

PERINATAL STATISTICS



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QUEENSLAND 2009

Queensland Health
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PERINATAL STATISTICS

QUEENSLAND

2009

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|------|--|
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|------|---|
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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

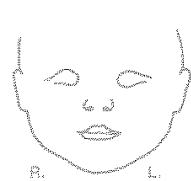
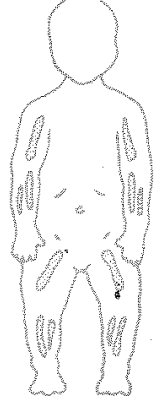


BABY

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[illegible]

| For multiple births complete one form per baby | |
|--|--|
| BABY | <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>BABY'S UR No. </p> <p>DATE OF BIRTH </p> <p>TIME OF BIRTH hours mins</p> <p>BIRTHWEIGHT grams</p> <p>GESTATION (clinical assessment at birth) weeks</p> <p>HEAD CIRCUMFERENCE AT BIRTH cm</p> <p>LENGTH AT BIRTH cm</p> </div> <div style="width: 30%;"> <p>PLURALITY</p> <p>Single 1</p> <p>Twin I 2</p> <p>Twin II 2</p> <p>Other (Specify) </p> <p>SEX</p> <p>Male 1</p> <p>Female 2</p> <p>Intersex 3</p> <p>BIRTH STATUS</p> <p>Born alive 1</p> <p>Stillborn 2</p> <p>-- resuscitated </p> <p>No 1 Yes 2</p> </div> <div style="width: 30%;"> <p>APGAR SCORE 1 min 5 min</p> <p>Heart rate </p> <p>Respiratory effort </p> <p>Muscle tone </p> <p>Reflex irritability </p> <p>Colour </p> <p>TOTAL </p> <p>REGULAR RESPIRATIONS minutes</p> <p>OR At birth </p> <p>OR Intubated/Ventilated </p> <p>OR Respirations not established </p> </div> <div style="width: 30%;"> <p>RESUSCITATION You may tick more than one box</p> <p>None 1</p> <p>Gustion (oral, pharyngeal etc) 2</p> <p>Suction of mouth (oral, pharyngeal etc) 3</p> <p>Suction of mouth via ETT 4</p> <p>Positive CP 5</p> <p>Bag and mask 6</p> <p>IPPV via ETT 7</p> <p>Arterial/venous intubation 8</p> <p>External cardiac massage 9</p> <p>Other (specify include drugs) </p> <p>Urine </p> <p>Mesurium </p> <p>Cord pH 1 Yes 2</p> <p>Cord pH value </p> <p>BE VITAMIN K (first dose)</p> <p>Oral 1</p> <p>IM 2</p> <p>None 3</p> <p>HEPATITIS B (birth dose vaccination)</p> <p>No 1 Yes 2</p> </div> </div> |
| POSTNATAL DETAILS | <p>BABY NEONATAL MORBIDITY</p> <p>None </p> <p>Jaundice → Diagnose </p> <p>Respiratory distress → Diagnose </p> <p>Infection → Diagnose </p> <p>Neonatal abstinence syndrome → Drug name </p> <p>Hypot/hypoglycaemia or Nausea → Prescribe </p> <p>Other (specify) → </p> <p>NEONATAL TREATMENT</p> <p>None 1</p> <p>Oxygen for > 4 hours 2</p> <p>Phototherapy 3</p> <p>IV/IM antibiotics 4</p> <p>IV fluid 5</p> <p>Mechanical ventilation 6</p> <p>Blood glucose monitoring 7</p> <p>Other treatment 8</p> <p>Was baby admitted to ICN/SCN? No Yes </p> <p>CONGENITAL ANOMALY</p> <p>No 1 Yes 2 Suspected 3</p> <p>If yes or suspected enter details below as in the Congenital Anomaly section.</p> |
| DISCHARGE DETAILS | <p>MOTHER PERIPARTUM COMPLAINTS You may tick more than one box</p> <p>None </p> <p>Haemorrhoids Q572</p> <p>Wound infection Q580</p> <p>Anemia Q0805</p> <p>Delirious/disruption of wound </p> <p>Fatigue Q884</p> <p>UTI Q882</p> <p>Spinal headache Q884</p> <p>Secondary PPH Q722</p> <p>Other (specify) </p> <p>PERIPARTUM PROCEDURES AND OPERATIONS You may tick more than one box</p> <p>None </p> <p>Blood Patch 1223003</p> <p>Blood Transfusion 1370801</p> <p>D & C 1580400</p> <p>Other (specify) </p> <p>Discharge 1</p> <p>Transferred 2</p> <p>Died 3</p> <p>Remaining in 4</p> <p>FLUID BABY RECEIVED Types of fluid the baby has received at any time during the birth episode. You may tick more than one box</p> <p>Breast milk/colostrum 1</p> <p>Infant formula 2</p> <p>Water, fruit juice or water-based products 3</p> <p>Nil by mouth 4</p> <p>Has the baby ever been fed by a bottle? No 1 Yes 2</p> |
| CONGENITAL ANOMALY/MORBIDITY DATA | <p>B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(ies).</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;">     </div> <p>Medical Practitioner's Signature _____</p> <p>Signature (BLOCK LETTERS) _____</p> <p>Designation _____</p> <p>Date / /</p> |

QUEENSLAND PERINATAL DATA COLLECTION FORM

| | | | | | |
|----------------------|--|---|---|---|--|
| MOTHER'S DETAILS | PLACE OF DELIVERY | DATE OF ADMISSION (for delivery) | SEROLGY | SURNAME | UR No. |
| | MOTHER'S COUNTRY OF BIRTH | | RPR _____ IgG _____ | FIRST NAME | DOB |
| PREVIOUS PREGNANCIES | INDIGENOUS STATUS | MARITAL STATUS | ACCOMMODATION STATUS OF MOTHER | SECOND NAME | USUAL RESIDENCE |
| | Aboriginal Torres Strait Islander Aborig. & Torres Str. Is. Neither Aboriginal nor Torres Str. Is. | Never Married Married/de facto Widowed Divorced Separated | Public Private | Rubella Hepatitis B Blood Group Rh Antibodies No <input type="checkbox"/> Yes <input type="checkbox"/> Other _____ | POSTCODE |
| PRESENT PREGNANCY | PREVIOUS PREGNANCIES | METHOD OF DELIVERY OF LAST BIRTH | ANTENATAL TRANSFER | Time of transfer | |
| | None <input type="checkbox"/> (go to next section) Number of previous pregnancies resulting in: Only livebirths Only stillbirths Only abortions/miscarriages/ectopic/hydathorm mole Livebirth & stillbirth Livebirth & abortion/miscarriages/ectopic/hydathorm mole Stillbirth & abortion/miscarriages/ectopic/hydathorm mole Livebirth, stillbirth & abortion/miscarriages/ectopic/hydathorm mole TOTAL NUMBER of previous pregnancies | Vaginal non-instrumental Forceps Vacuum extractor LSCS Classical CS Other (specify) _____ Number of previous caesareans | No <input type="checkbox"/> Yes <input type="checkbox"/> (include transfers from planned home birth to hospital, from birthing centre to acute care areas etc.) Reason for transfer _____ Transferred from _____ | • prior to onset of labour • during labour | |
| LABOUR AND DELIVERY | HEIGHT | WEIGHT | NUMBER OF VISITS | GESTATION AT FIRST ANTENATAL VISIT | PREGNANCY COMPLICATIONS |
| | cm | kg | Less than 2 2 - 4 5 - 7 8 or more | weeks | You may tick more than one box None APH (<20 weeks) APH (20 weeks or later) due to: • abruptio • placenta praevia • other Gestational diabetes • insulin treated • oral hypoglycaemic therapy • other PIH/PE • mild • moderate • severe Other (specify) _____ |
| LABOUR AND DELIVERY | WEIGHT | ANTENATAL CARE | CURRENT MEDICAL CONDITIONS | PROCEDURES AND OPERATIONS | ASSISTED CONCEPTION |
| | kg | 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 | 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) _____ Other (specify) _____ | (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 Morphology ultrasound scan Assessment for chorionicity scan | Was this pregnancy the result of assisted conception? No <input type="checkbox"/> Yes <input type="checkbox"/> 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 | ACTUAL PLACE OF BIRTH OF BABY | ONSET OF LABOUR | PRINCIPAL ACCOUCHEUR | LABOUR AND DELIVERY COMPLICATIONS |
| | Hospital Birthing centre Home Other | Hospital Birthing centre Home Other (BBA) | Tick one box only Spontaneous Induced No labour (caesarean section) | 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 <input type="checkbox"/> Yes <input type="checkbox"/> Other genital trauma _____ Surgical repair of vagina or perineum? No <input type="checkbox"/> Yes <input type="checkbox"/> PHARMACOLOGICAL ANALGESIA DURING LABOUR/DELIVERY None Nitrous oxide Systemic opioid (incl. narcotic (M/V)) Epidural Spinal Combined Spinal-Epidural General Anaesthetic Caudal Other (specify) _____ | 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 <input type="checkbox"/> Yes <input type="checkbox"/> FSE in labour? No <input type="checkbox"/> Yes <input type="checkbox"/> Fetal scalp pH? No <input type="checkbox"/> Yes <input type="checkbox"/> Fetal scalp pH result Lactate? <input type="checkbox"/> Lactate result <input type="checkbox"/> ANAESTHESIA FOR DELIVERY None Epidural Spinal Combined Spinal-Epidural General Anaesthetic Local to perineum Pudendal Caudal Other (specify) _____ |

| | | | | | | | | |
|--|---|--|---|--|--|--|--|--|
| BABY | For multiple births complete one form per baby | | | | | | | |
| | 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"/> <input type="text"/> DATE OF BIRTH <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"/> <input type="text"/> TIME OF BIRTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hours BIRTHWEIGHT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams GESTATION (clinical assessment at birth) <input type="text"/> <input type="text"/> weeks HEAD CIRCUMFERENCE AT BIRTH <input type="text"/> <input type="text"/> <input type="text"/> cm LENGTH AT BIRTH <input type="text"/> <input type="text"/> <input type="text"/> cm | PLURALITY Singla <input type="checkbox"/> Twin I <input type="checkbox"/> Twin II <input type="checkbox"/> Other (Specify) <input type="text"/> SEX Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterm. <input type="checkbox"/> BIRTH STATUS Born alive <input type="checkbox"/> Stillborn <input type="checkbox"/> - macerated <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> | APGAR SCORE 1 min 5 mins 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"/> REGULAR RESPIRATIONS <input type="text"/> <input type="text"/> minutes OR At birth <input type="checkbox"/> OR Intubated/Ventilated <input type="checkbox"/> OR Respirations not established <input type="checkbox"/> | RESUSCITATION You may tick more than one box None <input type="checkbox"/> Suction (oral, pharyngeal etc) <input type="checkbox"/> Suction of meconium (oral, pharyngeal etc) <input type="checkbox"/> Suction of meconium via ETT <input type="checkbox"/> Facial O ₂ <input type="checkbox"/> Bag and mask <input type="checkbox"/> IPPV via ETT <input type="checkbox"/> Narcotic antagonist injection <input type="checkbox"/> External cardiac massage <input type="checkbox"/> Other (specify include drugs) <input type="text"/> | Urine <input type="checkbox"/> Meconium <input type="checkbox"/> Cord pH? No <input type="checkbox"/> Yes <input type="checkbox"/> Cord pH value <input type="text"/> <input type="text"/> BE <input type="text"/> VITAMIN K (first dose) Oral <input type="checkbox"/> IM <input type="checkbox"/> None <input type="checkbox"/> HEPATITIS B (birth dose vaccination) No <input type="checkbox"/> Yes <input type="checkbox"/> | | | |
| POSTNATAL DETAILS | BABY NEONATAL MORBIDITY None <input type="checkbox"/> Jaundice <input type="checkbox"/> → Diagnosis <input type="text"/> Respiratory distress <input type="checkbox"/> → Diagnosis <input type="text"/> Infection <input type="checkbox"/> → Diagnosis <input type="text"/> Neonatal abstinence syndrome <input type="checkbox"/> → Drug name <input type="text"/> Hypo/Hyperglycaemia or Normal <input type="checkbox"/> → Results <input type="text"/> Other (specify) <input type="checkbox"/> → <input type="text"/> | | | | | 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"/> CRAP <input type="checkbox"/> Oral / naso-gastric feeding <input type="checkbox"/> Other treatment <input type="text"/> | Was baby admitted to ICN/SCN? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, how many days was baby admitted to: • ICN (days) <input type="text"/> • SCN (days) <input type="text"/> Main reason for admission to ICN/SCN <input type="text"/> | CONGENITAL ANOMALY No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> If yes or suspected enter details below or in the Congenital Anomaly section. <input type="text"/> <input type="text"/> <input type="text"/> |
| | DISCHARGE DETAILS | MOTHER PUERPERIUM COMPLICATIONS You may tick more than one box None <input type="checkbox"/> Haemorrhoids <input type="checkbox"/> Wound infection <input type="checkbox"/> Anaemia <input type="checkbox"/> Dehiscence/disruption of wound <input type="checkbox"/> Febrile <input type="checkbox"/> UTI <input type="checkbox"/> Spinal headache <input type="checkbox"/> Secondary PPH <input type="checkbox"/> Other (specify) <input type="text"/> | | PUERPERIUM PROCEDURES AND OPERATIONS You may tick more than one box None <input type="checkbox"/> Blood Patch <input type="checkbox"/> Blood Transfusion <input type="checkbox"/> D & C <input type="checkbox"/> Other (specify) <input type="text"/> | | Discharged <input type="checkbox"/> Transferred <input type="checkbox"/> Place of transfer <input type="text"/> Died <input type="checkbox"/> Remaining in <input type="checkbox"/> Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Early Discharge Program No <input type="checkbox"/> Yes <input type="checkbox"/> | BABY Neonatal Screening <input type="checkbox"/> Discharge weight <input type="text"/> grams Discharged <input type="checkbox"/> Transferred <input type="checkbox"/> Place of transfer <input type="text"/> Died <input type="checkbox"/> Remaining in <input type="checkbox"/> Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | FLUID BABY RECEIVED Types of fluid the baby has received at any time during the birth episode You may tick more than one box Breast milk/colostrum <input type="checkbox"/> Infant formula <input type="checkbox"/> Water, fruit juice or water-based products <input type="checkbox"/> Nil by mouth <input type="checkbox"/> In the 24 hours prior to discharge has the baby received: You may tick more than one box Breast milk/colostrum <input type="checkbox"/> Infant formula <input type="checkbox"/> Water, fruit juice or water-based products <input type="checkbox"/> Nil by mouth <input type="checkbox"/> Has the baby ever been fed by a bottle No <input type="checkbox"/> Yes <input type="checkbox"/> |
| CONGENITAL ANOMALY/MORBIDITY DATA | | B. Indicate by shading or marking the appropriate diagram(s) the anatomical site(s) affected by congenital anomaly(ies). <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> </div> | | | | | | |
| | Medical Practitioner's Signature Surname (BLOCK LETTERS) Designation Date / / Additional Congenital Anomaly description or details. <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | | | | | | |

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.