PERINATAL DATA COLLECTION

HOSPITAL/MEDICAL PRACTITIONER/ MIDWIFE COPY

APR 2009

MOTHER

Mother UR number:

Admission date: 2|0

Suburb: ..... **Postcode**

Public/Private Patient: Public [X] Private [X]

Country of Birth: *(Mother)* .....

Indigenous Status *(Mother): (circle one or more)* Aboriginal [X] TSI [X] No [X]

(Baby): (circle one or more) Aboriginal [X] TSI [X] No [X]

Marital Status *(Mother):* Married [X] Single [X] Widowed [X] Defacto [X] Divorced [X] Separated [X] Unknown [X]

Birthdate *(Mother):* **Height:** *(cm)* **Weight:** *(kg)*

Hospital:

Intended Place of Birth:	**Actual Place of Birth:**
Hospital *(specify)* [X]	Hospital *(specify)* [X]
Birth Centre [X] Home [X]	Birth Centre [X] Home [X]
Other *(specify)* [X]	Other *(specify)* [X]

If place of birth changes, specify if change occurred:
Before onset of labour [X] During labour [X]

Reason for change:
Recognition of higher risk [X] Unintended/unplanned [X]
Complication of pregnancy [X] Not stated [X]
Social or geographic [X] Other *(specify)* [X]

Smoking <20 weeks:	**Smoking ≥ 20 weeks:**
Non-smoker [X]	Non-smoker [X]
Quit [X]	Smoked *(n/day)*
Smoked [X]	Occasional *(<1/day)* [X]

REPRODUCTIVE HISTORY

G: **P:**

Total number: *(Excluding this pregnancy)*

Livebirth – (lived ≥ 28 days) .....
– (died < 28 days) .....
Stillbirth .....
Abortion – spontaneous .....
– induced .....
Ectopic .....
Unknown .....

Date of completion of last pregnancy: *(mth/yr)*

Outcome of last pregnancy:

Livebirth		Abortion	
- lived ≥28 days	[X]	- spontaneous	[X]
- died <28 days	[X]	- induced	[X]
Stillbirth	[X]	Ectopic	[X]
Unknown	[X]		

Was last birth a caesarean section?: [Y] [N]

Total no. of previous caesarean sections:

Plan for VBAC: (if prev CS) [Y] [N]

THIS PREGNANCY

Agreed due date:

Estimated gest. age at 1st A/N visit:

Maternal medical conditions:

Pre-existing

Diabetes Type 1 [X] Diabetes Type 2 [X]
Circulatory [X] Hypertension [X]
Renal *(specify)* [X] Psychosocial *(specify)* [X]
Other *(specify)* .....

Obstetric complications:

Gestational diabetes Diet [X] Insulin [X]
Pre-eclampsia [X] IUGR [X] GBS+ [X]
Placenta praevia - with haemorrhage [X]
- without haemorrhage [X]
Placental abruption [X] Other APH [X]
Other *(specify)* .....

A/N care provider:

Obstetrician [X] Midwife [X] GP [X] None [X]

Procedures and operations:

Ultrasound 10 - 14 weeks *(specify no.)*
Ultrasound 15 - 26 weeks *(specify no.)*
Ultrasound ≥ 27 weeks *(specify no.)*
Cervical suture [X]
IM Steroids *(2 doses)* ..... [X]
ART *(specify)* ..... [Y] [N]
Other *(specify)* .....

Occasional data:

- .....
- .....
- .....

LABOUR, BIRTH & POSTNATAL

Onset labour: Date 2|0 Time

Onset 2nd stage: Date 2|0 Time

Rupture of membranes: Date 2|0 Time

Labour:
Spontaneous [X] Augmented [X]
Induced – medical [X] No labour [X]
surgical [X]

If labour induced or augmented: *(circle one or more)*
Oxytocin [X] ARM [X]
Prostaglandins [X] Other *(specify)* [X]
.....

Specify indication for induction:
.....

Fetal monitoring in labour: *(circle one or more)*
Intermittent Ausc [X] Internal CTG [X]
Admission CTG [X] Fetal blood sampling [X]
Intermittent CTG [X] None [X]
Cont. external CTG [X]

Presentation:
Vertex [X] Brow [X] Shoulder [X]
Breech [X] Compound [X] Unknown [X]
Face [X] Cord [X] Other *(specify)* [X]
.....

Method of birth:
Unassisted vaginal [X] Forceps [X] Vacuum [X]
Planned C/S - No labour [X] Labour [X]
Unplanned C/S - No labour [X] Labour [X]

Indications for operative birth:
.....

Analgesia for labour: [Y] [N]
Specify .....

Anaesthesia for operative delivery: [Y] [N]
Specify .....

Complications/events of labour and birth:
Antibiotics [X] Shoulder dystocia [X] Water birth [X]
Specify .....

Lead intrapartum care provider:
Obstetrician [X] Midwife [X] GP [X] None [X]

Prophylactic oxytocin 3rd stage: [Y] [N]
Manual removal of placenta: *(excl c/s)* [Y] [N]
Perineal status: Episiotomy [Y] [N]
Laceration: [Y] [N]
Degree/type: *(specify)* .....
Repaired: [Y] [N]
Blood loss: *(mls)*
Transfusion: [Y] [N]

Postpartum complications:
Specify .....

Admitted to HDU/ICU: *(Mother)* [Y] [N]

BABY UR:

(Complete a separate form in full for each baby of a multiple birth)

Birthdate: Date 2|0 Time

Estimated gestation at birth: *(weeks)*

Sex: Male [X] Female [X] Indeterminate [X]

Plurality: (eg. Single [1], Twins [2]) [ ]
(this record refers to [ ] born)

Condition: Liveborn [X]
Stillborn *(before labour)* [X] *(during labour)* [X]

Birthweight: *(grams)*

Apgar: 1 minute 5 minutes

Time to established respiration: *(mins.)*

Resuscitation – mechanical:

None	[X]	ETT with air	[X]
Suction	[X]	ETT with O_2	[X]
O_2 therapy	[X]	CPAP with air	[X]
IPPR with air	[X]	CPAP with O_2	[X]
IPPR with O_2	[X]	Cardiac massage	[X]

Other *(specify)* ..... [X]

Resuscitation - drugs: *(specify)* .....
.....

Congenital anomalies: [Y] [N]
CVS / CNS / MS / GI / UG / Resp / Skin / Other
Circle & Specify .....

Paediatrician: .....

Neonatal morbidity: [Y] [N]
Specify .....

Admitted: SCN [X] NICU [X]

Hepatitis B vaccine received:
≤ 7 days [X] > 7 days [X] Not given [X]

Breastfeeding attempted: [Y] [N]
Formula given in hospital: [Y] [N]
Last feed taken exclusively from breast: [Y] [N]

DISCHARGE

Date of discharge from place of birth:
Mother date 2|0
Baby date 2|0

Discharge status:	Mother	Baby
Discharged	[X]	[X]
Died	[X]	[X]
Transferred to *(specify)*	[X]	[X]
Mother		
Baby		

Date 2|0