TASMANIAN PERINATAL DATA COLLECTION FORM

For births occurring on or after 1 January 2023

CONFIDENTIAL *Obstetric and Paediatric Mortality and Morbidity Act 1994*

Data submission timeline: *within 7 days of the birth of a baby.*

This form is to be completed for all babies (both liveborn & stillborn) who have a gestational age of at least 20 weeks **and/or** weighing at least 400 grams at birth. **In the case of multiple births, a separate form must be completed in full for each baby.**

*** tick one or more***

***Note**: This form must be completed in the hospital where the birth occurs or where the mother is first admitted if the baby is born before arrival.*

MOTHER'S DETAILS

Hospital code | **URN**

Surname | **First name** | **Date of birth (DDMMYYYY)**

Country of birth | **Suburb** | **Postcode**

Indigenous status ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐ Neither

Marital status ☐ Never married ☐ Widowed ☐ Divorced ☐ Separated ☐ Married *(including de facto)*

PREVIOUS PREGNANCIES

Livebirths | Stillbirths

Ectopic pregnancy | Miscarriage

Terminated pregnancy

Parity^ *(excluding this pregnancy)*

Number of neonatal deaths

Number of previous caesareans

Mode of last delivery

☐ Vaginal ☐ Caesarean section ☐ N/A

^ No. of previous pregnancies resulting in births ≥ 20 wks or ≥ 400 g

THIS PREGNANCY

Estimated date of confinement (DDMM20YY)

2 0

Determined by *(select most accurate option only)*

☐ Known conception ☐ Known date LMP

☐ Ultrasound <12 wks ☐ Ultrasound >12 wks

Is this pregnancy the result of assisted reproductive technology (ART)?

☐ No ☐ Yes

Intended place of birth

☐ Hospital ☐ Birth centre ☐ Home/other

Intending to breastfeed

☐ No ☐ Yes ☐ Unsure

Plurality ☐ Single ☐ Multiple, no.:

Est. gestation at 1st antenatal visit

Total number of antenatal visits

Height *(whole cm)*

Weight *(whole kg)*

Self-reported at conception

ANTENATAL TESTING**

☐ None

☐ 1st trimester Downs screening

☐ 2nd trimester Downs screening

☐ Amniocentesis

☐ Chorionic villus sampling

☐ Screening for gestational diabetes

☐ GBS screen

☐ Level 2 ultrasound

☐ Non-invasive prenatal testing

ANTENATAL SCREENING

	Yes	Not offered	Declined	Not stated
Mental hlth cond?	☐	☐	☐	☐
Domestic violence?	☐	☐	☐	☐

PRE PREGNANCY CONDITIONS **

☐ None ☐ Cardiovascular ☐ Thyroid

☐ Diabetes mellitus

- ☐ Pre-existing Type 1 diabetes
- ☐ Pre-existing Type 2 diabetes
- ☐ Other type of diabetes mellitus

Diabetes mellitus treatment **

- ☐ Insulin
- ☐ Oral hypoglycaemic
- ☐ Diet and exercise

☐ Mental health ☐ Renal disease

☐ Epilepsy ☐ Chronic hypertension

☐ Other

SMOKING / ALCOHOL / DRUG

Did the mother at all during the first half (<20 weeks) of pregnancy?

☐ No ☐ Yes, avg cigarettes/day?

Did the mother at all during the second half (≥20 weeks) of pregnancy?

☐ No ☐ Yes, avg cigarettes/day?

Did the mother consume alcohol at all during the first half (<20 weeks) of pregnancy?

Frequency of drinking:

☐ Never ☐ Monthly or less ☐ 2-4 times a month

☐ 2-3 times a week ☐ ≥4 times a week

No. of standard drinks on a typical day:

Did the mother consume alcohol at all during the second half (≥20 weeks) of pregnancy?

Frequency of drinking:

☐ Never ☐ Monthly or less ☐ 2-4 times a month

☐ 2-3 times a week ☐ ≥4 times a week

No. of standard drinks on a typical day:

Did the mother smoke marijuana during the pregnancy?

☐ No ☐ Yes ☐ Not stated

Did the mother use other recreational drugs during the pregnancy?

☐ No ☐ Yes ☐ Not stated

VITAMIN SUPPLEMENTS **

Did the mother take vitamin supplements during the pregnancy?

☐ None ☐ Vitamin D

☐ Iron ☐ Folate, pre-conceptually

☐ Iodine ☐ Folate, post-conceptually

☐ Multi vitamins (pregnancy)

☐ Multi vitamins (other)

VACCINATIONS

	Pertussis	Influenza
Not vaccinated	☐	☐
Vaccinated during 1st trimester	☐	☐
Vaccinated during 2nd trimester	☐	☐
Vaccinated during 3rd trimester	☐	☐
Vaccinated but unknown trimester	☐	☐

MATERNITY MODEL OF CARE

	Start of care	Time of birth
Private obstetrician	☐	☐
Private midwifery care	☐	☐
GP obstetrician	☐	☐
Shared care	☐	☐
Combined care	☐	☐
Public hospital maternity	☐	☐
Public hospital high risk maternity	☐	☐
Team maternity care	☐	☐
MGP caseload care	☐	☐
Remote area maternity care	☐	☐
Private obstetrician and privately practising midwife joint care	☐	☐
Other	☐	☐

ADMISSION

Date of admission (DDMM20YY) *(in which birth occurs)*

2 0

Admitted patient election status

☐ Public ☐ Private ☐ N/A

Transfer of patient prior to delivery

☐ No transfer ☐ Hospital to hospital

☐ Birth centre to hospital

☐ Home to hospital *(intended homebirth only)*

OBSTETRIC COMPLICATIONS **

☐ None

☐ Bleed <20 weeks *(threatened miscarriage)*

☐ Placenta praevia

☐ APH undetermined origin

☐ Placental abruption

☐ Threatened premature labour

☐ Hypertension

- ☐ Pregnancy induced hypertension
- ☐ Pre-eclampsia ☐ Eclampsia

☐ Prolonged rupture of membranes *(>18 hours)*

☐ Pre-labour rupture of membranes

☐ Gestational diabetes, treatment **

- ☐ Insulin
- ☐ Oral hypoglycaemic
- ☐ Diet and exercise

☐ Other

LABOUR AND DELIVERY

Onset of labour

☐ Spontaneous ☐ Induced ☐ None

Method of induction **

☐ Prostaglandin ☐ ARM
☐ Balloon ☐ Oxytocin
☐ Antiprogestogen ☐ Other

Indication for induction of labour *(max 5 reasons)*

Rank the reasons from 1 (main) to 5 (least)

☐ Prolonged pregnancy
☐ Prelabour rupture of membranes
☐ Diabetes
☐ Hypertensive disorders
☐ Multiple pregnancy
☐ Chorioamnionitis (incl suspected)
☐ Cholestatsis of pregnancy
☐ Antepartum haemorrhage
☐ Maternal age
☐ Body Mass Index (BMI)
☐ Maternal mental health indication
☐ Previous adverse perinatal outcome
☐ Other maternal obs/med indication
☐ Fetal compromise (incl suspected)
☐ Fetal growth restriction (incl suspected)
☐ Fetal macrosomia (incl suspected)
☐ Fetal death
☐ Fetal congenital anomaly
☐ Administrative/geographical indication
☐ Maternal choice
☐ Other indication not elsewhere classified

Augmentation of labour

Both ARM & Oxytocin may be ticked

☐ Not augmented
☐ ARM ☐ Oxytocin

Analgesia during labour **

☐ None ☐ IV Opioids
☐ O_2/Nitrous Oxide ☐ Pudendal
☐ IM Opioids ☐ Spinal
☐ Epidural/caudal ☐ Other

Principal accoucheur

☐ Obstetrician ☐ Midwife
☐ GP Obstetrician
☐ Hospital Medical Officer ☐ Other

Labour & delivery complications **

☐ None ☐ Grade 2-3 meconium
☐ Shoulder dystocia
☐ Primary PPH *(>500 mls in first 24 hours)*
Est amount of blood loss _____ mls
PPH requiring blood transfusion? ☐
☐ Retained placenta *(requiring manual removal)*
☐ Other _____

LABOUR AND DELIVERY (cont.)

Perineal status **

☐ Intact ☐ 3rd degree tear
☐ 1st degree tear ☐ 4th degree tear
☐ 2nd degree tear ☐ Episiotomy

Indication for caesarean section *(max 5 reasons)*

Rank the reasons from 1 (main) to 5 (least)

☐ Fetal compromise
☐ Suspected fetal macrosomia
☐ Malpresentation
☐ Lack of progress ≤3cm
☐ Lack of progress in the 1st stage, 4 to <10 cm
☐ Lack of progress in the 2nd stage
☐ Placenta praevia
☐ Placental abruption
☐ Vasa praevia
☐ Antepartum/intrapartum haemorrhage
☐ Multiple pregnancy
☐ Unsuccessful attempt at assisted delivery
☐ Cord prolapse
☐ Previous adverse perinatal outcome
☐ Previous caesarean section
☐ Previous severe perineal trauma
☐ Previous shoulder dystocia
☐ Other indication not elsewhere classified
☐ Maternal choice

Was the caesarean section:

a) ☐ Elective ☐ Emergency **b)** ☐ Primary ☐ Repeat

Anaesthesia for delivery **

☐ None ☐ Local anaesthetic
☐ Pudendal ☐ Epidural/caudal
☐ Spinal ☐ General anaesthetic

BABY'S DETAILS

URN ☐☐☐☐☐☐☐☐☐☐

Date of birth (DDMM20YY) ☐☐ ☐☐ 20 ☐☐

Presentation at birth

☐ Vertex ☐ Face ☐ Other
☐ Breech ☐ Brow

Mode of birth

☐ Non-instrumental vaginal
☐ Forceps – low ☐ Vacuum extraction
☐ Forceps – mid ☐ Vacuum rotation
☐ Forceps rotation ☐ Caesarean section

Indigenous status

☐ Aboriginal ☐ Torres Strait Islander
☐ Aborig. & TSI ☐ Neither

Actual place of birth

☐ Hospital ☐ Born before arrival
☐ Birth Centre ☐ Home/other

BABY'S DETAILS (cont.)

Birth status ☐ Liveborn ☐ **Stillborn** †

Apgar score ☐☐ 1 min ☐☐ 5 mins ☐☐ 10 mins

Cord pH ☐ Not done ☐ <7.2 ☐ ≥7.2

Gestational age at birth ☐☐ • ☐

Weight *(whole gram)* ☐☐☐☐

Length *(whole cm)* ☐☐

Head circumference *(whole cm)* ☐☐

Sex ☐ Male ☐ Female ☐ Indeterminate

Birth order

☐ Singleton ☐ Twin/Triplet 2
☐ Twin/Triplet 1 ☐ Triplet 3

Resuscitation at birth **

☐ None ☐ Suction ☐ Adrenaline
☐ Passive oxygen therapy
☐ Bag & mask IPPV ☐ CPAP
☐ Endotracheal intubation & IPPV
☐ External cardiac massage

Medical admission to SCN/NICU

☐ No ☐ Yes, number of days ☐☐

CONGENITAL ABNORMALITIES **

Please complete congenital abnormalities notification form

☐ None
☐ Malformation of nervous system
☐ Malformation of eye, ear, face & neck
☐ Malformation of circulatory system
☐ Cleft lip and cleft palate
☐ Malformation of digestive system
☐ Malformation of genital organs
☐ Malformation of urinary system
☐ Malformation of musculoskeletal system
☐ Chromosomal malformations
☐ Inborn errors of metabolism
☐ Other _____

DISCHARGE

Mother discharge status

☐ Discharged ☐ Transferred ☐ **Died** ‡

Date (DDMM20YY) ☐☐ ☐☐ 20 ☐☐

‡ *Please complete National Maternal Death Reporting Form*

Breastfeeding at discharge

☐ Fully ☐ Partially ☐ Not at all

Baby discharge status

☐ Discharged ☐ Transferred ☐ **Died** †
☐ Still in hospital at 28 days

Date (DDMM20YY) ☐☐ ☐☐ 20 ☐☐

† *Please complete National Perinatal Death Clinical Audit Tool*

Reason for transfer of baby

☐ Medical ☐ Other

Completed by (name): _____

Contact details: _____

COUNCIL OF OBSTETRIC & PAEDIATRIC MORTALITY & MORBIDITY

TASMANIAN PERINATAL DATA COLLECTION FORM

The Tasmanian Perinatal Data Collection Form is a mandatory requirement for data collection under the *Obstetric and Paediatric Mortality and Morbidity Act 1994* (previously known as *Perinatal Registry Act 1994*).

The Tasmanian Perinatal Data Collection Form is required to be **completed by all private hospitals and birth centres where the birth occurs, or by private midwifery and medical practitioners who deliver babies outside hospitals**. Please use the electronic perinatal database system (i.e. ObstetrixTas) for all births reported in public and public contracted maternity hospitals.

If the mother and/or baby are transferred from the hospital of confinement, the form should be completed by the hospital of birth. In cases where the mother is transferred to another hospital for operational birth and transferred back to the hospital of confinement immediately after the operation, the form should be **completed by the hospital of confinement**. If the mother and/or baby are admitted to hospital after the birth has occurred, a form should be **completed by the hospital where the mother is first admitted**.

NOTE: A multiple birth requires a separate Perinatal Data Collection Form to be completed for each baby with the same identifying maternal demographic information. Please ensure that the second twin's Perinatal Data Collection Form is also submitted.

Data submission timeline: within 7 days of the birth of a baby.

General instructions

- Please print clearly using a ballpoint pen and all writing and figures must be legible (paper submission only).
- Use ticks on the form to indicate the appropriate options.
- **ANSWER ALL QUESTIONS**. If a particular item of information is not available or unknown, please fill all numeric fields with '9' or record 'Unknown' in a text field.
- If any data items are not complete, the hospital of birth will be asked to supply the missing information.
- In the case of multiple births, a separate form should be completed for each baby. For example, in the case of twins, two forms are to be completed, identifying each twin as Twin 1 and Twin 2 in the Birth order question of the Baby's Details section.
- Where boxes are present, place a tick or write the appropriate number(s) in the relevant box(es).
- Where there are more boxes provided than necessary, please 'right adjust' your response.

e.g. Weight – 58 kgs

0	5	8

Queries relating to completion of this Form, please refer to the ***Guidelines for the completion of the Perinatal Data Collection Form*** available from the website or contact:

Tasmanian Perinatal Data Collection Services
Health Information - Monitoring Reporting and Analysis Unit
Policy, Purchasing, Performance and Reform Group
Department of Health
GPO Box 125
Hobart TAS 7001
Phone: (03) 6166 1012
Email: pppr.perinataldata@health.tas.gov.au
Web: www.health.tas.gov.au/about/corporate-and-industry-information/council-obstetric-and-paediatric-mortality-and-morbidity-copmm

Completing the Form

If you have completed the Form, please submit it by email or post:

Email: pppr.perinataldata@health.tas.gov.au

Post (using confidential envelope):
Tasmanian Perinatal Data Collection Services
Health Information - Monitoring Reporting and Analysis Unit
Policy, Purchasing, Performance and Reform Group
Department of Health
GPO Box 125
Hobart TAS 7001