

# QUEENSLAND PERINATAL DATA COLLECTION FORM

<b>MOTHER'S DETAILS</b>	PLACE OF BIRTH <input type="text"/>	DATE OF ADMISSION (for birth) <input type="text"/>	FAMILY NAME <input type="text"/>	UR NO. <input type="text"/>
	MOTHER'S COUNTRY OF BIRTH <input type="text"/>	SEROLOGY	1ST GIVEN NAME <input type="text"/>	DOB <input type="text"/>
	INDIGENOUS STATUS <input type="text"/>	RPR <input type="text"/> igG <input type="text"/>	2ND GIVEN NAME <input type="text"/>	ESTIMATED DATE OF BIRTH <input type="text"/>
	MARITAL STATUS <input type="text"/>	Rubella <input type="text"/>	USUAL RESIDENCE <input type="text"/>	STATE <input type="text"/> POSTCODE <input type="text"/>
	ACCOMMODATION STATUS OF MOTHER <input type="text"/>	Blood group <input type="text"/>	ANTENATAL TRANSFER No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 (include transfers from planned home birth to hospital, from birthing centre to acute care areas etc)	TIME OF TRANSFER prior to onset of labour <input type="text"/> 1
		Rh <input type="text"/>	Reason for Transfer <input type="text"/>	during labour <input type="text"/> 2
	Antibodies No <input type="checkbox"/> Yes <input type="checkbox"/>	Transferred from <input type="text"/>		
	Other <input type="text"/>			

<b>PREVIOUS PREGNANCIES</b>	PREVIOUS PREGNANCIES	LAST BIRTH METHOD	ANTENATAL SCREENING	SMOKING	ALCOHOL
	None <input type="checkbox"/> 1 (go to next section)	Vaginal non-instrumental <input type="text"/> 10	Was antenatal screening for family violence performed? <input type="text"/>	During the first 20 weeks of pregnancy did the mother smoke? <input type="text"/>	During the first 20 weeks of pregnancy did the mother consume alcohol? <input type="text"/>
	Number of previous pregnancies resulting in:	Forceps <input type="text"/> 02	Was antenatal screening for illicit drug use performed? <input type="text"/>	If yes, how many cigarettes per day? <input type="text"/>	If yes, how many standard drinks has the mother had on a typical day when drinking? <input type="text"/>
	Only livebirths <input type="text"/>	Vacuum extractor <input type="text"/> 03	Was antenatal screening for EPDS performed? <input type="text"/>	Was smoking cessation advice offered by a health care provider? <input type="text"/>	Frequency of alcohol consumption <input type="text"/>
Only stillbirths <input type="text"/>	LSCS <input type="text"/> 04	What was the EPDS Score? <input type="text"/>	After 20 weeks of pregnancy did the mother smoke? <input type="text"/>	After 20 weeks of pregnancy did the mother consume alcohol? <input type="text"/>	
Only abortions/miscarriages/ectopic/hydatiform mole <input type="text"/>	Classical CS <input type="text"/> 05			If yes, how many standard drinks has the mother had on a typical day when drinking? <input type="text"/>	
Livebirth & stillbirth <input type="text"/>				Frequency of alcohol consumption <input type="text"/>	
Livebirth & abortion/miscarriage/ectopic/hydatiform mole <input type="text"/>				After 20 weeks of pregnancy did the mother consume alcohol? <input type="text"/>	
Stillbirth & abortion/miscarriage/ectopic/hydatiform mole <input type="text"/>				If yes, how many standard drinks has the mother had on a typical day when drinking? <input type="text"/>	
Livebirth, stillbirth & abortion/miscarriage/ectopic/hydatiform mole <input type="text"/>				Frequency of alcohol consumption <input type="text"/>	
TOTAL NUMBER OF PREVIOUS PREGNANCIES <input type="text"/>	Number of previous caesareans <input type="text"/>				

<b>PRESENT PREGNANCY</b>	ANTENATAL CARE	CURRENT MEDICAL CONDITIONS	IMMUNISATION	PREGNANCY COMPLICATIONS	PROCEDURES & OPERATIONS	ASSISTED CONCEPTION
	<i>You may tick more than one box</i>	<i>You may tick more than one box</i>	Was immunisation for influenza received during this pregnancy? <input type="text"/>	<i>You may tick more than one box</i>	<i>You may tick more than one box</i>	Was this pregnancy the result of assisted conception? <input type="text"/>
	No antenatal care <input type="checkbox"/>	None <input type="checkbox"/>	Gestation Weeks <input type="text"/>	None <input type="checkbox"/>	None <input type="checkbox"/>	If yes, indicated method/s used
	Public hospital/clinic midwifery practitioner <input type="checkbox"/> 06	Pre-existing hypertension <input type="checkbox"/> 010		APH (<20 weeks) <input type="checkbox"/> 0209	Chorionic villus sampling <input type="checkbox"/> 1660300	All/IUI <input type="checkbox"/> 02
	Public hospital/clinic medical practitioner <input type="checkbox"/> 07	Diabetes mellitus		APH (20 weeks or later) due to	Amniocentesis (diagnostic) <input type="checkbox"/> 1660000	Ovulation induction <input type="checkbox"/> 03
	General practitioner <input type="checkbox"/> 08	• Type 1 <input type="checkbox"/> 0240		• abruptio <input type="checkbox"/> 0459	Cordocentesis <input type="checkbox"/> 1660600	IVF <input type="checkbox"/> 04
	Private medical practitioner <input type="checkbox"/> 03	• Type 2 insulin treated <input type="checkbox"/> 02412		• placenta praevia <input type="checkbox"/> 0441	Cervical suture (for cervical incompetence) <input type="checkbox"/> 1651100	GIFT <input type="checkbox"/> 05
	Private midwife practitioner <input type="checkbox"/> 04	• Type 2 oral hypoglycaemic therapy <input type="checkbox"/> 02413		• other <input type="checkbox"/> 0469	Other (specify) <input type="text"/>	ICSI (intracytoplasmic sperm injection) <input type="checkbox"/> 07
	TOTAL NUMBER OF VISITS <input type="text"/>	• Type 2 diet/exercise <input type="checkbox"/> 02414		Gestational diabetes	ULTRASOUNDS	Donor egg <input type="checkbox"/> 08
	GESTATION AT FIRST ANTENATAL VISIT <input type="text"/> weeks	Other (specify) <input type="text"/>		• insulin treated <input type="checkbox"/> 02442	Number of Scans <input type="text"/>	Frozen embryo transfer/embryo transfer <input type="checkbox"/> 09
LMP <input type="text"/>	Asthma (treated during this pregnancy) <input type="checkbox"/> J459		• oral hypoglycaemic therapy <input type="checkbox"/> 02443	WERE ANY OF THE FOLLOWING PERFORMED?	Other (specify) <input type="text"/>	
EDC <input type="text"/>	Epilepsy <input type="checkbox"/> G4090		• diet/exercise <input type="checkbox"/> 02444	Nuchal translucency ultrasound <input type="checkbox"/>	Primary Maternity Model of Care <input type="text"/>	
by US scan/dates/clinical assessment	Genital herpes (active during this pregnancy) <input type="checkbox"/>		Hypertension	Morphology ultrasound scan <input type="checkbox"/>	Maternity Model of Care at onset of labour <input type="text"/>	
HEIGHT <input type="text"/> cm	Anaemia <input type="checkbox"/> D649		• Gestational (mild) <input type="checkbox"/> 013	Assessment for chorionicity scan <input type="checkbox"/>		
WEIGHT <input type="text"/> kg (self reported at conception)	Renal condition (specify) <input type="text"/>		• Pre eclampsia (moderate) <input type="checkbox"/> 0140			
	Cardiac condition (specify) <input type="text"/>		• Pre eclampsia (severe) <input type="checkbox"/> 0141			
	Hepatitis B Active <input type="checkbox"/> B169		• HELLP <input type="checkbox"/> 0142			
	Hepatitis B Carrier <input type="checkbox"/> B181		Other (specify) <input type="text"/>			
	Hepatitis C Active <input type="checkbox"/> B171					
	Hepatitis C Carrier <input type="checkbox"/> B182					
	Other (specify) <input type="text"/>					

<b>LABOUR AND BIRTH</b>	INTENDED PLACE OF BIRTH AT ONSET OF LABOUR <input type="text"/>	METHODS USED TO INDUCE LABOUR OR AUGMENT LABOUR? <i>You may tick more than one box</i>	MEMBRANES RUPTURED <input type="text"/> days <input type="text"/> hours <input type="text"/> mins	REASON FOR FORCEPS/VACUUM <input type="text"/>	NON-PHARMACOLOGICAL ANALGESIA DURING LABOUR/BIRTH	PRINCIPAL ACCOUCHEUR <input type="text"/>
	OTHER (SPECIFY) <input type="text"/>	Artificial rupture of Membranes (ARM) <input type="checkbox"/> 1	before birth	MAIN REASON FOR CAESAREAN <input type="text"/>	None <input type="checkbox"/>	Other (specify) <input type="text"/>
	ACTUAL PLACE OF BIRTH OF BABY <input type="text"/>	Oxytocin <input type="checkbox"/> 2	LENGTH OF LABOUR	1 <sup>ST</sup> ADDITIONAL REASON FOR CAESAREAN <input type="text"/>	Heat Pack <input type="checkbox"/> 02	DAMAGE TO THE PERINEUM <i>You may tick more than one box</i>
	OTHER (BBA) <input type="text"/>	Prostaglandins <input type="checkbox"/> 3	• 1st Stage <input type="text"/> hours <input type="text"/> mins	2 <sup>ND</sup> ADDITIONAL REASON FOR CAESAREAN <input type="text"/>	Birth Ball <input type="checkbox"/> 03	None <input type="checkbox"/>
	ONSET OF LABOUR <input type="text"/>	Mechanical Cervical Dilatation <input type="checkbox"/> 6	• 2nd Stage <input type="text"/> hours <input type="text"/> mins	Cervical dilation prior to caesarean <input type="text"/>	Massage <input type="checkbox"/> 04	Graze/tear vagina, labia, vulva <input type="checkbox"/> 02
		Antiprogesterone <input type="checkbox"/> 7	PRESENTATION AT BIRTH <input type="text"/>	ANTIBIOTICS RECEIVED AT TIME OF CAESAREAN <input type="text"/>	Shower <input type="checkbox"/> 05	Lacerated 1st degree <input type="checkbox"/> 02
		Other (specify) <input type="text"/>	Other (specify) <input type="text"/>	PLACENTA / CORD <input type="text"/>	Water Immersion <input type="checkbox"/> 06	2nd degree <input type="checkbox"/> 03
		IF LABOUR INDUCED	METHOD OF BIRTH <input type="text"/>		Aromatherapy <input type="checkbox"/> 07	3rd degree <input type="checkbox"/> 04
		MAIN reason for induction <input type="text"/>			Homeopathy <input type="checkbox"/> 08	4th degree <input type="checkbox"/> 05
		1 <sup>ST</sup> Additional reason for induction <input type="text"/>			Acupuncture <input type="checkbox"/> 09	Episiotomy <input type="checkbox"/> 06
	2 <sup>ND</sup> Additional reason for induction <input type="text"/>			Water Injection <input type="checkbox"/> 11	Other genital trauma <input type="text"/>	
		WATER BIRTH		Other (specify) <input type="text"/>	Surgical repair of vagina or perineum? <input type="text"/>	
		Was this a water birth? <input type="checkbox"/>				
		If yes, was the water birth <input type="text"/>				

**LABOUR AND BIRTH (continued)**

**PHARMACOLOGICAL ANALGESIA DURING LABOUR/BIRTH**  
 None  02  
 Nitrous oxide  08  
 Systemic opioid (incl. narcotic (IM/IV))  04  
 Epidural  05  
 Spinal  10  
 Combined Spinal-Epidural  07  
 Caudal   
 Other (specify)

**LABOUR AND BIRTH COMPLICATIONS**  
*You may tick more than one box*

None  0681  
 Meconium liquor  0689  
 Fetal distress  0690  
 Cord prolapse  0692  
 Cord entanglement with compression  0629  
 Failure to progress  0631  
 Prolonged second stage (active)  0623  
 Precipitate labour/birth

Retained placenta with manual removal  0720  
 • with haemorrhage  0730  
 • without haemorrhage  0721  
 Primary PPH (500-999ml)  0721  
 Primary PPH (1000-1499ml)  0721  
 Primary PPH (>= 1500ml)   
 Other (specify)

CTG in labour?   
 FSE in labour?   
 Fetal scalp pH?   
 Fetal Scalp pH result   
 Lactate?   
 Lactate Result

**ANAESTHESIA FOR OPERATIVE/ INSTRUMENTAL BIRTH**

None  04  
 Epidural  05  
 Spinal  10  
 Combined Spinal-Epidural General anaesthetic  06  
 Local to perineum  02  
 Pudendal  03  
 Caudal  07  
 Other (specify)

**BABY**

For multiple births complete one form per baby

BABY'S UR NO.

DATE OF BIRTH

**INDIGENOUS STATUS - BABY**

TIME OF BIRTH  hours

BIRTHWEIGHT  grams

GESTATION (clinical assessment at birth)  weeks  days

HEAD CIRCUMFERENCE AT BIRTH  cm

LENGTH AT BIRTH  cm

**PLURALITY**  
  
 Other (specify)

**SEX**

**BIRTH STATUS**  
  
 -macerated

**APGAR SCORE**

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

**REGULAR RESPIRATIONS**  
 minutes  
 OR At birth   
 OR Intubated/ventilated   
 OR Respirations not established

**RESUSCITATION**  
*You may tick more than one box*

None  1  
 Suction (oral, pharyngeal etc)  02  
 Suction of meconium (oral, pharyngeal etc)  03  
 Suction of meconium via ETT  04  
 Facial O<sub>2</sub>  05  
 Bag and mask  06  
 IPPV via ETT  07  
 CPAP ventilation  13  
 Intubation  14  
 Narcotic antagonist injection  08  
 External cardiac massage  09  
 Other (specify-include drugs)

Urine   
 Meconium   
 Arterial Cord pH?   
 Arterial Cord pH result   
 BE   
 VITAMIN K (first dose)   
 HEPATITIS B (birth dose vaccination)   
 HEPATITIS B IMMUNOGLOBULIN

**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  1  
 Oxygen for > 4 hours  02  
 Phototherapy  03  
 IV/IM antibiotics  04  
 IV fluid  05  
 Mechanical ventilation  06  
 Blood glucose monitoring  10  
 CPAP  11  
 Oro / naso gastric feeding  12  
 Other Treatment

Was baby admitted to ICN/SCN?   
 If yes, how many days was baby admitted to:  
 • ICN (days)   
 • SCN (days)   
 Main reason for admission to ICN/SCN

**CONGENITAL ANOMALY**  
 If yes or suspected enter details below or in the Congenital Anomaly section  
  
 Position   
 Status   
 Was CA diagnosed antenatally?

**DISCHARGE DETAILS**

**MOTHER PUERPERIUM COMPLICATIONS**  
*You may tick more than one box*

None   
 Haemorrhoids  0872  
 Wound Infection  0860  
 Anaemia  09903  
 Dehiscence/disruption of wound   
 Febrile  0864  
 UTI  0862  
 Spinal Headache  T8852  
 Secondary PPH  0722  
 Other (specify)

**PUERPERIUM PROCEDURES AND OPERATIONS**  
*You may tick more than one box*

None   
 Blood Patch  1823300  
 Blood Transfusion  1370601  
 D & C  1656400  
 Other (specify)

**MOTHER'S DISCHARGE DETAILS**

Discharged  1  
 Transferred  2  
 Place of Transfer   
 Died  3  
 Remaining in  4  
 Date   
 Early Discharge Program

**THROMBOPROPHYLAXIS FOLLOWING CAESAREAN**  
*You may tick more than one box*

None   
 Pharmacological thromboprophylaxis  2  
 Intermittent Calf Compression  3  
 TED Stocking  4  
 Other thromboprophylaxis

**BABY**

**NEONATAL SCREENING**

Discharge weight  grams

Discharged  1  
 Transferred  2  
 Place of Transfer   
 Died  3  
 Remaining in  4  
 Date

**TYPES OF FLUID BABY RECEIVED AT ANY TIME FROM BIRTH TO DISCHARGE**  
*You may tick more than one box*

Breast milk/colostrum  1  
 Infant Formula  2  
 Water, fruit juice or water based products  3  
 Nil By Mouth  4

**TYPES OF FLUID BABY RECEIVED IN THE 24 HOURS PRIOR TO DISCHARGE**  
*You may tick more than one box*

Breast milk/colostrum  1  
 Infant Formula  2  
 Water, fruit juice or water based products  3  
 Nil By Mouth  4

**ALTERNATE FEEDING METHOD**  
*You may tick more than one box*

None   
 Bottle  02  
 Cup  03  
 Syringe  04  
 Other

The Queensland Perinatal Data Collection Form must be used as the approved form for the electronic submission of perinatal data to the chief executive, Queensland Health for births occurring from 1 July 2026 (inclusive).

Section 217, Public Health Act 2005, states that after a delivery the designated person must, within time prescribed under a regulation, notify the chief executive in the 'Approved Form'.