
1 JULY 2005 – 30 JUNE 2006
QUEENSLAND PERINATAL DATA COLLECTION
(PDC)

**Manual of Instructions
for the completion and dispatch
of Perinatal Data Collection Forms
(MR63d and MR66)**

**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
HIB	Health Information Branch
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
MR66	Neonatal Notes - Congenital Anomaly/Morbidity Data Form
NHDD	National Health Data Dictionary
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 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 and MR66) 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 forms, both MR63d and MR66, 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
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Brisbane Qld 4001
Telephone: (07) 3234 0744
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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) and the Neonatal Notes - Congenital Anomaly/Morbidity Data (MR66) forms.

2 INTRODUCTION

2.1 BACKGROUND

The Health Act 1937 – 1988 was amended to include a new Division 12 – Perinatal Statistics which 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 all 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. To preserve individual patient confidentiality, mother's surname is not collected, however, address and Unit Record (UR) number are required for identification of records to enable follow up of queries. All information collected is used for statistical purposes only.

2.5 PERINATAL STATISTICS AND PUBLICATIONS

The Health Information Branch (HIB) 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 "perinatal statistics"

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 Health Act. 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 FORMS

The forms are 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)

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 on the baby's discharge from hospital or within 35 days of the baby's birth if he/she has not been discharged.

2.6.2 Neonatal Notes - Congenital Anomaly/Morbidity Data Form (MR66) (see Appendix B)

The record of Congenital Abnormalities (as notified by hospitals) maintained by Queensland Health since 1980 was encompassed by the PDC in 1986. The Neonatal Notes - Congenital Anomaly/Morbidity Data Form (MR66) should be completed in addition to the MR63d for all congenital abnormalities. This form consists of two sheets – an original and one duplicate.

- The original must be retained for your own hospital records and for follow up of queries.
- The duplicate is to be returned to the DSU with the corresponding MR63d form, and should be referred to when clarifying or confirming queries.

2.7 DISPATCH OF FORMS

Instructions for the dispatch of the DSU copies of the MR63d and MR66 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

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(s) 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 MR63D - 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. Identifying information (such as surname, or occupation) should be crossed out with a felt tip pen. 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, GIVEN NAMES and U.R. NUMBER on the second duplicate (ie 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 2004 should be entered as:

DATE OF ADMISSION	0	1	1	1	0	4
(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 Perinatal Data Collection (Ph (07) 3234 0859).

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).

<p>SEROLOGY</p> <p>RPR.....</p> <p>Rubella.....</p> <p>Hepatitis B.....</p> <p>Blood group.....</p> <p>Rh.....</p> <p>Antibodies No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Other_____</p>	
--	--

RPR	Enter 'Pos' or 'Neg'.
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*, GIVEN NAMES

Enter the surname and given names of the mother.

SURNAME _____
GIVEN NAMES _____

Note that the surname is not captured by the PDC and is blanked out on the DSU copy. The use of hospital labels is the preferred method to identify forms, as it reduces errors in transcription of written information (such as UR numbers and Date of Birth). If labels are used on the DSU copy, cross through identifying information (such as surname or occupation) using a felt tip pen.

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.

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 1961 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="6"/>	<input type="text" value="1"/>
--------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------

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" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	STATE <input type="text" value=""/>	SLA* <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

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) 3234 0296 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"/> (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>
--

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
- During labour

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, tick 'yes' and complete all sections in Previous Pregnancies field (5.2 – 5.5)

5.2 NUMBER OF PREVIOUS PREGNANCIES RESULTING IN

<p>Number of Pregnancies</p> <p>Resulting in</p> <p>Live births _____</p> <p>Stillbirths _____</p> <p>Abortions/miscarriages _____</p>
--

Enter the number of previous pregnancies resulting in each of live births, stillbirths and/or abortions/miscarriages. (Note that a tick or cross is not sufficient)

- 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. If a previous multiple pregnancy resulted in two or more different outcomes (eg. a live birth and a stillbirth), record the worst outcome (ie in this case stillbirth) and make a note in the Comments section on the forms. Do not record both (or all) outcomes, as it is the number of pregnancies that is required.

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 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 heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

- **Abortion/Miscarriage**

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 (ie live or stillborn).

5.3 METHOD OF DELIVERY OF LAST BIRTH

Method of delivery of last birth	
You may tick more than one box for multiple outcomes	
Spontaneous Vertex	<input type="checkbox"/>
Forceps/Vacuum	<input type="checkbox"/>
Caesarean	<input type="checkbox"/>
Other	<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. Spontaneous vertex delivery (SVD) and caesarean), tick both boxes. This should be further clarified by noting in the Comments 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 caesarean birth, then tick 'Caesarean'. 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 Delivery.)

5.4 NUMBER OF PREVIOUS CAESAREANS

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

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

6 PRESENT PREGNANCY

6.1 LMP

Enter the day, month and year of the first day of the mother's last menstrual period (LMP) using all boxes. For example, a LMP of 1 November 2003 should be entered as:

LMP	0	1	1	1	0	3
-----	---	---	---	---	---	---

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

LMP	?	?	1	1	0	3
-----	---	---	---	---	---	---

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
-----	---	---	---	---	---	---

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 2003 should be entered as:

EDC	0	1	1	1	0	3
-----	---	---	---	---	---	---

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

EDC	?	?	1	1	0	3
-----	---	---	---	---	---	---

Assessment

EDC	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
	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 (ie. the date used by the clinician, on which clinical decisions regarding the management of the pregnancy have been based).

6.3 ANTENATAL CARE

ANTENATAL CARE	
Public hospital/clinic	<input type="checkbox"/>
Shared care	<input type="checkbox"/>
Private medical practitioner	<input type="checkbox"/>
Private midwifery practitioner	<input type="checkbox"/>
No antenatal care	<input type="checkbox"/>

Tick the box(es) that correspond to the antenatal care received for the current pregnancy. If the mother received no antenatal care, tick 'No antenatal care'.

Definitions:

- **Public hospital/clinic**
Includes public hospital clinics, hospital based midwifery clinics, and community based midwifery programs.
- **Shared care**
For two or more antenatal visits, shared care between a combination of public hospital clinic, private practitioner, general practitioner, and private midwifery practitioner.
- **Private medical practitioner**
Private obstetrician in own private practice.
- **Private midwifery practitioner**
Registered midwife practising in the community.

6.4 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.

6.5 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, ie 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.

6.6 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.

6.7 **SMOKING**

Did the mother smoke at all during this pregnancy? No Yes

If yes, how many cigarettes were smoked each day on average after 20 weeks gestation?

None	<input type="checkbox"/>	<= 10	<input type="checkbox"/>
> 10	<input type="checkbox"/>	unknown	<input type="checkbox"/>

Tick the box that corresponds to the mother's smoking status. If 'yes', 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.

6.8 PROCEDURES AND OPERATIONS

PROCEDURES AND OPERATIONS	
(during pregnancy, labour, delivery and the puerperium)	
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, delivery or the puerperium. 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'.

6.9 NUMBER OF ULTRASOUND SCANS

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

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 nonobstetric 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.

6.10 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)

Oxytocin

Prostaglandins

Other (specify)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<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	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2 nd stage	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

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 (ie 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

PRESENTATION	
Tick one box only	
Vertex	<input type="checkbox"/>
Breech	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

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

Note that the use of 'cephalic' is non-specific and the actual presentation should be specified. 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.
- **Other**
Examples include Brow, Face, Transverse and Oblique.

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

7.9 ANALGESIA/ANAESTHESIA

Analgesia during labour/delivery	Anaesthesia for delivery
(You may tick more than one box)	
<input type="checkbox"/> None	<input type="checkbox"/>
<input type="checkbox"/> Nitrous oxide	<input checked="" type="checkbox"/>
<input type="checkbox"/> Narcotic (IM/IV)	<input type="checkbox"/>
<input type="checkbox"/> Epidural	<input type="checkbox"/>
<input type="checkbox"/> Spinal	<input type="checkbox"/>
<input type="checkbox"/> Caudal	<input type="checkbox"/>
<input checked="" type="checkbox"/> General anaesthetic	<input type="checkbox"/>
<input type="checkbox"/> Local to perineum	<input type="checkbox"/>
<input type="checkbox"/> Pudendal	<input type="checkbox"/>
<input type="checkbox"/> Other (specify)	<input type="checkbox"/>

7.9.1 Analgesia during labour and delivery

Tick the box(es) under the Analgesia heading that correspond to the analgesia administered to the mother during labour and delivery. If the analgesia used was other than those listed, tick 'Other' and specify the analgesia in the space provided. If no analgesia was administered, tick 'None'. Note that General Anaesthetic, Local to Perineum and Pudendal are not valid methods of analgesia for PDC purposes hence they cannot be ticked on the form.

7.9.2 Anaesthesia for delivery

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'. Note that Nitrous Oxide and Narcotics are not valid methods of anaesthesia for PDC purposes and hence they cannot be ticked on the form.

Please note that a response is required in both fields. eg if delivery is by elective caesarean section, and no analgesia is used, then 'none' should be ticked.

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:

- **Analgesia**
Agents administered to the mother by injection or inhalation to relieve pain during labour and delivery.
- **Anaesthesia**
Agents administered to the mother for the operative delivery of the baby (caesarean section, forceps or vacuum delivery).
- **Nitrous Oxide**
Gas providing light anaesthesia delivered in various concentrations with oxygen.
- **IM/IV Narcotic**
Narcotic analgesic that acts on the patient's central nervous system.
- **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.
- **Caudal**
Injection of a local anaesthetic agent into the caudal portion of the spinal canal through the sacrum.
- **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.

7.10 METHOD OF DELIVERY

METHOD OF DELIVERY	
Tick one box only	
Spontaneous vertex	<input type="checkbox"/>
Forceps	<input type="checkbox"/>
Vacuum extractor	<input type="checkbox"/>
LSCS	<input type="checkbox"/>
Classical CS	<input type="checkbox"/>
Breech (vaginal)	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

Tick the box (one box only) that corresponds to the method of delivery of the baby, ie. the method of complete expulsion or extraction from its mother of a product of conception. If the method of delivery 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 aftercoming head should be recorded as a vaginal breech. Similarly, forceps used to assist delivery at caesarean should not be reported as method of delivery.

Definitions:

- **Spontaneous Vertex (SVD)**
A birth which is achieved solely by the mother's expulsive efforts requiring no mechanical or surgical assistance and where the occiput is the point of reference
- **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 Ventousse Extractor.
- **LSCS**
Lower section caesarean section.
- **Classical CS**
Classical caesarean section.
- **Breech (vaginal)**
Presentation includes breech with extended legs, breech with flexed legs, footling and knee presentations, including assisted breech delivery.
- **Other**
Presentation includes other vaginal deliveries not classified above, eg. hysterotomy, or at post mortem.

7.11 REASON FOR FORCEPS/VACUUM

Reason for forceps/vacuum _____

If forceps or vacuum were used as the method of delivery, 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 delivery, 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 delivery is a caesarean, including no labour caesarean. It is not necessary to complete for any other method of delivery.

7.14 PLACENTA/CORD*

PLACENTA/CORD <hr/>

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"/>
<hr/>	

Tick the box (one box only) that corresponds to the principal person who assisted the mother in the delivery 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, ambulance officer, self, husband, other patient, etc.

7.16 PERINEUM

PERINEUM	
You may tick more than one box	
Intact	<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.

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).

Note that if an episiotomy has been performed, the perineum cannot be intact.

Definitions:

- **Intact**
The perineum is intact 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, or intervention rates.

7.17 OTHER GENITAL TRAUMA

Other genital trauma__ _____

Specify any other genital trauma experienced by the mother in the space provided, including perineal grazes, 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 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 (600ml)	<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 complications(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.

7.20 CTG/FSE IN LABOUR

CTG/FSE in labour? No Yes

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

7.21 FETAL SCALP PH*

Fetal scalp pH? No Yes _____

Indicate whether fetal scalp pH was measured and indicate level. If lactate measurements are performed instead of pH, please report in this field.

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 2004 should be entered as:

Date of birth	0	1	0	7	0	4
---------------	---	---	---	---	---	---

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.

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 _____ grams

8.5 GESTATION

Gestation _____ 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 . 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 . 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 BORN ALIVE/STILLBORN

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 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'.

8.12 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.

8.13 APGAR SCORE

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

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

	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: Nurses' Handbook of Health Assessment (Third Edition), Janet Weber, 1997

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.

8.14 REGULAR RESPIRATION

Regular respirations _____minutes

Enter, to the nearest minute, the time the baby took to establish **regular, spontaneous breathing**. If the baby established respiration spontaneously, record as 0 minutes; if respirations were established 30 seconds after birth, record as 1 minute; if the baby was ventilated, record as 'Vent'; if respirations were never established, record as 'NE'.

8.15 CORD PH/BE*

Cord pH? No <input type="checkbox"/> Yes <input type="checkbox"/>
_____BE_____

Indicate whether pH of the umbilical cord was measured and indicate Base Estimation (BE) level.

8.16 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 infusion	<input type="checkbox"/>
External cardiac massage	<input type="checkbox"/>
Other (specify – include drugs)	<input type="checkbox"/>

Tick the box(es) that correspond to the method of resuscitation used. If resuscitation methods were used other than those listed, tick 'Other' and specify the method(s) used in the space provided, eg. 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.

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 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 CONGENITAL ANOMALY

CONGENITAL ANOMALY			
No	<input type="checkbox"/>	Yes <input type="checkbox"/>	Suspected <input type="checkbox"/>
If yes or suspected enter details below			
and also complete form MR66			

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 a Neonatal Notes - Congenital Anomaly/Morbidity Data Form (MR66) is completed. The medical practitioner responsible for the baby should complete the MR66, which can be updated up to 28 days after the birth (See Section 3 of this Instruction Manual for instructions on how to complete this form).

9.4 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), Commonwealth 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).

<p>Was baby admitted to ICN/SCN?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, how many days was baby admitted to:</p> <ul style="list-style-type: none"> • 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 mature infant nursery **should not be reported**.

Definitions:

- **Mature Infant Nursery (Level 1)**

Mature Infant Nursery (MIN) primarily, cares for healthy infants of greater than 36 weeks gestation and their mothers post-natally. Requires a secure area for nursing/supervising infants (See appendix E for specific criteria).

- **Special Care Nursery (Level 2)**

Special Care Nursery (SCN) provides services at a higher level than a Mature Infant Nursery and may be used in a 'step down' capacity by Neonatal Intensive Care Unit (NICU) services. The nature of this practice is usually to stabilise the baby on ventilation, in consultation with the Neonatologist at the NICU, prior to transfer to a level 3 facility preferably within 6 hours (See appendix E for specific criteria).

- **Intensive Care Nursery (Level 3)**

Neonatal Intensive Care Unit (NICU) 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 immature 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 (April 2004)

9.5 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).

10 DISCHARGE DETAILS

10.1 DISCHARGE DETAILS - MOTHER

10.1.1 Puerperium complications

MOTHER PUERPERIUM COMPLICATIONS	
None	<input type="checkbox"/>
GTI/UTI	<input type="checkbox"/>
Wound infection	<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 procedures and operations field.

Definitions:

- **Puerperium complications**

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

- **GTI/UTI**

Genital tract infection/Urinary tract infection.

- **Wound infection**

The inflammation of body tissues associated with a wound, caused by the invasion and multiplication of microorganisms. Examples may include that of an abdominal wound, eg. LSCS or perineal wound, or episiotomy.

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 Discharge details

Discharged	<input type="checkbox"/>	_____
Transferred	<input type="checkbox"/>	
Died	<input type="checkbox"/>	
		Place of transfer

Tick the box (one box only) that corresponds to whether the mother was discharged, transferred to another facility, 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.

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

10.1.3 Early Discharge Program*

Early discharge Program	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.

10.1.4 Date

Enter the day, month and year of the date the mother was discharged, transferred or died using all boxes, eg. if the mother was discharged on 1 November 2004, enter:

Date	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="4"/>
------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------

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, ie. the day she changed from an admitted patient to a boarder.

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 2004, enter:

Baby Neonatal Screening	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="4"/>
-------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------

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 36367171 or 36367051.

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"/>	_____
Transferred	<input type="checkbox"/>	
Died	<input type="checkbox"/>	
		Place of transfer

Tick the box (one box only) that corresponds to whether the baby was discharged, transferred to another facility, 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,

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 Feeding method on discharge

Feeding method on discharge _____

Specify the method the mother was using to feed her baby at discharge in the space provided, eg. breast feeding, artificial feeding, both breast and artificial feeding, etc. Abbreviations should be avoided as these can cause confusion (ie b/f may be interpreted as either breast or bottle feeding. Where OGT/NGT feeds are being performed please indicate type of milk being used (ie.breast milk, formula, or both).

10.2.5 Date

Enter the day, month and year of the date the baby was discharged, transferred or died using all boxes, eg. if the baby was discharged on 1 November 2004, enter:

Date of birth	0	1	1	1	0	4
---------------	---	---	---	---	---	---

11 MR66 – MOTHER'S DETAILS

The information below is included on this form in order to match it with the corresponding MR63d form should they become separated. Please make every effort to ensure that these forms are dispatched together.

Sticky labels are the preferred method for identifying forms, and may be used on the original and duplicate copy. However, if a sticky label is used only on the hospital copy, DO NOT FORGET to complete HOSPITAL, MOTHER'S USUAL ADDRESS, UR NUMBER and DATE OF BIRTH details on the duplicate (ie. the DSU copy).

11.1 HOSPITAL

HOSPITAL _____

Enter the name of the facility admitting the mother for delivery, or reporting the delivery. If a home birth is being reported by the accoucheur, enter as 'HOME' and record the details on the reverse side of form MR63d.

11.2 MOTHER'S USUAL ADDRESS

MOTHER'S USUAL ADDRESS _____

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.

11.3 UR NUMBER

UR No.	1	2	3	4	5	6
--------	---	---	---	---	---	---

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

11.4 DATE OF BIRTH

Date of Birth	0	1	0	7	7	4
---------------	---	---	---	---	---	---

Enter the day, month and year of the mother's date of birth using all boxes. eg. if the mother was born on 1 July 1974.

12 BABY DETAILS

12.1 BABY'S UR NUMBER

Baby's UR No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
---------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Enter the Unit Record Number assigned to the baby (if applicable). 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.

12.2 DATE OF BIRTH

Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
---------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Enter the day, month and year of the baby's date of birth using all boxes. eg. if the baby was born on 1 July 2004.

12.3 PLURALITY

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

Tick one box to indicate whether this pregnancy 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 corresponds to the second twin, tick 'Twin II'. For the first baby of triplets, tick 'Other' and write 'Triplet I' in the space provided.

For a multiple birth, a separate form must be completed for each baby with a congenital anomaly or suspected congenital anomaly.

12.4 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'.

12.5 BORN ALIVE

Born alive	<input type="checkbox"/>
Not born alive	<input type="checkbox"/>

Tick the box that corresponds to the result of the birth. If the baby is born alive, tick 'Born alive'. If the baby is not born alive, ie. the baby did not show any signs of life, tick 'Not born alive'.

12.6 SECTION A – FULL DESCRIPTION OF ALL ANOMALIES PRESENT OR SUSPECTED

Enter a full description of all anomalies present or suspected (including those not able to be illustrated on the diagrams in Section B). If the anomaly is suspected but not confirmed indicate this with an 'S' in brackets after the anomaly description.

This section should be completed by the medical practitioner responsible for the care of the affected baby, or if no medical officer is on site, then the registered midwife, or any other clinician. This information can be entered any time after the birth of a baby and updated in the period of up to 28 days after the birth.

12.7 SECTION B – INDICATE BY SHADING OR MARKING THE APPROPRIATE DIAGRAM(S)

See appendix B for the diagrams included in Section B of the MR66 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). Ensure that a written description is also provided in Section A.

12.8 SECTION C – NEONATAL MORBIDITY (EXTRA DETAILS)

Extra space is provided for a description of any neonatal morbidity which does not fit in the space provided on form MR63d.

This information can be entered any time after the birth of a baby and updated in the period up to 28 days after the birth.

12.9 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.

12.10 SURNAME

Surname (BLOCK LETTERS) _____

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

12.11 DESIGNATION

Designation _____

Enter the position/designation of the medical practitioner.

12.12 DATE

Date / /

Enter the date the medical practitioner signed the form.

Aboriginal, 402
Accommodation, 404
Acknowledgments, 102
Actual place of birth, 703
Address, 201, 406, 1101
Amendments, 101
Anaesthesia, 707
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Antenatal care, 602
Antenatal transfer, 407
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Assisted conception, 701

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Confidentiality, 201
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CTG, 714

Date of admission, 401
Date of birth, 406, 801, 1101, 1201
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Discharge weight, 1003
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EDC, 601, 602
Electronic extract, 101
Episiotomy, 707, 712, 713
Estimated date of confinement, 601

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Fetal scalp pH, 714
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Genital trauma, 713
Gestational age, 802

Head circumference, 802
Health Act 1937 – 1988, 201
Hepatitis B, 405, 604, 805

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