QUEENSLAND PERINATAL DATA COLLECTION FORM

MOTHER'S DETAILS

PLACE OF DELIVERY

DATE OF ADMISSION (for delivery)

MOTHER'S COUNTRY OF BIRTH

INDIGENOUS STATUS
- Aboriginal
- Torres Strait Islander
- Aborig. & Torres Str. Is.
- Neither Aboriginal nor Torres Str. Is.

MARITAL STATUS
- Never Married
- Married/defacto
- Widowed
- Divorced
- Separated

ACCOMMODATION STATUS OF MOTHER
- Public
- Private

SEROLOGY
RPR.....IgG.....
Rubella.....
Blood Group.....
Rh.....
Antibodies No ☐ Yes ☐
Other

FAMILY NAME

1ST GIVEN NAME

2ND GIVEN NAME

USUAL RESIDENCE

POSTCODE

STATE

UR No.

DOB

Estimated Date of Birth

SLA

PREVIOUS PREGNANCIES

PREVIOUS PREGNANCIES
None ☐ (go to next section)

Number of **previous pregnancies** resulting in:
- Only livebirths
- Only stillbirths
- Only abortions/miscarriages/ectopic/hydatiform mole
- Livebirth & stillbirth
- Livebirth & abortion/miscarriages/ectopic/hydatiform mole
- Stillbirth & abortion/miscarriages/ectopic/hydatiform mole
- Livebirth, stillbirth & abortion/miscarriages/ectopic/hydatiform mole

TOTAL NUMBER of previous pregnancies

METHOD OF DELIVERY OF LAST BIRTH
- Vaginal non-instrumental
- Forceps
- Vacuum extractor
- LSCS
- Classical CS
- Other (specify)

Number of previous caesareans

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

Reason for transfer

Transferred from

Time of transfer
- prior to onset of labour
- during labour

SMOKING

During the first 20 weeks of pregnancy
- Did the mother smoke? No ☐ Yes ☐
- If yes, how many cigarettes per day? ☐☐☐
- Was smoking cessation advice offered by a health care provider? No ☐ Yes ☐

After 20 weeks of pregnancy
- Did the mother smoke? No ☐ Yes ☐
- If yes, how many cigarettes per day? ☐☐☐
- Was smoking cessation advice offered by a health care provider? No ☐ Yes ☐

PRESENT PREGNANCY

LMP

EDC by US scan/dates/clinical assessment

TOTAL NUMBER OF VISITS

GESTATION AT FIRST ANTENATAL VISIT ☐☐ Weeks

HEIGHT cm

WEIGHT (self-reported at conception) kg

ANTENATAL CARE
You may tick more than one box
- No antenatal care
- Public hospital/clinic midwifery practitioner
- Public hospital/clinic medical practitioner
- General practitioner
- Private medical practitioner
- Private midwife practitioner

CURRENT MEDICAL CONDITIONS
You may tick more than one box
- None
- Essential hypertension
- Pre-existing diabetes mellitus
  - insulin treated
  - oral hypoglycaemic therapy
  - other
- Asthma (treated during this pregnancy)
- Epilepsy
- Genital herpes (active during this pregnancy)
- Anaemia
- Renal condition (specify)
- Cardiac condition (specify)
- Hepatitis B Active
- Hepatitis B Carrier
- Hepatitis C Active
- Hepatitis C Carrier
- Other (specify)

PREGNANCY COMPLICATIONS
You may tick more than one box
- None
- APH (<20 weeks)
- APH (20 weeks or later) due to
  - abruption
  - placenta praevia
  - other
- Gestational diabetes
  - insulin treated
  - oral hypoglycaemic therapy
  - other
- PIH/PE
  - mild
  - moderate
  - severe
- Other (specify)

PROCEDURES AND OPERATIONS
(during pregnancy, labour and delivery)
You may tick more than one box
- None
- Chorionic villus sampling
- Amniocentesis (diagnostic)
- Cordocentesis
- Cervical suture (for cervical incompetence)
- Other (specify)

ULTRASOUNDS
Number of scans

Were any of the following performed?
- Nuchal translucency ultrasound No ☐ Yes ☐
- Morphology ultrasound scan No ☐ Yes ☐
- Assessment for chorionicity scan No ☐ Yes ☐

ASSISTED CONCEPTION
Was this pregnancy the result of assisted conception? No ☐ Yes ☐

If yes, indicate method/s used
- AIH / AID
- Ovulation induction
- IVF
- GIFT
- ICSI (intracytoplasmic sperm injection)
- Other (specify)

LABOUR AND DELIVERY

INTENDED PLACE OF BIRTH AT ONSET OF LABOUR
- Hospital
- Birthing centre
- Home
- Other

ACTUAL PLACE OF BIRTH OF BABY
- Hospital
- Birthing centre
- Home
- Other (BBA)

ONSET OF LABOUR
Tick one box only
- Spontaneous
- Induced
- No labour (caesarean section)

Methods used to **induce labour** or **augment labour?**
You may tick more than one box
- Artificial rupture of Membranes (ARM)
- Oxytocin
- Prostaglandins
- Other (specify)

If labour induced
Reason for induction

MEMBRANES RUPTURED
____ days ____ hours ____ mins before delivery

LENGTH OF LABOUR

	hours	minutes
• 1st stage		
• 2nd stage		

PRESENTATION AT BIRTH
Tick one box only
- Vertex
- Breech
- Face
- Brow
- Transverse/shoulder
- Other (specify)

METHOD OF BIRTH
Tick one box only
- Vaginal non-instrumental
- Forceps
- Vacuum extractor
- LSCS
- Classical CS
- Other (specify)

WATER BIRTH
Was this a **water birth?** No ☐ Yes ☐

If **yes**, was the water birth
- Unplanned
- Planned

REASON FOR FORCEPS/VACUUM

REASON FOR CAESAREAN

Cervical dilation prior to caesarean
- 3cm or less
- More than 3cm
- Not measured

ANTIBIOTICS AT TIME OF CAESAREAN
Tick one box only
- None
- Prophylactic antibiotics received
- Antibiotics already received

PLACENTA / CORD

NON-PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY
- None
- Heat pack
- Birth ball
- Massage
- Shower
- Water Immersion
- Aromatherapy
- Homeopathy
- Acupuncture
- TENS
- Water Injection
- Other (specify)

PRINCIPAL ACCOUCHEUR
Tick one box only
- Obstetrician
- Other medical officer
- Midwife
- Student midwife
- Medical student
- Other (specify)

PERINEUM
Please tick the most severe
- Intact
- Grazes
- Lacerated -1st degree
- -2nd degree
- -3rd degree
- -4th degree

Episiotomy? No ☐ Yes ☐

Other genital trauma

Surgical repair of vagina or perineum? No ☐ Yes ☐

PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY
- None
- Nitrous oxide
- Systemic opioid (incl. narcotic (IM/IV))
- Epidural
- Spinal
- Combined Spinal-Epidural
- Caudal
- Other (specify)

LABOUR AND DELIVERY COMPLICATIONS
You may tick more than one box
- None
- Meconium liquor
- Fetal distress
- Cord prolapse
- Cord entanglement with compression
- Failure to progress
- Prolonged second stage (active)
- Precipitate labour/delivery
- Retained placenta with manual removal
  - with haemorrhage
  - without haemorrhage
- Primary PPH (500-999ml)
- Primary PPH (=>1000ml)
- Other (specify)

CTG in labour? No ☐ Yes ☐
FSE in labour? No ☐ Yes ☐
Fetal scalp pH? No ☐ Yes ☐
Fetal scalp pH result → ☐.☐
Lactate? No ☐ Yes ☐
Lactate result → ☐☐.☐

ANAESTHESIA FOR DELIVERY
- None
- Epidural
- Spinal
- Combined Spinal-Epidural
- General Anaesthetic
- Local to perineum
- Pudendal
- Caudal
- Other (specify)

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BABY

For multiple births complete one form per baby

BABY'S UR No.

DATE OF BIRTH

INDIGENOUS STATUS - BABY
- Aboriginal
- Torres Strait Islander
- Aborig. & Torres Str. Is.
- Neither Aboriginal nor Torres Str. Isl

TIME OF BIRTH ____ hours

BIRTHWEIGHT ____ grams

GESTATION ____ weeks ____ days
(clinical assessment at birth)

HEAD CIRCUMFERENCE AT BIRTH ____ . ____ cm

LENGTH AT BIRTH ____ . ____ cm

PLURALITY
- Single
- Twin I
- Twin II
- Other (Specify)

SEX
- Male
- Female
- Indeterm.

BIRTH STATUS
- Born alive
- Stillborn
- – macerated

No Yes

APGAR SCORE

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

REGULAR RESPIRATIONS ____ minutes

OR At birth

OR Intubated/Ventilated

OR Respirations not established

RESUSCITATION
You may tick more than one box
- None
- Suction (oral, pharyngeal etc)
- Suction of meconium (oral, pharyngeal etc)
- Suction of meconium via ETT
- Facial O_2
- Bag and mask
- IPPV via ETT
- Narcotic antagonist injection
- External cardiac massage
- Other (specify-include drugs)

HEPATITIS B IMMUNOGLOBULIN No Yes

- Urine
- Meconium

Cord pH? No Yes

Cord pH value ____ . ____

BE ____

VITAMIN K (first dose)
- Oral
- IM
- None

HEPATITIS B (birth dose vaccination) No Yes

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
- Oxygen for > 4 hours
- Phototherapy
- IV/IM antibiotics
- IV fluid
- Mechanical ventilation
- Blood glucose monitoring ←
- CPAP
- Oro / naso gastric feeding
- Other treatment

Was baby admitted to ICN/SCN? No Yes

If yes, how many days was baby admitted to:
- ICN (days) ____
- SCN (days) ____

Main reason for admission to ICN/SCN

CONGENITAL ANOMALY No Yes Suspected

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

DISCHARGE DETAILS

MOTHER
PUERPERIUM COMPLICATIONS
You may tick more than one box
- None
- Haemorrhoids
- Wound infection
- Anaemia
- Dehiscence/disruption of wound
- Febrile
- UTI
- Spinal headache
- Secondary PPH
- Other (specify)

THROMBOPROPHYLAXIS FOLLOWING CAESAREAN You may tick more than one box
- None
- Pharmacological thromboprophylaxis
- Intermittent Calf Compression
- TED Stocking
- Other thromboprophylaxis

PUERPERIUM PROCEDURES AND OPERATIONS
You may tick more than one box
- None
- Blood Patch
- Blood Transfusion
- D & C
- Other (specify)

- Discharged
- Transferred
- Died
- Remaining in

Place of Transfer

Date

Early Discharge Program No Yes

BABY
Neonatal Screening

Discharge weight ____ grams

- Discharged
- Transferred
- Died
- Remaining in

Place of transfer

Date

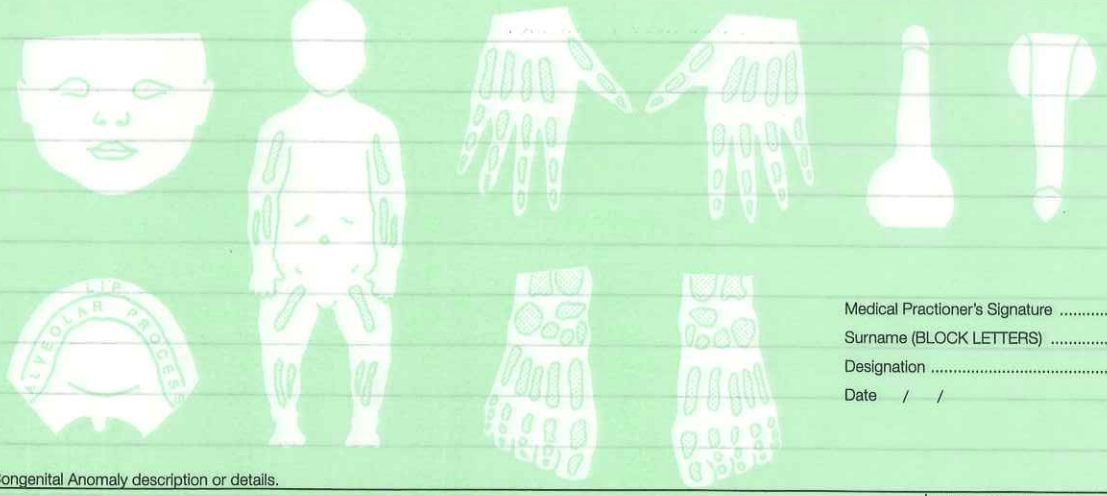
TYPES OF FLUID BABY RECEIVED AT ANY TIME FROM BIRTH TO DISCHARGE
You may tick more than one box
- Breast milk/colostrum
- Infant formula
- Water, fruit juice or water-based products
- Nil by mouth

TYPES OF FLUID BABY RECEIVED IN THE 24 HOURS PRIOR TO DISCHARGE.
You may tick more than one box
- Breast milk/colostrum
- Infant formula
- Water, fruit juice or water-based products
- Nil by mouth

ALTERNATE FEEDING METHOD
You may tick more than one box
- None
- Bottle
- Cup
- Syringe
- Other (specify)

CONGENITAL ANOMALY/MORBIDITY DATA

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



Medical Practioner's Signature .....

Surname (BLOCK LETTERS) .....

Designation .....

Date / /

Additional Congenital Anomaly description or details.

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