

Woman's age at delivery years

Number of Births

Has there been multiple births (e.g. twins or triplets)?	Yes/ No
<input type="text"/>	
If yes, please state the number of births/infants:	
Maternal death:	Yes/ No
If yes, please state date of death:	<input type="text"/> <i>dd-mmm-yyyy</i>

Antenatal complications

Gestational hypertension/Pregnancy induced hypertension (PIH):	Yes/ No
<input type="text"/>	
Pre-eclampsia (PET):	Yes/ No
Intrauterine growth restriction (IUGR):	Yes/ No
Details of IUGR: Date of diagnosis	<input type="text"/> <i>dd-mmm-yyyy</i>

Baby 1 (scan @ 20 weeks)

Abdominal circumference:	<input type="text"/> <i>mm</i>
Head circumference:	<input type="text"/> <i>mm</i>
Femur length:	<input type="text"/> <i>mm</i>

Baby 2 (scan @ 20 weeks)	
Abdominal circumference:	<input type="text"/> mm
Head circumference:	<input type="text"/> mm
Femur length:	<input type="text"/> mm
Baby 3 (scan @ 20 weeks)	
Abdominal circumference:	<input type="text"/> mm
Head circumference:	<input type="text"/> mm
Femur length:	<input type="text"/> mm

• Antepartum haemorrhage (APH) requiring hospital admission Yes No

Incident No.	Date (dd/mmm/yy)	Gestation		Duration (Days)	Amount *	Cause of APH**
		Weeks	Days			
1						
2						
3						
4						

* Options for AMOUNT:
 -Spotting
 -Light

** Options for CAUSE of APH:
 -Unknown
 -Placenta Praevia

- Urinary tract infection (UTI) in pregnancy Yes No
If yes (UTI), how many?
- Other infection in pregnancy Yes No
- Oligohydramnios Yes No
- Polyhydramnios Yes No
- Congenital malformation Yes No
If yes, give type of malformation:
- Premature rupture of membranes (PROM)? Yes No
- Prelabour rupture of membranes? Yes No
- Number of antenatal day unit (ADU) attendances

Reason(s) for antenatal attendance (tick all that apply):

<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Growth scan	<input type="checkbox"/> Severe headaches
<input type="checkbox"/> Itching	<input type="checkbox"/> Reduced fetal movement	<input type="checkbox"/> Vaginal (PV) bleeding not req. admission
<input type="checkbox"/> Fainting/dizziness	<input type="checkbox"/> Spontaneous rupture of the membranes (SROM)	<input type="checkbox"/> Chest pain/shortness of breath
<input type="checkbox"/> Intramuscular (I/M) iron administration	<input type="checkbox"/> Generally unwell	<input type="checkbox"/> Obstetric cholestasis (OC)

<input type="checkbox"/> External cephalic version (ECV)	<input type="checkbox"/> Urinary tract infection (UTI)	<input type="checkbox"/> Anti-D administered
<input type="checkbox"/> PET screen	<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Symphysis pubis dysfunction (pelvic girdle problems)
<input type="checkbox"/> Cardiotocography (CTG)	<input type="checkbox"/> Membrane sweep	
<input type="checkbox"/> Other reasons:	<input type="text"/> <input type="text"/>	

• Hospital admissions overnight for women to antenatal ward: nights

Birth outcome data

Labour

- Onset of labour:
 - Spontaneous
 - Induced
 - Augmented
 - No labour – Elective c/s (caesarean)
 - No labour – Emergency c/s

 - Pain relief: *(tick all that were taken)*
 - Water
 - Tens
 - Entonox (Gas & air)
 - Opiate
 - Epidural
 - Spinal
 - General anaesthetic (GA)
 - General anaesthetic (GA) following failed epidural/spinal
 - Combined spinal-epidural (CSE)

 - Mode of delivery:
 - Spontaneous vaginal delivery (SVD)
 - Assisted vaginal breech
 - Ventouse
 - Forceps
 - Elective c/s (caesarean)
 - Emergency c/s
 - Semi-elective c/s (i.e. elective brought forward as an emergency)
1.
2.
3.
- Reason for c/s:
 - Not applicable
 - Not available

- Previous c/s
- Failed induction of labour (IOL)
- Fetal distress
- Failure to progress
- Placenta praevia
- Antepartum haemorrhage (APH)
- Failed instrumental
- Poor obstetric history
- Failed external cephalic version (ECV)
- Macrosomia
- Pre-eclampsia (PET)
- Obstetric cholestasis (OC)
- Multiple pregnancies
- Abdominal Cerclage
- Breech
- Fetal abnormality
- Previous 3rd or 4th degree tear
- Placental abruption
- Unstable lie
- Maternal medical condition
- Maternal request/tocophobia
- Suspected scar dehiscence
- Uterine rupture
- Cervical fibroid covering internal os
- Previous gynaec. surgery
- Cord prolapse
- Severe symphysis pubis dysfunction (pelvic girdle problems)
- History of back injuries
- Orthopaedic complication restricting induction
- Cephalopelvic disproportion

• Duration of 1st stage of labour minutes

• Duration of 2nd stage of labour minutes

• Duration of 3rd stage of labour minutes

- Total duration of labour hours minutes

Duration of ruptured membranes:	<input type="text"/>	weeks
	<input type="text"/>	days
	<input type="text"/>	hours

- Blood loss at delivery mls estimated measured both

Outcomes for infant

If birth did not take place:

- Maternal death Yes date

dd-mm-yyyy

- Fetal outcome:

- *Alive*

Baby 1.

- *Fetal death In utero <24 weeks*

Baby 2.

- *Fetal death In utero >24 weeks*

Baby 3.

- *Intrapartum death (i.e. at delivery)*

- *Neonatal death*

- Date of delivery of baby (dd/mm/yyyy)

- Time of delivery of baby (hh:mm)

- Gestational age at delivery + (weeks + days)

- Age of mother at delivery (years)

• Number of fetuses

• Baby(ies) sex

1. Male

Female

2. Male

Female

3. Male

Female

• Baby(ies) birth weight

1. grammes

2. grammes

3. grammes

• Customised birth weight centile

(to be calculated using desktop programme)

1.

2.

3.

• Placental weight grammes Unknown

• Baby(ies) head circumference 1. mm 2. mm 3. mm

• Baby(ies) length 1. mm 2. mm 3. mm

• 1 minute Apgar score 1. 2. 3.

• 5 minute Apgar score 1. 2. 3.

• Resuscitation:

1. Yes No

2. Yes No

3. Yes No

• Baby(ies) cord pH - arterial:

1.

2.

(Record information for twins, but cord pH not recorded for multiple births.)

• Baby(ies) cord pH - venous:

1.

2.

• Admission to neonatal intensive care unit (NICU)/special care baby unit (SCBU)

Yes No

• Hospital admissions overnight for women to postnatal ward nights

• Total nights admitted to hospital nights

(calculated by totalling antenatal nights (see page 3.) and postnatal nights in hospital)

● Feeding at hospital discharge:

Infant 1

- Exclusively breastfed
- Mixed feeding
- Exclusively infant formula

Infant 2

Exclusively breastfed

- Mixed feeding
- Exclusively infant formula

Infant 3

Exclusively breastfed

- Mixed feeding
- Exclusively infant formula