of the baby occurred.

Apgar score

A numerical scoring system usually applied at one minute and five minutes after birth to evaluate the condition of the baby, based on heart rate, respiration, muscle tone, reflexes and colour.

Antenatal care type

The place or type of practitioner from whom antenatal care was received during the pregnancy.

Assessment for chronicity scan

An ultrasound to distinguish between twins who share a membrane. This will identify those multiples who share a chorion and are at risk of twin to twin transfusion syndrome.

Assisted conception

The current pregnancy was the result of assisted conception; that is, there was a method used to increase the chance of fertilisation in the infertile or subfertile woman or couple.

Augmentation

Intervention after the spontaneous onset of labour to assist the progress of labour.

Baby

A product of conception that is born alive or if stillborn is of at least 20 weeks gestation and/or 400 grams in weight.

Baby's place of death

The location of death of the baby.

Birth

The process by which a baby is expelled or extracted from the mother. The number of births per year is equal to the number of livebirths and stillbirths in that year.

Birth order

The order of each baby of a multiple birth.

Birthweight

The first recorded weight of the newborn baby, usually measured in the first hour after birth. Low birthweight babies are those whose weight is less than 2,500 grams and this category includes very low birthweight babies whose weight is less than 1,500 grams as well as extremely low birthweight babies whose weight is less than 1,000 grams.

Congenital anomaly

A structural defect or chromosomal abnormality, including deformations that are present at birth and diagnosed prior to separation from care.

Cord pH

The measurement of the umbilical cord pH.

CTG in labour

Indicating whether Cardiotocography (CTG) monitoring was performed.

Date of admission

The date of admission of the mother for birth to the facility where the confinement takes place.

Date of confinement

The date the mother births her baby and in the case of a multiple birth the date of the birth of the first baby.

Estimated date of confinement

Estimated date of birth as indicated by ultrasound scan, date of last menstrual period or clinical assessment.

Fetal scalp pH

Measurement of the fetal scalp pH.

First day of the last menstrual period

Date of the first day of the mother's last menstrual period (LMP).

Fluid baby received in the birth episode

The type of fluid ingested by the baby at any time prior to discharge.

Fluid baby received 24hrs prior to discharge

The type of fluid ingested by the baby in the twenty four hours prior to discharge.

FSE in labour

Indicating whether Fetal Scalp Electrode (FSE) monitoring was performed.

Gestation

The estimated gestational age of the baby in completed weeks as determined by clinical assessment. Preterm births are identified as those babies whose gestation is less than 37 completed weeks. In cases of multiple births where an intrauterine fetal death (IUFD) occurred, the gestational age is estimated as the age at death and not the age at birth.

GrandMultipara

A pregnant woman who has had at least five previous pregnancies resulting in a livebirth or stillbirth.

Hepatitis B vaccination status

The Hepatitis B vaccination status of the baby at birth.

Indigenous Status

An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he/she lives.

Induction

Intervention to stimulate the onset of labour.

Intended birth place

The intended place of birth of the baby at the onset of labour.

Labour and birth complication

Complication arising within labour or birth that may have significantly affected care during this time.

Livebirth

The complete expulsion or extraction from the mother of a baby which shows evidence of life, (eg: has a heartbeat), irrespective of birthweight or gestational age.

Macerated

The softening and breaking down of skin from prolonged exposure of a dead fetus to amniotic fluid.

Medical conditions

Pre-existing maternal diseases and conditions, and other diseases, illnesses or conditions arising during the current pregnancy, that are not directly attributable to the pregnancy but may significantly affect care during the current pregnancy and/or pregnancy outcome.

Method of birth

The method of complete expulsion or extraction from its mother of a product of conception.

Method of birth of last birth

The method of complete expulsion or extraction from its mother of a product of conception in last birth event.

Morphology ultrasound scan

An ultrasound to allow the early diagnosis of morphologic abnormalities.

Mortality rates

Stillbirth rate - the number of stillbirths per 1,000 births.

Neonatal mortality rate - the number of neonatal deaths per 1,000 livebirths.

Perinatal mortality rate - the number of perinatal deaths per 1,000 births.

Mother

A woman who gave birth to one or more babies in Queensland during the reference period.

Multipara

A pregnant woman who has had at least one previous pregnancy resulting in a livebirth or stillbirth.

Neonatal death

The death of a live born baby within the first 28 days of life.

Non-Pharmacological Analgesia administered during labour

The type of non-pharmacological analgesia used by the mother to relieve pain during the labour and/or birth.

Nuchal translucency ultrasound

An ultrasound to assess for trisomy 21 chromosomal abnormalities.

Outcome of previous pregnancies

The number of previous pregnancies resulting in stillbirths (of at least 20 weeks gestation and /or 400 grams), spontaneous abortion or induced termination of pregnancies (of less than 20 weeks gestation and less than 400 grams) or livebirth outcomes.

Perinatal death

A stillbirth or neonatal death.

Perinatal period

The perinatal period commences at 20 completed weeks (140 days) of gestation and ends 28 completed days after birth.

Period in ICN/SCN

Total number of whole or part calendar days that baby spent in intensive care nursery/special care nursery.

Pharmacological Analgesia administered during labour

Type of pharmacological agents administered to the mother by injection or inhalation to relieve pain during labour and/or birth.

Plurality

The number of births resulting from a pregnancy. Plurality of a pregnancy is determined by the number of livebirths or by the number of fetuses that remain in utero at 20 weeks gestation and that are subsequently born separately. In multiple pregnancies, or if gestational age is unknown, only livebirths of any birthweight or gestational age, or fetuses weighing 400g or more, are taken into account in determining plurality. Fetuses aborted before 20 completed weeks are excluded.

Position of congenital anomaly

The laterality of the structural abnormalities (including deformations) present at birth.

Pregnancy complication

Complications arising up to the period immediately preceding birthing that are directly attributable to the pregnancy and may have significantly affected care during the current pregnancy and/ or pregnancy outcome.

Presentation

That part of the fetus which is lowermost in the uterus at birth.

Primipara

A pregnant woman who has had no previous pregnancy resulting in a livebirth or stillbirth.

Primary reason for induction

Primary reason for the need to induce labour.

Principal accoucheur

The principal person assisting the mother in the birth of the baby.

Puerperium

The six week period for the mother following birth.

Puerperium complication

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

Puerperium procedures and operations

Any procedure or operation the mother had during the puerperium.

Separation date

Date on which an admitted patient completes an episode of care.

Smoking

An indicator of whether the mother has smoked any cigarettes at any time during the pregnancy.

State/Territory of birth

The state/territory in which the birth occurred.

Stillbirth

The complete expulsion or extraction from the mother of a product of conception of at least 20 weeks gestation and/or 400 grams birthweight which, after separation, did not show any signs of life, that is, did not have a heartbeat.

Underlying cause of perinatal death

The disease or condition present in either the fetus, neonate or mother which, in the opinion of the certifier, was the single underlying cause of the perinatal death, i.e. the disease condition which initiated the train of events which lead to death.

Water Birth

An indicator of whether the birth was a water birth. For a birth to be considered a water birth, the baby's head must remain submerged under water until after the body is born.

APPENDIX A: UNPUBLISHED DATA AVAILABLE FROM THE PERINATAL DATA COLLECTION

(Release of data is subject to confidentiality restrictions)

MOTHER

Place of birth
Age
Country of birth
Indigenous status
State of usual residence
Statistical local area of usual residence
Marital status
Weight
Height
Accommodation status
Antenatal transfer
Antenatal transfer place
Time of antenatal transfer
Reason for antenatal transfer
Assisted conception methods
Date of admission
Previous pregnancy outcomes
(live births, stillbirths, miscarriages/abortions)
Method of birth of last birth
Number of previous Caesareans
Date of LMP
Estimated date of confinement
Antenatal care
Number of antenatal visits
Medical conditions
Pregnancy complications
Procedures and operations
Number of ultrasound scans
Intended place of birth at onset of labour
Actual place of birth of baby
Onset of labour
Methods of induction/augmentation
Reason for Induction
Length of time membranes ruptured before birth
Length of first stage of labour
Length of second stage of labour
Presentation
Non-Pharmacological Analgesia during labour
Pharmacological Analgesia during labour
Anaesthesia methods for birth
Method of birth
Reason for Induction
Reason for Caesarean
Cervical dilation prior to Caesarean
Accoucheur
Perineal status
Episiotomy
Surgical repair of vagina or perineum
Gestation at first antenatal visit
Labour and birth complications

Puerperium complications
Separation type
Date of separation
Place of transfer
Smoking during pregnancy (status and number)
Smoking cessation advice
Puerperium procedures & operations
Parity

BABY

Date of birth
Time of birth
Birthweight
Gestation
Plurality
Sex
Born alive/stillborn
Route of administration of vitamin K
Hepatitis B vaccination
Apgar score (1 and 5 minutes)
Time to establish respirations
Resuscitation methods
Neonatal morbidity
Neonatal treatment methods
Congenital anomalies
Antenatal diagnosis of congenital anomalies
Indigenous status of baby
Days in ICN
Days in SCN
Main reason for admission to ICN/SCN
Fluid received in the birth episode
Fluid received in the 24hrs prior to discharge
Use of a bottle
Date of separation
Separation type
Place of transfer

PERINATAL DEATHS

Date of death
Age at death
Indigenous status of baby
Place of death
Macerated (stillbirths)
When heartbeat ceases
Post-mortem performed
Post-mortem confirmed
Main and other maternal diseases
Main and other causes of death

APPENDIX B




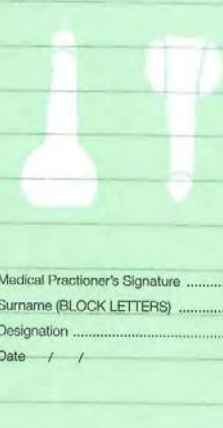
PERINATAL DATA COLLECTION FORM (MR63D) January to June 2015

QUEENSLAND PERINATAL DATA COLLECTION FORM

MOTHER'S DETAILS	PLACE OF DELIVERY	DATE OF ADMISSION (per delivery)	FAMILY NAME	UR No.
	MOTHER'S COUNTRY OF BIRTH	SEROLOGY	1ST GIVEN NAME	DOB
PREVIOUS PREGNANCIES	INDIGENOUS STATUS	MARITAL STATUS	ACCOMMODATION STATUS OF MOTHER	Rubella
	Aboriginal	Never Married	Public	Blood Group
PRESENT PREGNANCY	PREVIOUS PREGNANCIES	METHOD OF DELIVERY OF LAST BIRTH	ANTENATAL TRANSFER	Time of transfer
	None	Vaginal non-instrumental	No	* prior to onset of labour
LABOUR AND DELIVERY	NUMBER OF PREVIOUS PREGNANCIES RESULTING IN:	FORCEPS	REASON FOR TRANSFER	* during labour
	Only livebirths	Vacuum extractor		

MR63D - STATISTICAL COLLECTIONS AND INTEGRATION © July 2014

PERINATAL DATA COLLECTION FORM (MR63D) January to June 2015 (continued)

BABY	<p>For multiple births complete one form per baby</p> <p>BABY'S UR No. <input type="text"/></p> <p>DATE OF BIRTH <input type="text"/></p> <p>INDIGENOUS STATUS - BABY</p> <p>Aboriginal <input type="checkbox"/> 1</p> <p>Torres Strait Islander <input type="checkbox"/> 2</p> <p>Aborig. & Torres Str. Is. <input type="checkbox"/> 3</p> <p>Neither Aboriginal nor Torres Str. Is. <input type="checkbox"/> 4</p> <p>TIME OF BIRTH <input type="text"/> hours <input type="text"/> minutes</p> <p>BIRTHWEIGHT <input type="text"/> grams</p> <p>GESTATION (clinical assessment at birth) <input type="text"/> weeks <input type="text"/> days</p> <p>HEAD CIRCUMFERENCE AT BIRTH <input type="text"/> cm</p> <p>LENGTH AT BIRTH <input type="text"/> cm</p>			
	<p>PLURALITY</p> <p>Single <input type="checkbox"/> 1</p> <p>Twin I <input type="checkbox"/> 2</p> <p>Twin II <input type="checkbox"/> 2</p> <p>Other (Specify) <input type="text"/></p> <p>SEX</p> <p>Male <input type="checkbox"/> 1</p> <p>Female <input type="checkbox"/> 2</p> <p>Indeterm. <input type="checkbox"/> 3</p> <p>BIRTH STATUS</p> <p>Born alive <input type="checkbox"/> 1</p> <p>Stillborn <input type="checkbox"/> 2</p> <p>—macerated <input type="checkbox"/></p> <p>No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2</p>		<p>APGAR SCORE</p> <p>1 min 5 mins</p> <p>Heart rate <input type="text"/></p> <p>Respiratory effort <input type="text"/></p> <p>Muscle tone <input type="text"/></p> <p>Reflex irritability <input type="text"/></p> <p>Colour <input type="text"/></p> <p>TOTAL <input type="text"/></p> <p>REGULAR RESPIRATIONS <input type="text"/> minutes</p> <p>OR At birth <input type="checkbox"/></p> <p>OR Intubated/Ventilated <input type="checkbox"/></p> <p>OR Respirations not established <input type="checkbox"/></p>	
POSTNATAL DETAILS	<p>BABY NEONATAL MORBIDITY</p> <p>None <input type="checkbox"/></p> <p>Jaundice <input type="checkbox"/> → Diagnosis <input type="text"/></p> <p>Respiratory distress <input type="checkbox"/> → Diagnosis <input type="text"/></p> <p>Hypo/Hyperglycaemia or Normal Neonatal abstinence syndrome <input type="checkbox"/> → Results <input type="text"/> ← Drug name <input type="text"/></p> <p>Infection <input type="checkbox"/> → Diagnosis <input type="text"/></p> <p>Other (specify) <input type="text"/></p>		<p>NEONATAL TREATMENT</p> <p>None <input type="checkbox"/> 1</p> <p>Oxygen for > 4 hours <input type="checkbox"/> 2</p> <p>Phototherapy <input type="checkbox"/> 3</p> <p>IV/IM antibiotics <input type="checkbox"/> 4</p> <p>IV fluid <input type="checkbox"/> 5</p> <p>Mechanical ventilation <input type="checkbox"/> 6</p> <p>Blood glucose monitoring <input type="checkbox"/> 10</p> <p>CPAP <input type="checkbox"/> 11</p> <p>Oro / naso gastric feeding <input type="checkbox"/> 12</p> <p>Other treatment <input type="text"/></p>	
	<p>Was baby admitted to ICN/SCN? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, how many days was baby admitted to:</p> <p>• ICN (days) <input type="text"/></p> <p>• SCN (days) <input type="text"/></p> <p>Main reason for admission to ICN/SCN <input type="text"/></p>		<p>CONGENITAL ANOMALY</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> 3</p> <p>If yes or suspected enter details below or in the Congenital Anomaly section.</p> <p><input type="text"/></p> <p><input type="text"/></p>	
DISCHARGE DETAILS	<p>MOTHER PUERPERIUM COMPLICATIONS</p> <p>You may tick more than one box</p> <p>None <input type="checkbox"/></p> <p>Haemorrhoids <input type="checkbox"/> 0872</p> <p>Wound infection <input type="checkbox"/> 0860</p> <p>Anaemia <input type="checkbox"/> 09903</p> <p>Dehiscence/disruption of wound <input type="checkbox"/></p> <p>Febrile <input type="checkbox"/> 0864</p> <p>UTI <input type="checkbox"/> 0862</p> <p>Spinal headache <input type="checkbox"/> 0894</p> <p>Secondary PPH <input type="checkbox"/></p> <p>Other (specify) <input type="text"/></p>		<p>PUERPERIUM PROCEDURES AND OPERATIONS</p> <p>You may tick more than one box</p> <p>None <input type="checkbox"/></p> <p>Blood Patch <input type="checkbox"/> 1823300</p> <p>Blood Transfusion <input type="checkbox"/> 1370601</p> <p>D & C <input type="checkbox"/> 1658400</p> <p>Other (specify) <input type="text"/></p> <p>Discharged <input type="checkbox"/> 1</p> <p>Transferred <input type="checkbox"/> 2</p> <p>Died <input type="checkbox"/> 3</p> <p>Remaining in <input type="checkbox"/> 4</p> <p>Date <input type="text"/></p> <p>Place of Transfer <input type="text"/></p> <p>Early Discharge Program No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2</p>	
	<p>THROMBOPROPHYLAXIS FOLLOWING CAESAREAN You may tick more than one box</p> <p>None <input type="checkbox"/></p> <p>Pharmacological thromboprophylaxis <input type="checkbox"/> 2</p> <p>Intermittent Calf Compression <input type="checkbox"/> 3</p> <p>TED Stocking <input type="checkbox"/> 4</p> <p>Other thromboprophylaxis <input type="text"/></p>		<p>BABY Neonatal Screening <input type="text"/></p> <p>Discharge weight <input type="text"/> grams</p> <p>Discharged <input type="checkbox"/> 1</p> <p>Transferred <input type="checkbox"/> 2</p> <p>Died <input type="checkbox"/> 3</p> <p>Remaining in <input type="checkbox"/> 4</p> <p>Date <input type="text"/></p> <p>Place of transfer <input type="text"/></p>	
CONGENITAL ANOMALY/MORBIDITY DATA	<p>TYPES OF FLUID BABY RECEIVED AT ANY TIME FROM BIRTH TO DISCHARGE</p> <p>You may tick more than one box</p> <p>Breast milk/colostrum <input type="checkbox"/> 1</p> <p>Infant formula <input type="checkbox"/> 2</p> <p>Water, fruit juice or water-based products <input type="checkbox"/> 3</p> <p>Nil by mouth <input type="checkbox"/> 4</p>			
	<p>ALTERNATE FEEDING METHOD</p> <p>You may tick more than one box</p> <p>None <input type="checkbox"/></p> <p>Bottle <input type="checkbox"/> 02</p> <p>Cup <input type="checkbox"/> 03</p> <p>Syringe <input type="checkbox"/> 04</p> <p>Other (specify) <input type="text"/></p>			
<p>TYPES OF FLUID BABY RECEIVED IN THE 24 HOURS PRIOR TO DISCHARGE</p> <p>You may tick more than one box</p> <p>Breast milk/colostrum <input type="checkbox"/> 1</p> <p>Infant formula <input type="checkbox"/> 2</p> <p>Water, fruit juice or water-based products <input type="checkbox"/> 3</p> <p>Nil by mouth <input type="checkbox"/> 4</p>				
<p>B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(ies).</p> <div style="display: flex; justify-content: space-around;">     </div> <p>Medical Practitioner's Signature</p> <p>Surname (BLOCK LETTERS)</p> <p>Designation</p> <p>Date / /</p> <p>Additional Congenital Anomaly description or details. <input type="text"/></p>				
			<p>OFFICE USE ONLY</p>	

PERINATAL DATA COLLECTION FORM (MR63D) July to December 2015

QUEENSLAND PERINATAL DATA COLLECTION FORM

MOTHER'S DETAILS PLACE OF DELIVERY: _____ DATE OF ADMISSION (for delivery): _____ FAMILY NAME: _____ UR No: _____ MOTHER'S COUNTRY OF BIRTH: _____ SEROLOGY: _____ 1ST GIVEN NAME: _____ DOB: _____ 2ND GIVEN NAME: _____ Estimated Date of Birth: _____ USUAL RESIDENCE: _____ STATE: _____ POSTCODE: _____ ANTENATAL TRANSFER: No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 Reason for transfer: _____ Time of transfer: * prior to onset of labour <input type="checkbox"/> 1 * during labour <input type="checkbox"/> 2	
PREVIOUS PREGNANCIES None <input type="checkbox"/> (go to next section) Number of previous pregnancies resulting in: Only livebirths _____ Only stillbirths _____ Only abortions/miscarriages/ectopic/hydatiform mole _____ Livebirth & stillbirth _____ Livebirth & abortion/miscarriages/ectopic/hydatiform mole _____ Stillbirth & abortion/miscarriages/ectopic/hydatiform mole _____ Livebirth, stillbirth & abortion/miscarriages/ectopic/hydatiform mole _____ TOTAL NUMBER of previous pregnancies: _____ METHOD OF DELIVERY OF LAST BIRTH: Vaginal non-instrumental <input type="checkbox"/> 10 Forceps <input type="checkbox"/> 02 Vacuum extractor <input type="checkbox"/> 03 LSCS <input type="checkbox"/> 04 Classical CS <input type="checkbox"/> 05 Other (specify): _____ Number of previous caesareans: _____	
PRESENT PREGNANCY LMP: _____ TOTAL NUMBER OF VISITS: _____ EDC: _____ by US scan/dates/clinical assessment HEIGHT: _____ cm WEIGHT: _____ kg (self-reported at conception) ANTENATAL CARE: You may tick more than one box No antenatal care _____ Public hospital/clinic midwifery practitioner _____ Public hospital/clinic medical practitioner _____ General practitioner _____ Private medical practitioner _____ Private midwife practitioner _____ CURRENT MEDICAL CONDITIONS: You may tick more than one box None _____ Essential hypertension _____ 0100 Pre-existing diabetes mellitus _____ * Type 1 diabetes _____ 0240 * Type 2 insulin treated _____ 0242 * Type 2 oral hypoglycaemic therapy _____ 0243 * Type 2 diet/exercise _____ 0244 * Other (specify): _____ Anaemia _____ Asthma (treated during this pregnancy) _____ 3450 Epilepsy _____ 3460 Genital herpes (active during this pregnancy) _____ 0540 Renal condition (specify): _____ Cardiac condition (specify): _____ Hepatitis B Active _____ B160 Hepatitis B Carrier _____ 22251 Hepatitis C Active _____ B171 Hepatitis C Carrier _____ 22252 Other (specify): _____ PREGNANCY COMPLICATIONS: You may tick more than one box None _____ 0200 APH (<20 weeks) _____ 0200 APH (20 weeks or later due to) _____ * abruptio _____ 0459 * placenta praevia _____ 0441 * other _____ 0469 Gestational diabetes _____ * insulin treated _____ 0242 * oral hypoglycaemic therapy _____ 0243 * diet/exercise _____ 0244 Hypertension _____ * Gestational (mild) _____ 0113 * Pre-eclampsia (moderate) _____ 0140 * Pre-eclampsia (severe) _____ 0141 * HELLP _____ 0142 Other (specify): _____ PROCEDURES AND OPERATIONS (during pregnancy, labour and delivery): You may tick more than one box None _____ Chorionic villus sampling _____ 1603000 Amniocentesis (diagnostic) _____ 1860000 Cordocentesis _____ 1606000 Cervical suture (for cervical incompetence) _____ 1551100 Other (specify): _____ ULTRASOUNDS: Number of scans: _____ WERE ANY OF THE FOLLOWING PERFORMED? Nuchal translucency ultrasound: No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 Morphology ultrasound scan: No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 Assessment for chorionicity scan: No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 ASSISTED CONCEPTION: Was this pregnancy the result of assisted conception? No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 If yes, indicate method/s used: AH / AID _____ 02 Ovulation induction _____ 03 IVF _____ 04 GIFT _____ 05 ICSI (intracytoplasmic sperm injection) _____ 07 Donor Egg _____ 08 Frozen embryo transfer/embryo transfer _____ 09 Other (specify): _____	
LABOUR AND DELIVERY INTENDED PLACE OF BIRTH AT ONSET OF LABOUR: Hospital _____ 1 Birthing centre _____ 2 Home _____ 4 Other _____ 8 ACTUAL PLACE OF BIRTH OF BABY: Hospital _____ 1 Birthing centre _____ 2 Home _____ 4 Other (SBA) _____ 8 ONSET OF LABOUR: Tick one box only Spontaneous _____ 1 Induced _____ 2 No labour (caesarean section) _____ 3 METHODS USED TO INDUCE LABOUR OR AUGMENT LABOUR? You may tick more than one box Artificial rupture of Membranes (ARM) _____ 1 Oxytocin _____ 2 Prostaglandins _____ 3 Other (specify): _____ If labour induced, MAIN REASON FOR INDUCTION: 1 st ADDITIONAL REASON FOR INDUCTION: _____ 2 nd ADDITIONAL REASON FOR INDUCTION: _____ MEMBRANES RUPTURED: _____ days _____ hours _____ mins before delivery LENGTH OF LABOUR: _____ hours _____ minutes * 1st stage: _____ * 2nd stage: _____ PRESENTATION AT BIRTH: Tick one box only Vertex _____ 1 Breech _____ 2 Face _____ 4 Brow _____ 5 Transverse/shoulder _____ 7 Other (specify): _____ METHOD OF BIRTH: Tick one box only Vaginal non-instrumental _____ 10 Forceps _____ 02 Vacuum extractor _____ 03 LSCS _____ 04 Classical CS _____ 05 Other (specify): _____ WATER BIRTH: Was this a water birth? No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 If yes, was the water birth: Unplanned _____ 1 Planned _____ 2 REASON FOR FORCEPS/VACUUM: _____ MAIN REASON FOR CAESAREAN: _____ 1 st ADDITIONAL REASON FOR CAESAREAN: _____ 2 nd ADDITIONAL REASON FOR CAESAREAN: _____ ANTIBIOTICS AT TIME OF CAESAREAN: Tick one box only None _____ 1 Prophylactic antibiotics received _____ 2 Antibiotics already received _____ 3 PLACENTA/ CORD: _____ NON-PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY: None _____ 01 Heat pack _____ 02 Birth ball _____ 03 Massage _____ 04 Shower _____ 05 Water Immersion _____ 06 Aromatherapy _____ 07 Homeopathy _____ 08 Acupuncture _____ 09 TENS _____ 10 Water Injection _____ 11 Other (specify): _____ PRINCIPAL ACCOUCHEUR: Tick one box only Obstetrician _____ 1 Other medical officer _____ 2 Midwife _____ 3 Student midwife _____ 4 Medical student _____ 5 Other (specify): _____ DAMAGE TO THE PERINEUM: You may tick more than one box None _____ 01 Graze/tear - vagina, labia, vulva _____ 02 Lacerated: -1st degree _____ 02 -2nd degree _____ 03 -3rd degree _____ 04 -4th degree _____ 05 Episiotomy _____ 06 Other genital trauma: _____ Surgical repair of vagina or perineum: No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY: None _____ 01 Nitrous oxide _____ 02 Systemic opioid (incl. narcotic (M/V)) _____ 03 Epidural _____ 04 Spinal _____ 05 Combined Spinal-Epidural _____ 06 Caudal _____ 07 Other (specify): _____ LABOUR AND DELIVERY COMPLICATIONS: You may tick more than one box None _____ 0681 Meconium liquor _____ 0689 Fetal distress _____ 0690 Cord prolapse _____ 0692 Cord entanglement with compression _____ 0699 Failure to progress _____ 0629 Prolonged 2nd stage (active) _____ 0631 Precipitate labour/delivery _____ 0623 Retained placenta with manual removal: _____ * with haemorrhage _____ 0720 * without haemorrhage _____ 0730 Primary PPH (500-999ml) _____ 0721 Primary PPH (1000-1499ml) _____ 0721 Primary PPH (>1500ml) _____ 0721 Other (specify): _____ CTG in labour? No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 FSE in labour? No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 Fetal scalp pH? No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 Fetal scalp pH result: _____ Lactate? No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 Lactate result: _____ ANAESTHESIA FOR DELIVERY: None _____ 01 Epidural _____ 04 Spinal _____ 05 Combined Spinal-Epidural _____ 06 General Anaesthetic _____ 02 Local to anaesthetic _____ 03 Pudendal _____ 03 Caudal _____ 07 Other (specify): _____	

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PERINATAL DATA COLLECTION FORM (MR63D) July to December 2015 (continued)

BABY

For multiple births complete one form per baby

BABY'S UR No.

DATE OF BIRTH

INDIGENOUS STATUS - BABY

Aboriginal 1
 Torres Strait Islander 2
 Aborig. & Torres Str. Is. 3
 Neither Aboriginal nor Torres Str. Is. 4

TIME OF BIRTH hours minutes

BIRTHWEIGHT grams

GESTATION (clinical assessment at birth) weeks days

HEAD CIRCUMFERENCE AT BIRTH cm

LENGTH AT BIRTH cm

PLURALITY

Single 1
 Twin I 2
 Twin II 2
 Other (Specify)

SEX

Male 1
 Female 2
 Indeterm. 3

BIRTH STATUS

Born alive 1
 Stillborn 2
 - macerated

No 1 Yes 2

APGAR SCORE

1 min 5 min

Heart rate

Respiratory effort

Muscle tone

Reflex irritability

Colour

TOTAL

REGULAR RESPIRATIONS minutes

OR At birth

OR Intubated/Ventilated

OR Respirations not established

RESUSCITATION

You may tick more than one box

None 1
 Suction (oral, pharyngeal etc) 2
 Suction of meconium (oral, pharyngeal etc) 3
 Suction of meconium via ETT 4
 Facial O₂ 5
 Bag and mask 6
 IPPV via ETT 7
 Narcotic antagonist injection 8
 External cardiac massage 9
 Other (specify-include drugs)

HEPATITIS B IMMUNOGLOBULIN

No 1 Yes 2

HEPATITIS B (birth dose vaccination)

No 1 Yes 2

Urine

Meconium

Cord pH? No 1 Yes 2

Cord pH value

BE VITAMIN K (first dose)

Oral 1
 IM 2
 None 3

POSTNATAL DETAILS

BABY NEONATAL MORBIDITY

None

Jaundice → Diagnosis

Respiratory distress → Diagnosis

Hypo-/hyperglycaemia or Normal → Results

Neonatal abstinence syndrome → Drug name

Infection → Diagnosis

Other (specify)

NEONATAL TREATMENT

None 1
 Oxygen for > 4 hours 2
 Phototherapy 3
 IV/IM antibiotics 4
 IV fluid 5
 Mechanical ventilation 6
 Blood glucose monitoring 10
 CPAP 11
 Oro / naso gastric feeding 12
 Other treatment

Was baby admitted to ICN/SCN? No Yes

If yes, how many days was baby admitted to:

+ ICN (days)

+ SCN (days)

Main reason for admission to ICN/SCN

CONGENITAL ANOMALY

If yes or suspected enter details below or in the Congenital Anomaly section.

YNTING 01A

01B NOTAS 0200

01C 01E 01F 01G

Was anomaly diagnosed antenatally? No 1 Yes 2

DISCHARGE DETAILS

MOTHER PUERPERIUM COMPLICATIONS

You may tick more than one box

None

Haemorrhoids 0872

Wound infection 0860

Anaemia 09903

Dehiscence/disruption of wound

Febrile 0864

UTI 0882

Spinal headache 0894

Secondary PPH 0722

Other (specify)

PUERPERIUM PROCEDURES AND OPERATIONS

You may tick more than one box

None

Blood Patch 1823300

Blood Transfusion 1370601

D & C 1656400

Other (specify)

Discharged 1

Transferred 2

Died 3

Remaining in 4

Date

Early Discharge Program No 1 Yes 2

BABY Neonatal Screening

Discharge weight grams

Discharged 1

Transferred 2

Died 3

Remaining in 4

Date

Place of transfer

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

You may tick more than one box

Breast milk/colostrum 1

Infant formula 2

Water, fruit juice or water-based products 3

Nil by mouth 4

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

You may tick more than one box

Breast milk/colostrum 1

Infant formula 2

Water, fruit juice or water-based products 3

Nil by mouth 4

ALTERNATE FEEDING METHOD

You may tick more than one box

None

Bottle 02

Cup 03

Syringe 04

Other (specify)

CONGENITAL ANOMALY / MORBIDITY DATA

B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(ies).

Medical Practitioner's Signature

Surname (BLOCK LETTERS)

Designation

Date / /

Additional Congenital Anomaly description or details

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APPENDIX C: 2015 PERINATAL DATA COLLECTION FORM CHANGES (MR63D)

New Items:

Congenital Anomaly

Was anomaly diagnosed antenatally?

- Yes/No

Antenatal Screening

- Was antenatal screening for domestic violence performed?
- Was antenatal screening for alcohol use performed?
- Was antenatal screening for illicit drug use performed?
- Was antenatal screening for Edinburgh Depression Score performed?

Immunisation

- Was immunisation for influenza received during this pregnancy?
- Was immunisation for pertussis received during this pregnancy?

Assisted Conception

- Frozen embryo transfer/embryo transfer

If labour induced

- Main reason for induction
- 1st additional reason for induction
- 2nd additional reason for induction

2nd Additional reason for caesarean

Labour and Delivery Complications

- Primary PPH (500-999ml)
- Primary PPH (1000-1499)
- Primary PPH (=>1500ml)

APPENDIX D: Queensland Department of Health, Hospital and Health Service (2014 edition)

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



Prepared by: Statistical Reporting and Coordination, Health Statistics Branch, 29 January 2015
Hospital and Health Services by recognised public hospitals and primary health centres as at 29 November 2014

REFERENCES

1. World Health Organisation (WHO), *The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Volumes 1-5*, National Centre for Classification in Health, Sydney, 2000.