

QUEENSLAND PERINATAL DATA COLLECTION FORM

MOTHER'S DETAILS

PLACE OF BIRTH: DATE OF ADMISSION (for birth): FAMILY NAME: UR NO.:

MOTHER'S COUNTRY OF BIRTH: SEROLOGY: Syphilis igG 1ST GIVEN NAME: DOB:

INDIGENOUS STATUS: Rubella: 2ND GIVEN NAME: ESTIMATED DATE OF BIRTH:

MARITAL STATUS: Blood group: USUAL RESIDENCE: STATE: POSTCODE:

ACCOMMODATION STATUS OF MOTHER: Rh: ANTENATAL TRANSFER: No 1 Yes 2 (include transfers from planned home birth to hospital, from birthing centre to acute care areas etc)

Antibodies: No Yes Reason for Transfer: TIME OF TRANSFER: prior to onset of labour 1

Other: Transferred from: during labour 2

PREVIOUS PREGNANCIES

None 1 (go to next section)

Number of previous pregnancies resulting in:

- Only livebirths:
- Only stillbirths:
- Only abortions/miscarriages/ectopic/hydatiform mole:
- Livebirth & stillbirth:
- Livebirth & abortion/miscarriage/ectopic/hydatiform mole:
- Stillbirth & abortion/miscarriage/ectopic/hydatiform mole:
- Livebirth, stillbirth & abortion/miscarriage/ectopic/hydatiform mole:

TOTAL NUMBER OF PREVIOUS PREGNANCIES:

METHOD OF BIRTH OF LAST BIRTH

- Vaginal non-instrumental: 10
- Forceps: 02
- Vacuum extractor: 03
- LSCS: 04
- Classical CS: 05
- OTHER (specify):

Number of previous caesareans:

ANTENATAL SCREENING

Was antenatal screening for family violence performed?

Was antenatal screening for illicit drug use performed?

Was antenatal screening for EPDS performed?

What was the EPDS Score?

SMOKING

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

If yes, how many cigarettes per day?

Was smoking cessation advice offered by a health care provider?

After 20 weeks of pregnancy did the mother smoke?

If yes, how many cigarettes per day?

Was smoking cessation advice offered by a health care provider?

ALCOHOL

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

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

Frequency of alcohol consumption:

After 20 weeks of pregnancy did the mother consume alcohol?

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

Frequency of alcohol consumption:

PRESENT PREGNANCY

ANTENATAL CARE
You may tick more than one box

- No antenatal care:
- Public hospital/clinic midwifery practitioner: 06
- Public hospital/clinic medical practitioner: 07
- General practitioner: 08
- Private medical practitioner: 03
- Private midwife practitioner: 04

TOTAL NUMBER OF VISITS:

GESTATION AT FIRST ANTENATAL VISIT: weeks

LMP:

EDC:

by US scan/dates/clinical assessment:

HEIGHT: cm

WEIGHT (self reported at conception): kg

CURRENT MEDICAL CONDITIONS
You may tick more than one box

- None: 010
- Pre-existing hypertension: 0240
- Diabetes mellitus:
 - Type 1: 02412
 - Type 2 insulin treated: 02413
 - Type 2 oral hypoglycaemic therapy: 02414
 - Type 2 diet/exercise:
- Other (specify):

Asthma (treated during this pregnancy): J459

Epilepsy: G4090

Genital herpes (active during this pregnancy):

Anaemia: D649

Renal condition (specify):

Cardiac condition (specify):

Hepatitis B Active: B169

Hepatitis B Carrier: B181

Hepatitis C Active: B171

Hepatitis C Carrier: B182

Other (specify):

PREGNANCY COMPLICATIONS
You may tick more than one box

- None:
- APH (<20 weeks): 0209
- APH (20 weeks or later) due to:
 - abruption: 0459
 - placenta praevia: 0441
 - other: 0469
- Gestational diabetes:
 - insulin treated: 02442
 - oral hypoglycaemic therapy: 02443
 - diet/exercise: 02444
- Hypertension:
 - Gestational (mild): 013
 - Pre eclampsia (moderate): 0140
 - Pre eclampsia (severe): 0141
 - HELLP: 0142
 - Other (specify):

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

- None:
- Chorionic villus sampling: 1660300
- Amniocentesis (diagnostic): 1660000
- Cordocentesis: 1660600
- Cervical suture (for cervical incompetence): 1651100
- Other (specify):

ULTRASOUNDS

Number of Scans:

WERE ANY OF THE FOLLOWING PERFORMED?

- Nuchal translucency ultrasound:
- Morphology ultrasound scan:
- Assessment for chorionicity scan:

ASSISTED CONCEPTION
Was this pregnancy the result of assisted conception?

If yes, indicated method/s used:

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

Primary Maternity Model of Care:

Maternity Model of Care at onset of labour or non-labour caesarean section:

LABOUR AND BIRTH

INTENDED PLACE OF BIRTH AT ONSET OF LABOUR:

Other (specify):

ACTUAL PLACE OF BIRTH OF BABY:

Other (specify):

ONSET OF LABOUR:

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

- Artificial rupture of Membranes (ARM): 1
- Oxytocin: 2
- Prostaglandins: 3
- Mechanical Cervical Dilatation: 6
- Antiprogesterone: 7
- Other (specify):

IF LABOUR INDUCED

MAIN reason for induction:

1st Additional reason for induction:

2nd Additional reason for induction:

MEMBRANES RUPTURED

days hours mins before birth

LENGTH OF LABOUR

- 1st Stage: hours mins
- 2nd Stage: hours mins

PRESENTATION AT BIRTH:

Other (specify):

METHOD OF BIRTH:

Other (specify):

WATER BIRTH

Was this a water birth?

If yes, was the water birth:

REASON FOR FORCEPS/VACUUM:

MAIN REASON FOR CAESAREAN:

1st ADDITIONAL REASON FOR CAESAREAN:

2nd ADDITIONAL REASON FOR CAESAREAN:

Cervical dilation prior to caesarean:

ANTIBIOTICS RECEIVED AT TIME OF CAESAREAN:

PLACENTA / CORD:

NON-PHARMACOLOGICAL ANALGESIA DURING LABOUR/BIRTH

- None:
- Heat Pack: 02
- Birth Ball: 03
- Massage: 04
- Shower: 05
- Water Immersion: 06
- Aromatherapy: 07
- Homeopathy: 08
- Acupuncture: 09
- TENS: 10
- Water Injection: 11
- Other (specify):

PRINCIPAL ACCOUCHEUR:

Other (specify):

DAMAGE TO THE PERINEUM
You may tick more than one box

- None:
- Graze/tear vagina, labia, vulva: 02
- Lacerated 1st degree: 02
- 2nd degree: 03
- 3rd degree: 04
- 4th degree: 05
- Episiotomy: 06
- Other genital trauma:
- Surgical repair of vagina or perineum?

LABOUR AND BIRTH (continued)

PHARMACOLOGICAL ANALGESIA DURING LABOUR/BIRTH

None 02
 Nitrous oxide 08
 Systemic opioid (incl. narcotic (IM/IV)) Epidural 04
 Spinal 05
 Combined Spinal-Epidural 10
 Caudal 07
 Other (specify)

LABOUR AND BIRTH COMPLICATIONS
You may tick more than one box

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

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

Other (specify)

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

ANAESTHESIA FOR BIRTH

None 04
 Epidural 05
 Spinal 10
 Combined Spinal-Epidural 06
 General anaesthetic 02
 Local to perineum 03
 Pudendal 07
 Caudal

Other (specify)

BABY

For multiple births complete one form per baby

BABY'S UR NO.

DATE OF BIRTH

INDIGENOUS STATUS - BABY

TIME OF BIRTH hours

BIRTHWEIGHT grams

GESTATION (clinical assessment at birth) weeks days

HEAD CIRCUMFERENCE AT BIRTH cm

LENGTH AT BIRTH cm

PLURALITY

Other (specify)

SEX

BIRTH STATUS

-macerated

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) 02
 Suction of meconium (oral, pharyngeal etc) 03
 Suction of meconium via ETT 04
 Facial O₂ 05
 Bag and mask 06
 IPPV via ETT 07
 CPAP ventilation 13
 Intubation 14
 Narcotic antagonist injection 08
 External cardiac massage 09
 Other (specify-include drugs)

Urine
 Meconium
 Arterial Cord pH?
 Arterial Cord pH value
 BE
 VITAMIN K (first dose)
 HEPATITIS B (birth dose vaccination)
 HEPATITIS B IMMUNOGLOBULIN

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 02
 Phototherapy 03
 IV/IM antibiotics 04
 IV fluid 05
 Mechanical ventilation 06
 Blood glucose monitoring 10
 CPAP 11
 Oro / naso gastric feeding 12
 Other Treatment

Was baby admitted to ICN/SCN?
 If yes, how many days was baby admitted to:
 • ICN (days)
 • SCN (days)

Main reason for admission to ICN/SCN

CONGENITAL ANOMALY

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

Position
 Status
 Was CA diagnosed antenatally?

DISCHARGE DETAILS

MOTHER PUERPERIUM COMPLICATIONS
You may tick more than one box

None
 Haemorrhoids 0872
 Wound Infection 0860
 Anaemia 09903
 Dehiscence/disruption of wound
 Febrile 0864
 UTI 0862
 Spinal Headache T8852
 Secondary PPH 0722
 Other (specify)

THROMBOPROPHYLAXIS FOLLOWING CAESAREAN
You may tick more than one box

None
 Pharmacological thromboprophylaxis 2
 Intermittent Calf Compression 3
 TED Stocking 4
 Other thromboprophylaxis

PUERPERIUM PROCEDURES AND OPERATIONS
You may tick more than one box

None
 Blood Patch 1823300
 Blood Transfusion 1370601
 D & C 1656400
 Other (specify)

MOTHER'S DISCHARGE DETAILS

Discharged 1
 Transferred 2
 Place of Transfer
 Died 3
 Remaining in 4
 Date
 Early Discharge Program

BABY

NEONATAL SCREENING

Discharge weight grams

Discharged 1
 Transferred 2
 Place of Transfer
 Died 3
 Remaining in 4
 Date

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

Breast milk/colostrum 1
 Infant Formula 2
 Water, fruit juice or water based products 3
 Nil By Mouth 4

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

Breast milk/colostrum 1
 Infant Formula 2
 Water, fruit juice or water based products 3
 Nil By Mouth 4

ALTERNATE FEEDING METHOD
You may tick more than one box

None
 Bottle 02
 Cup 03
 Syringe 04
 Other

The Queensland Perinatal Data Collection Form must be used as the approved form for the electronic submission of perinatal data to the chief executive, Queensland Health for births occurring from 1 July 2023 (inclusive).

Section 217, Public Health Act 2005, states that after a delivery the designated person must, within time prescribed under a regulation, notify the chief executive in the 'Approved Form'.