

# Perinatal Statistics

## Queensland 2018

Version 1.0



## **Perinatal Statistics Queensland 2018**

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For more information contact: Statistical Reporting and Coordination and Clinical Knowledge Resources, Statistical Services Branch, Department of Health, GPO Box 48, Brisbane QLD 4001, email [HlthStat@health.qld.gov.au](mailto:HlthStat@health.qld.gov.au), phone 07 3708 5702.

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## **Incidence Data**

Queensland Newborn Screening

## 2. Acknowledgements

Appreciation is extended to:

- Midwives, obstetricians, paediatricians, neonatologists, pathologists and other hospital staff who completed and returned the Perinatal Data Collection forms
- The Registrar-General's Office (Registry for Births, Deaths and Marriages) for providing additional data on perinatal deaths
- The staff of the Perinatal Data Collection
- The Newborn Screening Unit for its contribution



### 3. Data Quality Statement

Hospitals should ensure that the following principles guide the collection and reporting of data to the Queensland Department of Health (DoH) via the Statistical Services Branch (SSB):

- Trustworthy - data is accurate, relevant and timely;
- Valued - data is a core strategic asset;
- Managed - collection of data is actively planned, managed and compliant; and
- Quality – data provided is complete, consistent, undergoes regular validation and is of sufficient quality to enable the DoH to perform regulatory functions such as monthly performance reports, fulfil legislative requirements, deliver accountabilities to state and commonwealth governments, monitor and promote improvements in the safety and quality of health services.

To ensure the DoH can fulfil its regulatory functions, hospitals must ensure that data submitted to SSB are of high quality. SSB cannot accept data containing a high number of validation errors.

Should data submitted contain a high number of validation errors, SSB will advise the hospital accordingly to review the quality of the data submitted for correction and re-submission. For SSB to accept data submitted any validation errors identified must be addressed (on the relevant information system) to ensure that erroneous data is not submitted to SSB.

For private facilities, under the Private Health Facilities Act 1999 (the Act) private facilities must comply with the requirements of the Act. In particular, the submission of reports to enable the State to give information to the Commonwealth under an agreement with the Commonwealth and prescribed under section 7(4)(c) of the Private Health Facilities Regulation 2000 (the Regulations).

## 4. Preface

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

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

The Perinatal Data Collection Electronic File Format and Obstetric Summary and Neonatal Notes (MR63D) form collected antenatal, intrapartum and postpartum data. Perinatal Data Collection Electronic File Format (versions 2017-2018 and 2018-2019) and Obstetric Summary and Neonatal Notes (edition July 2015 MR63D) forms were used in 2018, shown in Appendix B. It is also important to note that many birthing hospitals now submit data electronically.

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

This report presents summary statistics based on the data collected for 2018.

Changes are routinely introduced to the collection on a financial year basis. Calendar year publications will reflect these changes as far as possible. The introduction of ICD-10-AM Tenth Edition occurred from 1 July 2017.

## 5. Explanatory Notes

### Scope

The statistics shown in this report relate to confinements/births that occurred in Queensland during 2018 and were reported to the Perinatal Data Collection. Confinements/births that occurred outside Queensland, but where the mother was usually resident in Queensland, were not captured by the Collection. Conversely, births that occurred in Queensland, but where the mother's usual residence was overseas or interstate, are included in the statistics. The scope of the Collection ceases at the point of formal separation - discharge, transfer or death for hospital births.

### Data quality

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

## 6. Glossary

### ***Actual place of birth***

Actual place where the birth of the baby occurred.

### ***Apgar score***

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

### ***Antenatal care type***

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

### ***Assessment for chronicity scan***

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

### ***Assisted conception***

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

### ***Augmentation***

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

### ***Baby***

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

### ***Baby's place of death***

The location of death of the baby.

### ***Birth***

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

### ***Birth order***

The order of each baby of a multiple birth.

### ***Birthweight***

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

very low birthweight babies whose weight is less than 1,500 grams as well as extremely low birthweight babies whose weight is less than 1,000 grams.

### ***Congenital anomaly***

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

### ***Cord pH***

The measurement of the umbilical cord pH.

### ***CTG in labour***

Indicating whether Cardiotocography (CTG) monitoring was performed.

### ***Date of admission***

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

### ***Date of confinement***

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

### ***Estimated date of confinement***

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

### ***Fetal scalp pH***

Measurement of the fetal scalp pH.

### ***First day of the last menstrual period***

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

### ***Fluid baby received in the birth episode***

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

### ***Fluid baby received 24 hours prior to discharge***

The type of fluid ingested by the baby in the twenty-four (24) hours prior to discharge.

### ***FSE in labour***

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

### ***Gestation***

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

### ***Grand Multipara***

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

### ***Hepatitis B vaccination status***

The Hepatitis B vaccination status of the baby at birth.

### ***Indigenous Status***

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

### ***Induction***

Intervention to stimulate the onset of labour.

### ***Intended birth place***

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

### ***Labour and birth complication***

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

### ***Livebirth***

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

### ***Macerated***

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

### ***Medical conditions***

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

### ***Method of birth***

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

### ***Method of birth of last birth***

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

### ***Morphology ultrasound scan***

An ultrasound to allow the early diagnosis of morphologic abnormalities.

### ***Mortality rates***

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

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

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

### ***Mother***

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

### ***Multipara***

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

### ***Neonatal death***

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

### ***Non-Pharmacological Analgesia administered during labour***

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

### ***Nuchal translucency ultrasound***

An ultrasound to assess for Trisomy 21 chromosomal abnormalities.

### ***Outcome of previous pregnancies***

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

### ***Perinatal death***

A stillbirth or neonatal death.

### ***Perinatal period***

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

### ***Period in ICN/SCN***

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

### ***Pharmacological Analgesia administered during labour***

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

### ***Plurality***

The number of babies resulting from a single pregnancy. Plurality at birth is determined by the total number of live births and stillbirths that result from the pregnancy. Stillbirths, including those where the fetus was likely to have died before 20 weeks gestation, should be included in the count of plurality. To be included, they should be recognisable as a fetus and have been expelled or extracted with other products of conception when pregnancy ended at 20 or more weeks gestation.

### ***Position of congenital anomaly***

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

### ***Pregnancy complication***

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

### ***Presentation***

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

### ***Primipara***

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

### ***Primary reason for induction***

Primary reason for the need to induce labour.

### ***Principal accoucheur***

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

### ***Puerperium***

The six-week period for the mother following birth.

### ***Puerperium complication***

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



### ***Puerperium procedures and operations***

Any procedure or operation the mother had during the puerperium, the six-week period following the birth.

### ***Separation date***

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

### ***Smoking***

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

### ***State/Territory of birth***

The state/territory in which the birth occurred.

### ***Stillbirth***

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

### ***Underlying cause of perinatal death***

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

### ***Water Birth***

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

# Appendix A: Unpublished Data Available from the Perinatal Data Collection

## **MOTHER**

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

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

## **BABY**

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

## **PERINATAL DEATHS**

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

# Appendix B: Perinatal Data Collection Form (MR63D) and Electronic File Format

## QUEENSLAND PERINATAL DATA COLLECTION FORM

**MOTHER'S DETAILS**

PLACE OF DELIVERY: \_\_\_\_\_ DATE OF ADMISSION (for delivery): \_\_\_\_\_ FAMILY NAME: \_\_\_\_\_ UR No: \_\_\_\_\_

MOTHER'S COUNTRY OF BIRTH: \_\_\_\_\_ SEROLOGY: \_\_\_\_\_ 1ST GIVEN NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

INDIGENOUS STATUS: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ ACCOMMODATION STATUS OF MOTHER: \_\_\_\_\_ RPR: \_\_\_\_\_ IgG: \_\_\_\_\_ 2ND GIVEN NAME: \_\_\_\_\_ Estimated Date of Birth: \_\_\_\_\_

Aboriginal: 1 Never Married: 1 Public: 1 Rubella: \_\_\_\_\_ Blood Group: \_\_\_\_\_ Usual Residence: \_\_\_\_\_

Torres Strait Islander: 2 Married/de facto: 2 Private: 4 Rh: \_\_\_\_\_

Aborig. & Torres Str. Is.: 3 Widowed: 3 Antibodies: No  Yes  Other: \_\_\_\_\_

Neither Aboriginal nor Torres Str. Is.: 4 Divorced: 4 Separated: 5

ANTENATAL TRANSFER: No  1 Yes  2 (include transfer from planned home birth to hospital, from birthing centre to acute care area etc.)

Reason for transfer: \_\_\_\_\_ Time of transfer: \_\_\_\_\_

Transferred from: \_\_\_\_\_ • prior to onset of labour:  1

• during labour:  2

**PREVIOUS PREGNANCIES**

PREVIOUS PREGNANCIES: None  1 (go to next section)

Number of previous pregnancies resulting in:

Only livebirths: \_\_\_\_\_

Only stillbirths: \_\_\_\_\_

Only abortions/miscarriages/ectopic/hydattiform mole: \_\_\_\_\_

Livebirth & stillbirth: \_\_\_\_\_

Livebirth & abortion/miscarriages/ectopic/hydattiform mole: \_\_\_\_\_

Stillbirth & abortion/miscarriages/ectopic/hydattiform mole: \_\_\_\_\_

Livebirth, stillbirth & abortion/miscarriages/ectopic/hydattiform mole: \_\_\_\_\_

TOTAL NUMBER of previous pregnancies: \_\_\_\_\_

METHOD OF DELIVERY OF LAST BIRTH: \_\_\_\_\_

Vaginal non-instrumental: 10

Forceps: 02

Vacuum extractor: 03

LSCS: 04

Classical CS: 05

Other (specify): \_\_\_\_\_

Number of previous caesareans: \_\_\_\_\_

**ANTENATAL SCREENING**

Was antenatal screening for domestic violence performed? No  1 Yes  2

Was antenatal screening for alcohol use performed? No  1 Yes  2

Was antenatal screening for illicit drug use performed? No  1 Yes  2

Was antenatal screening for Edinburgh Depression Score performed? No  1 <10  2 >=10  3

**IMMUNISATION**

Was immunisation for influenza received during this pregnancy? No  1 Yes  2 Gestation Weeks: \_\_\_\_\_

Was immunisation for pertussis received during this pregnancy? No  1 Yes  2 Gestation Weeks: \_\_\_\_\_

**SMOKING**

During the first 20 weeks of pregnancy:

Did the mother smoke? No  1 Yes  2

If yes, how many cigarettes per day? \_\_\_\_\_

Was smoking cessation advice offered by a health care provider? No  1 Yes  2

After 20 weeks of pregnancy:

Did the mother smoke? No  1 Yes  2

If yes, how many cigarettes per day? \_\_\_\_\_

Was smoking cessation advice offered by a health care provider? No  1 Yes  2

GESTATION AT FIRST ANTENATAL VISIT: \_\_\_\_\_ Weeks

**PRESENT PREGNANCY**

LMP: \_\_\_\_\_ TOTAL NUMBER OF VISITS: \_\_\_\_\_

EDC: \_\_\_\_\_ CURRENT MEDICAL CONDITIONS (You may tick more than one box): \_\_\_\_\_

by US scan/dates/clinical assessment: \_\_\_\_\_

None: 0100

Essential hypertension: 0240

Pre-existing diabetes mellitus: 0242

Type 1 diabetes: 0243

Type 2 insulin treated: 0244

Type 2 oral hypoglycaemic therapy: 0459

Type 2 diet/exercise: 0469

Other (specify): \_\_\_\_\_

Asthma (treated during this pregnancy): 0469

Epilepsy: 0469

Genital herpes (active during this pregnancy): 0469

Anaemia: 0469

Renal condition (specify): \_\_\_\_\_

Cardiac condition (specify): \_\_\_\_\_

Hepatitis B Active: 0819

Hepatitis B Carrier: 2251

Hepatitis C Active: 0817

Hepatitis C Carrier: 2252

Other (specify): \_\_\_\_\_

**PREGNANCY COMPLICATIONS** (You may tick more than one box): \_\_\_\_\_

None: 0008

APH <30 weeks: 0008

APH (30 weeks or later) due to: 0459

abruption: 0441

placenta praevia: 0469

other: 0244

Gestational diabetes: 0242

insulin treated: 0243

oral hypoglycaemic therapy: 0244

diet/exercise: 0244

Hypertension: 0113

Gestational (mild): 0140

Pre eclampsia (moderate): 0141

Pre eclampsia (severe): 0142

HELLP: 0142

Other (specify): \_\_\_\_\_

**PROCEDURES AND OPERATIONS** (during pregnancy, labour and delivery) (You may tick more than one box): \_\_\_\_\_

None: 160300

Chorionic villus sampling: 160300

Amniocentesis (diagnostic): 160300

Cordocentesis: 160300

Cervical suture (for cervical incompetence): 160300

Other (specify): \_\_\_\_\_

**ULTRASOUNDS** (Number of scans): \_\_\_\_\_

**ASSISTED CONCEPTION** (Was this pregnancy the result of assisted conception?) No  1 Yes  2

If yes, indicate method/s used: \_\_\_\_\_

AH / AID: 02

Ovulation induction: 03

IVF: 04

GIFT: 05

ICSI (intracytoplasmic sperm injection): 07

Donor Egg: 08

Frozen embryo transfer/embryo transfer: 09

Other (specify): \_\_\_\_\_

**WERE ANY OF THE FOLLOWING PERFORMED?**

Nuchal translucency ultrasound: No  1 Yes  2

Morphology ultrasound scan: No  1 Yes  2

Assessment for chorionicity scan: No  1 Yes  2

**LABOUR AND DELIVERY**

INTENDED PLACE OF BIRTH AT ONSET OF LABOUR: \_\_\_\_\_

Hospital: 1

Birth centre: 2

Home: 3

Other: 4

ACTUAL PLACE OF BIRTH OF BABY: \_\_\_\_\_

Hospital: 1

Birth centre: 2

Home: 3

Other (BBA): 4

ONSET OF LABOUR: \_\_\_\_\_

Tick one box only

Spontaneous: 1

Induced: 2

No labour (caesarean section): 3

MEMBRANES RUPTURED: \_\_\_\_\_

\_\_\_\_\_ days \_\_\_\_\_ hours \_\_\_\_\_ mins

before delivery

LENGTH OF LABOUR: \_\_\_\_\_

hours \_\_\_\_\_ minutes

\* 1st stage: \_\_\_\_\_

\* 2nd stage: \_\_\_\_\_

PRESENTATION AT BIRTH: \_\_\_\_\_

Tick one box only

Vertex: 1

Breech: 2

Face: 3

Brow: 4

Transverse/shoulder: 5

Other (specify): 7

METHOD OF BIRTH: \_\_\_\_\_

Tick one box only

Vaginal non-instrumental: 10

Forceps: 02

Vacuum extractor: 03

LSCS: 04

Classical CS: 05

Other (specify): \_\_\_\_\_

REASON FOR FORCEPS/VACUUM: \_\_\_\_\_

3cm or less: 1

More than 3cm: 2

Not measured: 3

ANTIBIOTICS AT TIME OF CAESAREAN: \_\_\_\_\_

Tick one box only

None: 1

Prophylactic antibiotics received: 2

Antibiotics already received: 3

PLACENTA/ CORD: \_\_\_\_\_

CONVEX DILATION PRIOR TO CAESAREAN: \_\_\_\_\_

None: 1

Birth ball: 02

Massage: 04

Shower: 05

Water immersion: 06

Acupuncture: 07

Acromassotherapy: 08

Acupuncture: 09

TENS: 10

Water injection: 11

Other (specify): \_\_\_\_\_

NON-PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY: \_\_\_\_\_

None: 01

Heat pack: 02

Birth ball: 03

Massage: 04

Shower: 05

Water immersion: 06

Acromassotherapy: 07

Acupuncture: 08

TENS: 09

Water injection: 10

Other (specify): 11

PRINCIPAL ACCOUCHEUR: \_\_\_\_\_

Tick one box only

Obstetrician: 1

Other medical officer: 2

Midwife: 3

Student midwife: 4

Medical student: 5

Other (specify): \_\_\_\_\_

DAMAGE TO THE PERINEUM: \_\_\_\_\_

You may tick more than one box

None: 01

Graze/tear - vaginal, labia, vulva: 02

Lacerated: 03

-1st degree: 04

-2nd degree: 05

-3rd degree: 06

-4th degree: 07

Episiotomy: 08

Other genital trauma: \_\_\_\_\_

Surgical repair of vagina or perineum: No  1 Yes  2

LABOUR AND DELIVERY COMPLICATIONS: \_\_\_\_\_

You may tick more than one box

None: 0681

Meconium liquor: 0689

Fetal distress: 0690

Cord prolapse: 0692

Cord entanglement with compression: 0693

Failure to progress: 0694

Prolonged second stage (active): 0695

Pre-eclampsia/labour/delivery: 0696

Retained placenta with manual removal: 0697

\* with haemorrhage: 0698

\* without haemorrhage: 0699

Primary PPH (500-999ml): 0700

Primary PPH (1000-1499ml): 0701

Primary PPH (>=1500ml): 0702

Other (specify): \_\_\_\_\_

CTG in labour? No  1 Yes  2

FSE in labour? No  1 Yes  2

Fetal scalp pH? No  1 Yes  2

Fetal scalp p H result: \_\_\_\_\_

Lactate? No  1 Yes  2

Lactate result: \_\_\_\_\_

PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY: \_\_\_\_\_

None: 01

Nitrous oxide: 02

Systemic opioid (incl. narcotic (M/M)): 03

Epidural: 04

Spinal: 05

Combined Spinal-Epidural: 06

General Anaesthetic: 07

Local to perineum: 08

Pudendal: 09

Caudal: 10

Other (specify): \_\_\_\_\_

ANAESTHESIA FOR DELIVERY: \_\_\_\_\_

None: 01

Epidural: 02

Spinal: 03

Combined Spinal-Epidural: 04

General Anaesthetic: 05

Local to perineum: 06

Pudendal: 07

Caudal: 08

Other (specify): \_\_\_\_\_

**WATER BIRTH**

Was this a water birth? No  1 Yes  2

If yes, was the water birth: \_\_\_\_\_

Unplanned: 1

Planned: 2

**IF LABOUR INDUCED MAIN REASON FOR INDUCTION:** \_\_\_\_\_

1st ADDITIONAL REASON FOR INDUCTION: \_\_\_\_\_

2nd ADDITIONAL REASON FOR INDUCTION: \_\_\_\_\_

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## PERINATAL DATA COLLECTION ELECTRONIC FILE FORMAT

To view data items submitted via the electronic file format please see links below:

[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0028/664129/pdc-file-format-2017-2018-final.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0028/664129/pdc-file-format-2017-2018-final.pdf)

[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0038/718787/Queensland-Perinatal-Data-Collection-File-Format-2018-2019.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0038/718787/Queensland-Perinatal-Data-Collection-File-Format-2018-2019.pdf)

## **Appendix C: Perinatal Data Collection Form Changes (MR63D)**

There were no changes to the data items reported in 2018.

# Appendix D: Hospital and Health Services

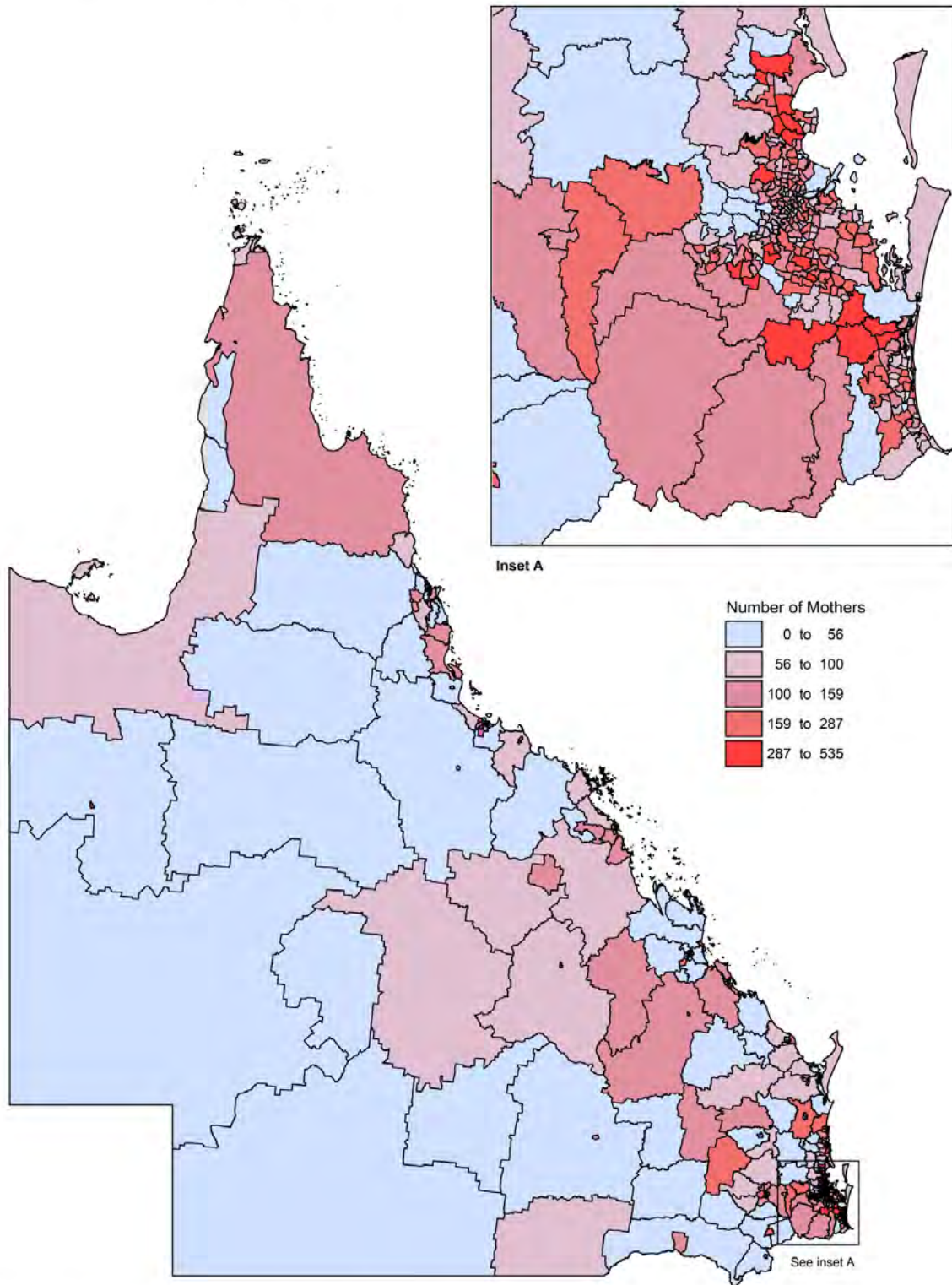
**Hospital and Health Services, Queensland Health  
by Recognised Public Hospitals  
and Primary Health Centres**



Prepared by: Statistical Reporting and Coordination, Statistical Services Branch, 29 May 2019  
 Hospital and Health Services by recognised public hospitals and primary health centres as at November 2018

# Appendix E: Mothers by SA2 of usual residence (ASGS2016)

## Mothers by SA2 of usual residence, Queensland 2018



Source: Perinatal Data Collection, Statistical Services Branch  
Prepared by: Statistical Reporting and Coordination, Statistical Services Branch, Queensland Health, 10 January 2020



## References

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