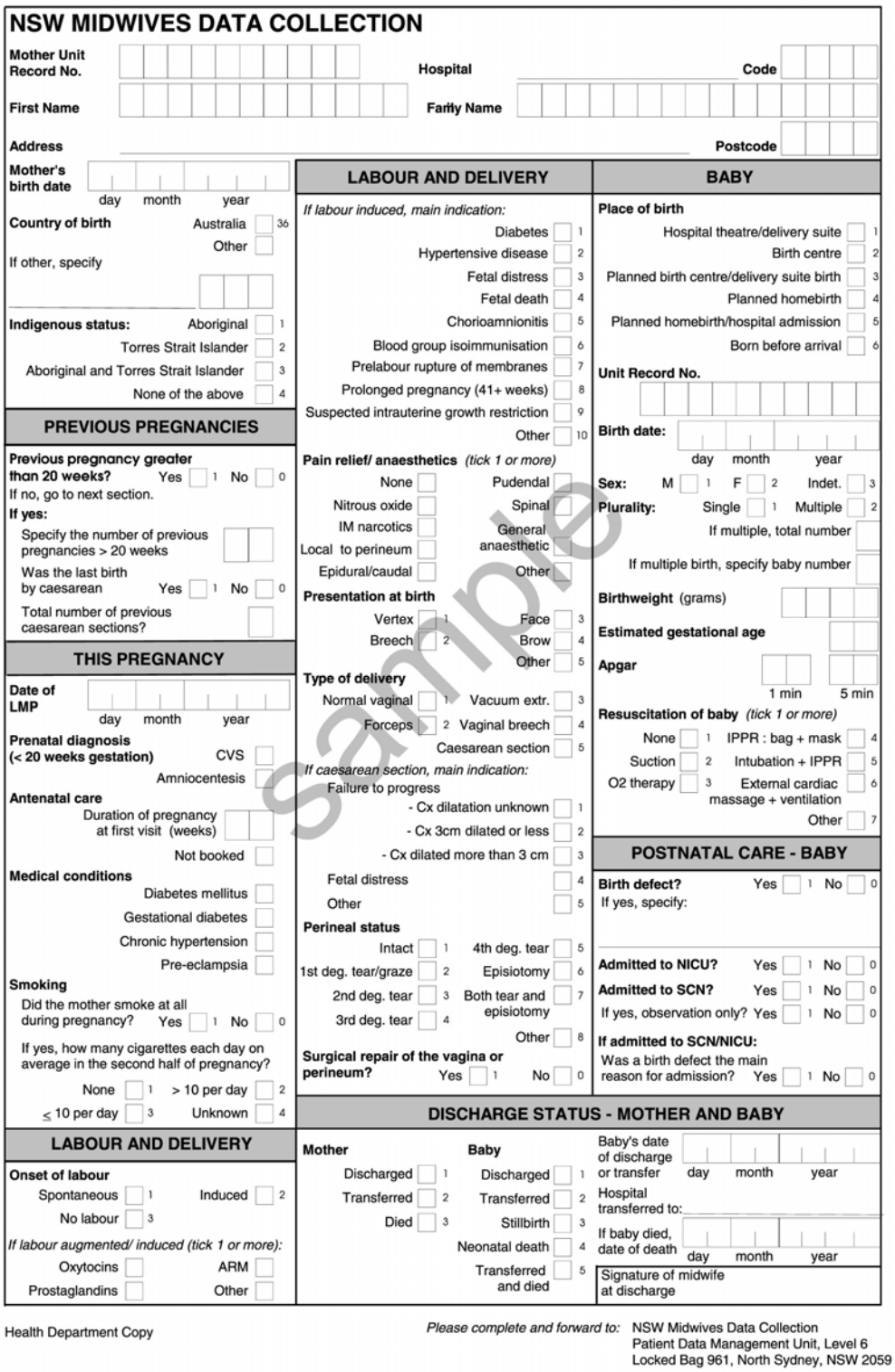
Data collection forms

Example of perinatal state/territory data collection form:

New South Wales midwives data collection form



NSW MIDWIVES DATA COLLECTION

Mother Unit Record No. | Hospital | Code

First Name | Family Name

Address | Postcode

Mother's birth date (day month year)

Country of birth: Australia 36; Other

If other, specify

Indigenous status: Aboriginal 1; Torres Strait Islander 2; Aboriginal and Torres Strait Islander 3; None of the above 4

PREVIOUS PREGNANCIES

Previous pregnancy greater than 20 weeks? Yes 1 No 0

If no, go to next section.

If yes:

Specify the number of previous pregnancies > 20 weeks

Was the last birth by caesarean Yes 1 No 0

Total number of previous caesarean sections?

THIS PREGNANCY

Date of LMP (day month year)

Prenatal diagnosis (< 20 weeks gestation): CVS; Amniocentesis

Antenatal care

Duration of pregnancy at first visit (weeks)

Not booked

Medical conditions: Diabetes mellitus; Gestational diabetes; Chronic hypertension; Pre-eclampsia

Smoking

Did the mother smoke at all during pregnancy? Yes 1 No 0

If yes, how many cigarettes each day on average in the second half of pregnancy?

None 1; > 10 per day 2; ≤ 10 per day 3; Unknown 4

LABOUR AND DELIVERY

Onset of labour: Spontaneous 1; Induced 2; No labour 3

If labour augmented/ induced (tick 1 or more):

Oxytocins; ARM; Prostaglandins; Other

LABOUR AND DELIVERY

If labour induced, main indication:

Diabetes 1; Hypertensive disease 2; Fetal distress 3; Fetal death 4; Chorioamnionitis 5; Blood group isoimmunisation 6; Prelabour rupture of membranes 7; Prolonged pregnancy (41+ weeks) 8; Suspected intrauterine growth restriction 9; Other 10

Pain relief/ anaesthetics *(tick 1 or more)*

None; Pudendal; Nitrous oxide; Spinal; IM narcotics; General anaesthetic; Local to perineum; Epidural/caudal; Other

Presentation at birth

Vertex 1; Face 3; Breech 2; Brow 4; Other 5

Type of delivery

Normal vaginal 1; Vacuum extr. 3; Forceps 2; Vaginal breech 4; Caesarean section 5

If caesarean section, main indication:

Failure to progress

- Cx dilatation unknown 1
- Cx 3cm dilated or less 2
- Cx dilated more than 3 cm 3

Fetal distress 4; Other 5

Perineal status

Intact 1; 4th deg. tear 5; 1st deg. tear/graze 2; Episiotomy 6; 2nd deg. tear 3; Both tear and episiotomy 7; 3rd deg. tear 4; Other 8

Surgical repair of the vagina or perineum? Yes 1 No 0

BABY

Place of birth

Hospital theatre/delivery suite 1; Birth centre 2; Planned birth centre/delivery suite birth 3; Planned homebirth 4; Planned homebirth/hospital admission 5; Born before arrival 6

Unit Record No.

Birth date: (day month year)

Sex: M 1 F 2 Indet. 3

Plurality: Single 1 Multiple 2

If multiple, total number

If multiple birth, specify baby number

Birthweight (grams)

Estimated gestational age

Apgar (1 min 5 min)

Resuscitation of baby *(tick 1 or more)*

None 1; IPPR : bag + mask 4; Suction 2; Intubation + IPPR 5; O2 therapy 3; External cardiac massage + ventilation 6; Other 7

POSTNATAL CARE - BABY

Birth defect? Yes 1 No 0

If yes, specify:

Admitted to NICU? Yes 1 No 0

Admitted to SCN? Yes 1 No 0

If yes, observation only? Yes 1 No 0

If admitted to SCN/NICU:

Was a birth defect the main reason for admission? Yes 1 No 0

DISCHARGE STATUS - MOTHER AND BABY

Mother: Discharged 1; Transferred 2; Died 3

Baby: Discharged 1; Transferred 2; Stillbirth 3; Neonatal death 4; Transferred and died 5

Baby's date of discharge or transfer (day month year)

Hospital transferred to:

If baby died, date of death (day month year)

Signature of midwife at discharge

Health Department Copy

Please complete and forward to: NSW Midwives Data Collection
Patient Data Management Unit, Level 6
Locked Bag 961, North Sydney, NSW 2059