PERINATAL STATISTICS



QUEENSLAND 2009

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- . The staff of the Perinatal Data Collection,
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INTRODUCTION

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

This report presents summary statistics based on the data collected for 2009.

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 Sixth Edition occurred from 1 July 2008. For previous years, notations are made where relevant for items or coding that have changed in mid-year.

DATA COLLECTION

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

The Obstetric Summary and Neonatal Notes (MR63D) form collected antenatal, intrapartum and postpartum data. Two editions of the Obstetric Summary and Neonatal Notes (MR63D) forms were used in 2009. These forms (January to June 2009 MR63D and July to December 2009 MR63D) are shown in Appendix B.

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

EXPLANATORY NOTES

Scope

The statistics shown in this report relate to confinements/births that occurred in Queensland during 2009 and were reported to the Perinatal Data Collection. Confinements/births that occurred outside Queensland, but where the mother was usually resident in Queensland, were not captured by the Collection. Conversely, births that occurred in Queensland, but where the mother's usual residence was overseas or interstate, are included in the statistics. The scope of the Collection ceases at the point of formal separation - discharge, transfer or death.

Data quality

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

Definitions

Actual place of birth

Actual place where the birth of the baby occurred.

Apgar score

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

Antenatal care type

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

Assessment for chronicity scan

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

Assisted conception

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

Augmentation

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

Baby

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

Baby's place of death

The location of death of the baby.

Birth

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

Birth order

The order of each baby of a multiple birth.

Birthweight

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

Congenital anomaly

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

Cord pH

The measurement of the umbilical cord pH.

CTG in labour

Indicating whether Cardiotocography (CTG) monitoring was performed.

Date of admission

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

Date of confinement

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

Estimated date of confinement

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

Fetal scalp pH

Measurement of the fetal scalp pH.

First day of the last menstrual period

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

Fluid baby received in the birth episode

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

Fluid baby received 24hrs prior to discharge

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

FSE in labour

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

Gestation

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

GrandMultipara

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

Hepatitis B vaccination status

The Hepatitis B vaccination status of the baby at birth.

Indigenous Status

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

Induction

Intervention to stimulate the onset of labour.

Intended birth place

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

Labour and birth complication

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

Livebirth

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

Macerated

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

Medical conditions

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

Method of birth

The method of complete expulsion or extraction from it's mother of a product of conception.

Method of birth of last birth

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

Morphology ultrasound scan

An ultrasound to allow the early diagnosis of morphologic abnormalities.

Mortality rates

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

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

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

Mother

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

Multipara

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

Neonatal death

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

Non-Pharmacological Analgesia administered during labour

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

Nuchal translucency ultrasound

An ultrasound to assess for trisomy 21 chromosomal abnormalities.

Outcome of previous pregnancies

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

Perinatal death

A stillbirth or neonatal death.

Perinatal period

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

Period in ICN/SCN

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

Pharmacological Analgesia administered during labour

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

Plurality

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

Position of congenital anomaly

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

Pregnancy complication

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

Presentation

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

Primipara

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

Primary reason for induction

Primary reason for the need to induce labour.

Principal accoucheur

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

Puerperium

The six week period for the mother following birth.

Puerperium complication

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

Puerperium procedures and operations

Any procedure or operation the mother had during the puerperium.

Separation date

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

Smoking

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

State/Territory of birth

The state/territory in which the birth occurred.

Stillbirth

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

Underlying cause of perinatal death

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

Water Birth

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

APPENDIX A: UNPUBLISHED DATA AVAILABLE FROM THE PERINATAL DATA COLLECTION

(Release of data is subject to confidentiality restrictions)

MOTHER

Place of birth

Age

Country of birth Indigenous status

State of usual residence

Statistical local area of usual residence

Marital status Weight

Height

Accommodation status

Antenatal transfer

Antenatal transfer place Time of antenatal transfer Reason for antenatal transfer

Assisted conception methods

Date of admission

Previous pregnancy outcomes

(live births, stillbirths, miscarriages/abortions)

Method of birth of last birth Number of previous Caesareans

Date of LMP

Estimated date of confinement

Antenatal care

Number of antenatal visits

Medical conditions
Pregnancy complications
Procedures and operations

Number of ultrasound scans

Intended place of birth at onset of labour

Actual place of birth of baby

Onset of labour

Methods of induction/augmentation

Reason for Induction

Length of time membranes ruptured before birth

Length of first stage of labour Length of second stage of labour

Presentation

Non-Pharmacological Analgesia during labour Pharmacological Analgesia during labour

Anaesthesia methods for birth

Method of birth Reason for Induction Reason for Caesarean

Cervical dilation prior to Caesarean

Accoucheur Perineal status Episiotomy

Surgical repair of vagina or perineum Gestation at first antenatal visit Labour and birth complications Puerperium complications

Separation type

Date of separation

Place of transfer

Smoking during pregnancy (status and number)

Smoking cessation advice

Puerperium procedures & operations

Parity

BABY

Date of birth Time of birth Birthweight Gestation Plurality Sex

Born alive/stillborn

Route of administration of vitamin K

Hepatitis B vaccination Apgar score (1 and 5 minutes)

Time to establish respirations
Resuscitation methods

Neonatal morbidity

Neonatal treatment methods Congenital anomalies

Days in ICN

Days in SCN

Main reason for admission to ICN/SCN

Fluid received in the birth episode

Fluid received in the 24hrs prior to discharge

Use of a bottle Date of separation Separation type Place of transfer

PERINATAL DEATHS

Date of death Age at death

Indigenous status of baby

Place of death

Macerated (stillbirths)
When heartbeat ceases
Post-mortem performed
Post-mortem confirmed

Main and other causes of death Main and other maternal diseases

PERINATAL DATA COLLECTION FORM (MR63D) January to June 2009

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PERINATAL DATA COLLECTION FORM (MR63D) July to December 2009

QUEENSLAND PERINATAL DATA COLLECTION FORM

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3	3	Only abortlons/miscarriages/ector	datiform molé		ical CS	SMOKING During th	NG the first 20 weeks of pregnancy		
1	2	Livebirth & stillbirth			Other	(specify)	Did the	e mother smoke? No Yes how many cigaretts per day?	
	Ē	Livebirth & abortion/miscarriages/		· -			Was sm	moking cessation advice offered by a health care provider? No Yes 20 weeks gestation:	
						umber of previous	e mother smoke? No Yes [
l		hydatiform mole		· —	-	WOOD-00410	Was sm	how many cigaretts per day?	
L	4	TOTAL NUMBER of previous pr	regna						
l		LMP L L L	1	NUM9		VISITS GESTATIO		RST ANTENATAL VISIT	
				2-4	man e,		J	weeks	+
l		EDC	٠	L 5 - 7		PREGNANC You may tick	Y COMPLI	LICATIONS PROCEDURES AND OPERATIONS ASSISTED CONCEPTION an one box (during pregnancy, labour and delivery) Was this pregnancy the result of	
l		by US scan/dates/clinical assess	sment	8 or n		None		You may tick more than one box assisted conception?	
l		HEIGHT	٦	You may tick more than one		S APH (<20 we	eks)	None No Yes	
l	5		cm	None Essential hypertension		APH (20 weel		due to Cherlonic vilius sampling If yes, indicate method/s used	
	PRESENT PREGIVANCE	WEIGHT ka Pre-existing diabetes mellitus			}		ibruption Amniocentesis (diagnostic) If yes, indicate metric islacenta praevia Cordocentesis AlH / AlD		
١		(self-reported at conception) • insulin treated			*10	• othe	31'	Cervical suture (for cervical incompetence)	
ŀ	-	ANTENATAL CARE		 oral hypoglycaemic other 	ингару	Gestational	diabetes In treated	Other (specify)	
l	3	You may tick more than one box Asthma (treated during this pregnand				m.4	hypoglycae	1001 6-1	
į	٤	No antenatal care Epilepsy				ther	apy	ULTRASOUNDS (ther/specific)	
l		Public hospital/clinic midwifery prectitioner		Genital herpes (active during	this pre				
l		Public hospital/clinic Anaemia Anaemia Renal condition (specify)					moderate	Were any of the following performed?	
l		General practitioner Cardiac condition (specify)			sevore Nuchai translucency ultrasound No Yes				
l		Private medical practitioner Other (specify)			Other (specify) Morphology ultrasound scan No Yes Assessment for chorionicity scan No Yes				
ŀ	+	Private midwife practitioner							
l		INTENDED PLACE OF BIRTH AT ONSET OF		If labour induced Reason for induction		WATER BIRTH Was this a water birth?		PRINCIPAL ACCOUCHEUR Tick one box only LABOUR AND DELIVERY COMPLICATIONS You may fick more than one box	
l		LABOUR	_	Tiggsoff for a reduction		No Yes		Obstetrician None	
l		Hospital Birthing centre		MEMBRANES RUPTURED		If yes, was the water birth Unplanned		Other medical officer Meconium liquor Midwife Fetal distress	٦
l	ļ	Home		days hours m	ins	Planned	Н	Student midwite Cord prolepse	
	l	Other		before delivery		REASON FOR FORCEPS/VACUUM		Medical student Cord entanglement with compression	
	ļ			LENGTH OF LABOUR				Other (specify) Failure to progress	
l	1	ACTUAL PLACE OF BIRTH OF BABY • 1st stage			REASON FOR CAESAREAN		Prolonged second stage (active) PERINEUM Precipitate labour/delivery		
١	١	Hospital		• 2nd stage		Cervical dilation prior to caesarean		Please tick the most severe Retained placenta with manual removal	
l	-	Birthing centre	_	PRESENTATION AT BIRTH		3cm or less	П	Intact Grazes • with haemorrhage	
l	<u> </u>	Home Catal	4	Tick one box only		More than 3cm	\vdash	Lacerated -1st degree • without haemorrhage	
L	ا ڐ	Other (BBA)	7	Vertex	-	Not measured		-2nd degree Primary PPH (500-999ml) -3rd degree Primary PPH (=>1000ml)	
Ľ	5	ONSET OF LABOUR Face			PLACENTA / CORD			ത	
Ŀ	₹	Tick one box only		8row				Episiotomy? No Yes CTG in labour? No Yes	JULY 2009
ľ	LABOUR AND DELIVERS	Spontaneous	4	Transverse/shoulder	_	NON-PHARMACOLOGICAL ANALO DURING LABOUR/DELIVERY	ESIA	Other genital trauma FSE in labour? No Yes	₹
Ľ	3	Induced No labour	-	Other (specify)	_	None		Fetal scalp pH? No Yes	
		(caesaroan section)			Heat pack		Surgical repair of vagina or perineum? No Yes Lactate?	©	
						Birth ball		PHARMACOLOGICAL ANALGESIA Lactate result	MR63D HSC-DATA COLLECTIONS UNIT®
		Methods used to induce labour or METHOD OF BIRTH			Massage Shower	\vdash	DURING LABOUR/DELIVERY ANAESTHESIA FOR DELIVERY None	SNO	
		augment labour? You may tick more than one box	Tick one box only		Water Immersion		None Nitrous axide Epidural	ECH	
		Artificial rupture of Membranes (ARM)	7	Vaginal non-instrumental Forceps	-	Aromatherapy	Ш	Systemic opioid (incl. narcotic (IM/IV)) Spinal	g
			\exists	Vacuum extractor		Homeopathy	H	Epidural Combined Spinal-Epidural Spinal General Anaesthetic	A.A.C
		Oxytocin Prostaglandins		LSCS Classical CS	\dashv	Acupuncture TENS	H	Combined Spinal-Epidural Local to perineum	က္က
1		Other (specify)		Other (specify)		Other (specify)		Caudal Pudendal Other (specify) Caudal	是
1			Ī		Ī		_	Other (specify)	<u>B</u>
۱	- 1								

	For multiple births complete one form per baby									
BABY	BABY'S UR No. DATE OF BIRTH TIME OF BIRTH BIRTHWEIGHT GESTATION (clinical assessment at birth) HEAD CIRCUMFERENCE AT BIRTH AT BIRTH	PLURALITY Single Twin I Twin I Other (Specify) SEX Colour Male Indeterm. BIRTH STATUS Born alive Stillborn - macerated APGAR SCOF Respiratory eff. Muscle tone Respiratory eff. OR At birth OR Intubated OR Respiratory OR Respiratory	1 min 5 mins You may tick more than one it None Suction (oral, phanyngeal etc) Suction of meconium (oral, phanyngeal etc) Suction of meconium via ET Facial 0 ₂ Bag and mask IPPV via ETT Narcotic antagonist injection External cardiac message Other (specify-include drugs	Cord pH? No Yes Cord pH value Cord pH value BE VITAMIN K (first dose) Cral						
POSTNATAL DETAILS	BABY NEONATAL MORBIDITY None Jaundice Respiratory distress Infection Neonatal abstinence syndrome Hypo/Hyperglycaemia or Normal Other (specify) Company Diagnosis Diagnosis Diagnosis Results	No Yes NEONATAL TRI None Oxygen for > Phototherapy IV/IM antibiotic IV fluid Mechanical ve Blood glucose n CRAP Oral / naso-gast Other treatmen	4 hours No Yes if yes, how many days was beby admitted to: • iCN (days) • iCN (days) • ich (days) • i	No Yes CONGENITAL ANOMALY No Yes Suspected Hi 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 Fisbrile UTI Spinal headache Secondary PPH Other (specify) PUERPERIUM PROCEDURES AND OPERATIONS You may tick more than on PROCEDURES AND OPERATIONS You may tick more than on PROCEDURES AND OPERATIONS OPE	Discharged Transferred Diod Remaining in Date Early Discharge Program No Yes	BABY Neonatal Screening Discharge weight grams Discharged Transferred Died Remaining in Date	FLUID BABY RECEIVED Types of fluid the baby has received at any time during the birth episode You may tak more than one box Breast milk-/colostrum Infant formula Water, fruit juice or water-based products Nil by mouth In the 24 hours prior to discharge has the baby received: You may tick more than one box Breast milk-/colostrum Infant formula Water, fruit juice or water-based products Nil by mouth Has the baby ever been fed by a bottle No Yes						
CONGENITAL ANOMALY/MORBIDITY DATA	R. L. R. Additional Congenital Anomaly description or details.	te diagram(s) the anatomical site(s) affect	Medical Practioner's Signate Surname (BLOCK LETTERS	,re						

APPENDIX C: 2009 PERINATAL DATA COLLECTION FORM CHANGES (MR63D)

Enhancement to:

Smoking further broken down into:

During the first 20 weeks of pregnancy

Did the mother smoke?

If yes, how many cigarettes per day?

Was smoking Cessation advice offered by a health care provider?

After 20 weeks of pregnancy

Did the mother smoke?

If yes, how many cigarettes per day?

Was smoking Cessation advice offered by a health care provider?

Neonatal Treatment:

Addition of CPAP and Oral/Naso Gastric Feeding

New Items:

Gestation at First Antenatal Visit (measured in completed weeks).

Note: this does not include any visit to confirm pregnancy.

Was lactate performed?

And if so what the **lactate result** was.

APPENDIX D: Queensland Health, Health Service Districts (2010 edition)



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.