

INFORMATION ON KOORI MOTHERS AND BABIES

A) MOTHER (*Koori mothers only*)

This section must be completed for all Aboriginal and Torres Strait Islander mothers.

Month (actual month of birth)

Year

1) AHLO Hospital

2) Is mother recorded as Koori by Hospital

Yes

No

3) Age(mother)

4) Admission date

5) Did mother receive antenatal care

Yes

No

Few

6) Does mother have any obstetric complications/medical conditions?

Yes

No

If yes, please select from options: (Allows for multi selection)

Premature rupture of membranes
Pre-eclampsia
Diabetes
Cardiac disease
Chronic Renal Disease
Hypertension
Other

If other is selected, please state other conditions:

7) Type of Birth

Spontaneous cephalic

Elective Caesarean

Emergency Caesarean

Vaginal Breech

Other

If 'other' is selected, please specify.

8) Date of discharge (Mother)

9) Discharge status (Mother)

Home

Transfer

If transfer, please state place of transfer

Reason for transfer

10) Has mother/liaison officer contacted the MCHN?

Yes

No

Unknown

11) Is this mother's first born?

Yes

No

Previous Pregnancies: **(Excluding this pregnancy)**

12) How many other births/children has mother had?

Please complete a separate form for each baby of multiple birth)

B.BABY (All Babies with a Koori mother and/or father)

13) Hospital of Birth (actual place of delivery)

Actual place of birth, please state if: Intended (planned) Emergency

14) Gestation (weeks) <32 32-36 37-40 =>41

15) Date of birth

16) Is mother Koori? Yes No

17) Is father Koori? Yes No Unknown

18) Did the hospital record the baby as Koori? Yes No Unknown

19) Plurality Single Twins Other

If 'other' is selected, specify other plurality

20) Sex Male Female Indeterminate

21) Birthweight (grams)

22) Condition Liveborn Stillborn Neonatal death

If stillborn, write mother's initials

23) Does the baby have any birth defect or neonatal morbidity or illness Yes No

If yes, please state birth defect/neonatal morbidity

Birth defect

Neonatal Morbidity

24) Discharge Date

25) Discharge status (baby) Home Transfer Other

If transfer, please state place of transfer

.