

Questionnaire No:

--	--	--	--	--	--	--	--	--	--

### DELIVERY QUESTIONNAIRE

To be completed from medical records

1. Is there any conflicting information in this questionnaire?

Yes       No

If yes, please describe: .....

.....

2. Is this a multiple birth?

Yes       No

If yes, twin  triplet  quadruplet

3. Was the baby admitted to SCBU?

Yes       No

If yes, and a multiple birth, please state which baby or babies were admitted to SCBU, eg., twin 1/triplet 2 etc.

.....

Was any information:

a) illegible

Yes       No

If yes, please describe .....

.....

b) missing

Yes       No

If yes, please describe .....

.....

**SECTION A: IDENTIFICATION**

A1. Mother's date of birth:   19

A2. Hospital no.

A3. Place where mother was originally intended to deliver:

1 BMH/St. Michaels  2 Southmead  3 Weston

4 Home  9 can't tell

5 Other (specify)

.....

A4. Date of delivery:   19

A5. Place of delivery:

1 BMH/St. Michaels  2 Southmead  3 Weston

4 Home  9 can't tell

5 Other (specify)

.....

A6. Type of A/N Care

1 Shared care  2 Other – please specify .....

e.g. consultant care/midwife only/planned home delivery

## **B1. ANTENATAL MEASUREMENTS**

Please give all measurements taken (whether during antenatal care or as an inpatient prior to the commencement of labour).

### Code for care status:

1 = A.N.C.,      2 = in-patient,      3 = home visit,      4 = hospital/consultant clinic visit (i.e. hospital clinic sheet completed).

### Code for protein in urine:

0 = nil,      1 = trace,      2 = +,      3 = ++,      4 = +++ or more      5 = blood.

### Code for oedema:

0 = none,      1 = ankles only,      2 = hands only,      3 = face only,      4 = generalised,  
5 = not otherwise specified,      6 = more than one site.

### Code for glycosuria

0 = none,      1 = trace to +,      2 = ++,      3 = +++ or more,      4 =  $\frac{1}{4}\%$ ,      5 =  $\frac{1}{2}\%$ ,  
6 = 1% or more.





**SECTION B: SUMMARY OF THE PREGNANCY**

B2. a) Date of first day of her last menstrual period:   199

b) Was mother certain of this?  
 1 yes  2 no  3 unsure  9 can't tell from notes

c) What was the final clinical estimate of expected date of delivery?  
  199

B3. Please give mother's blood group:

a) ABO: A  1 B  2 O  3 AB  4 NS  9

b) Rhesus: +ve  1 -ve  2 NS  9

c) Rubella immune:  1 Yes  2 No  8 NS  9 NK

<u>Type of scan</u>	<u>Reason for scan</u>	<u>Results</u>
A. "Clinic scan"	1. Abnormalities in mum e.g. fibroids, ovarian cysts	1. normal
B. Dating scan	2. Amniocentesis	2. abnormal and write down what the abnormalities are
C. Departmental	3. Biophysical profile	
D. Doppler	4. Bleeding	
E. Follow-up scan	5. Choroid plexus seen on previous scan	
F. Mini scan	6. CVS	
G. Private scan	7. Dates	
H. Real time scan	8. Fetal anomaly/anatomy	
I. Routine scan	9. Fetal growth	
J. 'Survey' scan	10. Fetal movements	
K. Trans-vaginal	11. Multiple pregnancy	
Z. Not stated	12. Pelvimetry	
	13. Placental location	
	14. Presentation of baby	
	20. Not stated	
	21. Multiple reasons	
	22. Liquor volume	
	23. Pre-eclampsia symptoms queried	
	24. Fetal well-being	
	25. Viability	
	26. As part of fertility regime	
	27. Suspected fetal abnormality	

### ULTRASOUND SCANS

Use codes on preceding page where appropriate.

	DATE			TYPE	REASON	RESULTS
1.	<input type="text"/>	<input type="text"/>	199	<input type="text"/>	<input type="text"/>	.....
2.	<input type="text"/>	<input type="text"/>	199	<input type="text"/>	<input type="text"/>	.....
3.	<input type="text"/>	<input type="text"/>	199	<input type="text"/>	<input type="text"/>	.....
4.	<input type="text"/>	<input type="text"/>	199	<input type="text"/>	<input type="text"/>	.....
5.	<input type="text"/>	<input type="text"/>	199	<input type="text"/>	<input type="text"/>	.....
6.	<input type="text"/>	<input type="text"/>	199	<input type="text"/>	<input type="text"/>	.....
7.	<input type="text"/>	<input type="text"/>	199	<input type="text"/>	<input type="text"/>	.....
8.	<input type="text"/>	<input type="text"/>	199	<input type="text"/>	<input type="text"/>	.....
9.	<input type="text"/>	<input type="text"/>	199	<input type="text"/>	<input type="text"/>	.....
10.	<input type="text"/>	<input type="text"/>	199	<input type="text"/>	<input type="text"/>	.....
11.	<input type="text"/>	<input type="text"/>	199	<input type="text"/>	<input type="text"/>	.....
12.	<input type="text"/>	<input type="text"/>	199	<input type="text"/>	<input type="text"/>	.....
13.	<input type="text"/>	<input type="text"/>	199	<input type="text"/>	<input type="text"/>	.....
14.	<input type="text"/>	<input type="text"/>	199	<input type="text"/>	<input type="text"/>	.....
15.	<input type="text"/>	<input type="text"/>	199	<input type="text"/>	<input type="text"/>	.....

B5. Was hypertension/pre-eclampsia diagnosed at any time during the pregnancy?

  
1

Yes

  
2

No

If yes, a) what was the exact diagnosis? (words used)

.....  
.....

b) what was the date of diagnosis?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	199	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	-----	----------------------

c) what treatments were given?

.....  
.....

B6. Were any of the following noted during pregnancy before the onset of labour.

a) Abnormal AFP ..... **Yes**  
  
1

List all abnormal APF results with dates taken:

Date	<input type="text"/>						
	<input type="text"/>						

b) Amniocentesis\* ..... **Yes**  
  
1

\*If yes, give reason .....  
.....  
.....

Yes

- c) Anaemia.....  1
- d) Anti D.....  1
- e) Biophysical profile (BPP) .....  1
- f) Breech presentation .....  1
- g) Blood sugars .....  1
- h) Cervical cerclage (e.g. Shirodkar's suture).....  1
- i) Chorionic villus sampling \* .....  1

\* If yes, give reason .....

.....

.....

- j) Creatinine.....  1
- k) Diabetes.....  1
- l) Eclamptic convulsions.....  1
- m) Excessive vomiting (hyperemesis).....  1
- n) E.C.V (external cephalic version).....  1
- o) Failed E.C.V.....  1
- p) Genital herpes.....  1
- q) Gonorrhoea.....  1
- r) Hepatitis B.....  1

			<b>Yes</b>
B6.	s)	In-vitro fertilisation (IVF).....	<input style="border: 1px solid red;" type="checkbox"/> 1
	t)	Ketones.....	<input style="border: 1px solid red;" type="checkbox"/> 1
	u)	Oligohydramnios.....	<input style="border: 1px solid red;" type="checkbox"/> 1
	v)	Other antibodies (specify*.....	<input style="border: 1px solid red;" type="checkbox"/> 1
	w)	Placental abruption (detachment of..... placenta)	<input style="border: 1px solid red;" type="checkbox"/> 1
	x)	Placenta praevia (covering or adjoining the Internal OS).....	<input style="border: 1px solid red;" type="checkbox"/> 1
	y)	Polyhydramnios/hydramnios.....	<input style="border: 1px solid red;" type="checkbox"/> 1
	z)	Random blood sugar.....	<input style="border: 1px solid red;" type="checkbox"/> 1
	aa)	Rh antibodies.....	<input style="border: 1px solid red;" type="checkbox"/> 1
	bb)	Suspected fetal growth retardation (I.U.G.R).....	<input style="border: 1px solid red;" type="checkbox"/> 1
	cc)	Syphilis.....	<input style="border: 1px solid red;" type="checkbox"/> 1
	dd)	Threatened abortion.....	<input style="border: 1px solid red;" type="checkbox"/> 1
	ee)	Threatened pre-term labour.....	<input style="border: 1px solid red;" type="checkbox"/> 1
	ff)	Transverse lie.....	<input style="border: 1px solid red;" type="checkbox"/> 1
	gg)	Unstable lie.....	<input style="border: 1px solid red;" type="checkbox"/> 1
	hh)	Urinary Tract Infection.....	<input style="border: 1px solid red;" type="checkbox"/> 1
	ii)	Urea & electrolytes... ..	<input style="border: 1px solid red;" type="checkbox"/> 1
	jj)	Vaginal bleeding in 1 <sup>st</sup> trimester..... (up to 13 weeks and 6 days)	<input style="border: 1px solid red;" type="checkbox"/> 1
	kk)	Vaginal bleeding in 2 <sup>nd</sup> trimester..... (14 weeks to 27 weeks and 6 days)	<input style="border: 1px solid red;" type="checkbox"/> 1





B10.

Date of admission                      Days stayed      Hospital

b) 1st      199       1 St. Michael's  2 Southmead  3 other describe.....

Reasons for admission and brief details of any treatment.....  
.....  
.....  
.....  
.....  
.....

c) 2nd      199       1 St. Michael's  2 Southmead  3 other describe.....

Reasons for admission and brief details of any treatment.....  
.....  
.....  
.....  
.....  
.....

d) 3rd      199       1 St. Michael's  2 Southmead  3 other describe.....

Reasons for admission and brief details of any treatment.....  
.....  
.....  
.....  
.....  
.....

B10.

e) 4th   199   1 St. Michael's  2 Southmead  3 other describe.....

Reasons for admission and brief details of any treatment.....  
.....  
.....  
.....  
.....  
.....

f) 5th   199   1 St. Michael's  2 Southmead  3 other describe.....

Reasons for admission and brief details of any treatment.....  
.....  
.....  
.....  
.....  
.....

g) 6th   199   1 St. Michael's  2 Southmead  3 other describe.....

Reasons for admission and brief details of any treatment.....  
.....  
.....  
.....  
.....  
.....

**SECTION C: LABOUR AND DELIVERY**

If this is a multiple pregnancy please fill in the labour and delivery details for the first born on this Section C and complete a separate C section for each subsequent birth.

C1. Please give the following where possible

	Date		Time (24 hr clock)	
	Day	Month		
a. Admission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Membrane rupture	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Onset of 1st stage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Onset of 2nd stage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Delivery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. End of 3 <sup>rd</sup> stage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C2. a) When was mother admitted?

- 1 before onset of labour
- 2 in 1<sup>st</sup> stage
- 3 in 2<sup>nd</sup> stage or transition
- 4 in labour n.o.s.
- 5 not admitted (home delivery)
- 6 admitted not known when

b) Was mother:

- 1 admitted from home
- 2 transferred during labour from one hospital to another
- 3 other (please describe) .....

C3. a) How did the membranes rupture?

spontaneously       artificially       at caesarean section

spontaneously & artificially       spontaneously and at caesarean section

other .....       NK

b) How long was the interval between rupture and delivery?

<5min       5-59min       1-5hr 59 mins

6-23hr 59min       24-47hr 59 mins       48hr+

NK

c) Did membranes rupture before or after onset of regular contractions?

before       after       no contractions

with onset of regular contractions (ie. Simultaneously)

unclear       NK

C4.(i) How did labour start?

spontaneously       after induction

no labour (eg. elective)       in other way

.....

C4.(ii) If labour induced, please indicate methods:

- |  | <b>Yes</b>                    |   |
|--|-------------------------------|---|
| a) prostaglandin gel (vaginal).....            | <input type="checkbox"/><br>1 | <input type="checkbox"/> 2 not induced go to C4 (iii) below |
| b) prostaglandin pessaries .....               | <input type="checkbox"/><br>1 |   |
| c) extra-amniotic prostoglandins....           | <input type="checkbox"/><br>1 |   |
| d) oral protaglandins.....                     | <input type="checkbox"/><br>1 |   |
| e) artificial rupture of membranes...<br>(ARM) | <input type="checkbox"/><br>1 |   |
| f) syntocinon infusion.....                    | <input type="checkbox"/><br>1 |   |
| g) 'other' please specify.....                 | <input type="checkbox"/><br>1 |   |

C4.(ii) h) If labour was induced, please list reasons.....  
.....  
.....  
.....

(iii) a) Was labour augmented?

Yes  1      No  2      → Go to C5a

If labour was augmented, please indicate methods:

- |   | <b>Yes</b>                    |
|---|-------------------------------|
| b) artificial rupture of membranes<br>(ARM) | <input type="checkbox"/><br>1 |
| c) mobilisation of mother                   | <input type="checkbox"/><br>1 |
| d) syntocinon infusion                      | <input type="checkbox"/><br>1 |
| e) other, please specify                    | <input type="checkbox"/><br>1 |

.....

f) If labour was augmented, please list reasons .....

.....

.....

.....

C5. a) What was the presentation onset of labour?

- |                            |        |                            |           |
|----------------------------|--------|----------------------------|-----------|
| <input type="checkbox"/> 1 | vertex | <input type="checkbox"/> 2 | breech    |
| <input type="checkbox"/> 3 | other  | <input type="checkbox"/> 9 | not known |

.....

b) What was the presentation at delivery or at caesarean section?

- |                            |           |                            |                  |
|----------------------------|-----------|----------------------------|------------------|
| <input type="checkbox"/> 1 | vertex OA | <input type="checkbox"/> 2 | vertex OP        |
| <input type="checkbox"/> 3 | breech    | <input type="checkbox"/> 4 | other (describe) |

.....

C6. a) What was the method of delivery?

- 0 spontaneous
- 1 assisted breech [normal breech delivery, often with forceps to after-coming head (ACH)]
- 2 breech, extraction (rare/emergency procedure when baby remains in uterus)
- 3 caesarean section
- 4 forceps
- 5 vacuum extraction (ventouse)
- 6 other, please describe .....

C6. b) If forceps used, please indicated which type:

Wrigleys

Rhodes

NK

Neville Barnes

Keillands

Other, please specify

.....

not delivered by forceps

c) Was delivery by caesarean section?

yes elective

yes emergency

no → go to C7

d) please give reasons for caesarean

.....

.....

C7. (i) Indicate which of the following analgesics/anaesthetics used during the first or second stages of labour or at caesarean section?

**Yes**

- |  |                                |
|--|--------------------------------|
| a) Birthing pool .....                                 | <input type="text" value="1"/> |
| b) Caudal epidural (needle through caudal hiatus)..... | <input type="text" value="1"/> |
| c) Diamorphine .....                                   | <input type="text" value="1"/> |
| d) Epidural n.o.s.....                                 | <input type="text" value="1"/> |
| e) Fentanyl.....                                       | <input type="text" value="1"/> |
| f) Gas and air.....                                    | <input type="text" value="1"/> |
| g) General anaesthetic.....                            | <input type="text" value="1"/> |
| h) Hot bath.....                                       | <input type="text" value="1"/> |

- C7.
- i) Lumbar epidural (needle in lumbar region).....  1
  - j) Perineal infiltration.....  1
  - k) Pethidine.....  1
  - l) Pethilorfan.....  1
  - m) Pudendal block .....  1
  - n) Spinal anaesthetic.....  1
  - o) T.E.N.S.....  1
  - p) Other, please describe.....  1
  - q) .....  1      None  1      Not known

C7. (ii) Were any other drugs given during the first or second stages of labour or at caesarean section?

- Yes**
- a) Antibiotics  
Please specify.....  1
  - b) Dexamethasone.....  1
  - c) Diazepam (Valium).....  1
  - d) Dichloralphenazone (Welldorm).....  1
  - e) Ephidrine.....  1
  - f) Nitrazepam (Mogadon).....  1
  - g) Oxygen.....  1
  - h) Phenergan.....  1

C7.(ii)

- i) Phenobarbitone.....
- j) Phenytoin.....
- k) Ranitidine.....
- l) Ritodrine (Yutopar).....
- m) Salbutamol.....
- n) Sodium citrate.....
- o) Stemetil.....
- p) Temazepam.....
- q) Other .....

please specify: .....

.....

.....

- r)  None  Not known

C8. During labour, prior to actual delivery did the mother haemorrhage?

- yes, placenta praevia  no haemorrhage
- yes, APH unspecified  yes abruption
- no labour  other

please specify .....

C9. a) Was the mother's blood pressure taken in labour?

1 yes       2 no       3 caesarean section with no labour

↓      → go to C11a

b) If yes, what was the reading with the highest diastolic?

/

C10. a) Was the mother's urine tested for protein in labour?

1 yes       2 no       3 caesarean section with no labour

↓      → go to C11a

b) If yes, give result:

0 nil       1 trace       2 +

3 ++       4 +++       5 more than +++

C11. a) Was the mother's urine tested for ketones in labour?

1 yes       2 no       3 caesarean section with no labour

↓      → go to C12

b) If yes, give result:

0 nil       1 trace       2 + (small)

3 ++ (moderate)       4 +++ (large)

C12. a) Was any odema present in labour?

yes     no     caesarean section with no labour

↓

If yes, b) what sites were involved?

generalised     ankles only     hands only

face only     other only     more than one  
..... site.....

C13. Were any of the following noted as occurring in labour or at caesarean section?

	<b>Yes</b>
a) Blood transfusion.....	<input type="text" value="1"/>
b) Catheterization.....	<input type="text" value="1"/>
c) Cord around neck.....	<input type="text" value="1"/>
d) Cord prolapse.....	<input type="text" value="1"/>
e) Distress (if stated).....	<input type="text" value="1"/>
f) Eclamptic convulsions.....	<input type="text" value="1"/>
g) Failure to progress.....	<input type="text" value="1"/>
h) Fresh meconium in liquor.....	<input type="text" value="1"/>
i) Left lateral position.....	<input type="text" value="1"/>
j) Meconium n.e.c.....	<input type="text" value="1"/>
k) Obstructed labour.....	<input type="text" value="1"/>
l) Old meconium in liquor.....	<input type="text" value="1"/>

**Yes**

- C13. m) Precipitate labour.....  1
- n) Prolonged 1<sup>st</sup> stage (if stated).....  1
- o) Prolonged 2<sup>nd</sup> stage (if stated).....  1
- p) Pyrexia.....  1 give temperature   .
- q) Right lateral position.....  1
- r) Water birth.....  1
- s) Other complications.....  1  
(please describe, eg. shoulder dystocia,  
cephalopelvic disproportion etc)
- .....
- .....
- .....
- .....
- t) .....  1 None  2 Not known

C14. (i) Monitoring. Were any of the following noted:

**Yes**

- a) CTG – intermittent  1  2 no labour  3 no monitoring noted
- b) CTG - continuous  1
- c) FSE  1
- d) Auscultation  1
- e) Sonicaid  1
- f) Fetal heart heard not known with what  1
- g) Other (please specify)  1
- .....

C15.a) (i) Were there any abnormalities noted in fetal heart rate in labour?

yes     no     not applicable     no indication in notes



(ii) If yes, please indicated which abnormalities were noted:

	1 <sup>st</sup> stage	2 <sup>nd</sup> stage	not clear when
a) Tachycardia N.O.S.	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
b) Base line tachycardia (160 bpm or more)	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
c) Bradycardia N.O.S.	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
d) Base line bradycardia (110 bpm or less)	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
e) Type I Dips/early decels	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
f) Type II Dips/late decels	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
g) Loss of beat to beat variability	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
h) Reduced or poor variability	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
i) 'Flat trace'/sinusoidal pattern	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
j) Variable decelerations	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
k) Decelerations with slow recovery	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
l) Other, please specify	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>

.....  
 .....

C15.b) (i) Were fetal blood samples taken?  
 1 yes     2 no    → go to C16a  
↓

(ii) If yes, were there abnormalities in fetal blood pH?  
 1 yes     2 no    → go to C16a  
↓

(iii) If yes, give level of lowest pH:  .   
date:     
time:  .

C16. a) Did the mother have an episiotomy?  1 yes     2 no

b) Did the mother have a perineal tear?  
 1 yes n.o.s.  
 2 no  
 3 1°  
 4 2°  
 5 3°  
 6 other, please describe.....

**SECTION D: POST PARTUM**

D1. Were any of the following noted as having occurred during the first 14 days postpartum?

		Yes					
a)	Anaemia.....	<input type="checkbox"/> 1	Result	<input type="checkbox"/>	<input type="checkbox"/>	.	<input type="checkbox"/>
b)	Blood transfusion.....	<input type="checkbox"/> 1					
c)	Breast problems.....	<input type="checkbox"/> 1	specify.....				
d)	Catheterization.....	<input type="checkbox"/> 1					
e)	Clots passed.....	<input type="checkbox"/> 1					
f)	Depression.....	<input type="checkbox"/> 1					
g)	D.V.T.(deep vein thrombosis).....	<input type="checkbox"/> 1					
h)	Eclamptic convulsions.....	<input type="checkbox"/> 1					
i)	Genital infection.....	<input type="checkbox"/> 1					
j)	Haemorrhoids,,,,.....	<input type="checkbox"/> 1					
k)	Infection of caesarean wound.....	<input type="checkbox"/> 1					
l)	Infection of episiotomy/tear.....	<input type="checkbox"/> 1					
m)	Manual removal of placenta.....	<input type="checkbox"/> 1					
n)	Mastitis.....	<input type="checkbox"/> 1					
o)	Micturation problems.....	<input type="checkbox"/> 1					
p)	Perineum problems.....	<input type="checkbox"/> 1	specify.....				
q)	Psychosis.....	<input type="checkbox"/> 1					
r)	Pulmonary embolism.....	<input type="checkbox"/> 1					

D1.

Yes

- s) Pyrexia.....  temperature   .
- t) Retained placenta.....
- u) Sterilisation.....
- v) Urinary infection.....
- w) Uterine infection.....
- x) Other (please describe).....
- .....
- .....
- .....
- .....
- y) .....  No  Not known

**Blood loss at or after delivery**

D2.

- a) Did the mother have a post-partum haemorrhage?  
 yes  no → go to D3
- g) If yes was it 'primary' (loss of 500mls or more within 24 hrs of delivery)? or 'secondary' (loss of 500mls or more after 1<sup>st</sup> 24 hrs of delivery).  
 primary  secondary  both  NK
- c) Please give amount in mls of haemorrhage

D3.

**Drugs in postpartum during and following completion of 3<sup>rd</sup> stage.**

Did the mother have:

	<b>Yes After delivery</b>	<b>Yes, not sure if before or after delivery</b>
a) antibiotics (please specify)..... .....	<input type="checkbox"/>	<input type="checkbox"/>
b) anti d.....	<input type="checkbox"/>	<input type="checkbox"/>
c) anusol.....	<input type="checkbox"/>	<input type="checkbox"/>
d) co-dydramol.....	<input type="checkbox"/>	<input type="checkbox"/>
e) coproxamol.....	<input type="checkbox"/>	<input type="checkbox"/>
f) ergometrine.....	<input type="checkbox"/>	<input type="checkbox"/>
g) fentazin.....	<input type="checkbox"/>	<input type="checkbox"/>
h) folic acid.....	<input type="checkbox"/>	<input type="checkbox"/>
i) fybogel.....	<input type="checkbox"/>	<input type="checkbox"/>
j) general anaesthetic.....	<input type="checkbox"/>	<input type="checkbox"/>
k) iron.....	<input type="checkbox"/>	<input type="checkbox"/>
l) kamillosan.....	<input type="checkbox"/>	<input type="checkbox"/>
m) lactulose.....	<input type="checkbox"/>	<input type="checkbox"/>
n) lignocaine.....	<input type="checkbox"/>	<input type="checkbox"/>
o) metoclopramide (Maxalon).....	<input type="checkbox"/>	<input type="checkbox"/>
p) mini-pill.....	<input type="checkbox"/>	<input type="checkbox"/>
q) morphine.....	<input type="checkbox"/>	<input type="checkbox"/>

D3.

Yes After delivery                      Yes, not sure if before or after delivery

- |     |                             |                                |       |                                |
|-----|-----------------------------|--------------------------------|-------|--------------------------------|
| r)  | omnopan/paparvertum.....    | <input type="text" value="1"/> | ..... | <input type="text" value="2"/> |
| s)  | paracetamol.....            | <input type="text" value="1"/> | ..... | <input type="text" value="2"/> |
| t)  | pethidine.....              | <input type="text" value="1"/> | ..... | <input type="text" value="2"/> |
| u)  | progesterone.....           | <input type="text" value="1"/> | ..... | <input type="text" value="2"/> |
| v)  | stemetil.....               | <input type="text" value="1"/> | ..... | <input type="text" value="2"/> |
| w)  | syntocinon.....             | <input type="text" value="1"/> | ..... | <input type="text" value="2"/> |
| x)  | syntometrine.....           | <input type="text" value="1"/> | ..... | <input type="text" value="2"/> |
| y)  | temazepan.....              | <input type="text" value="1"/> | ..... | <input type="text" value="2"/> |
| z)  | voltarol.....               | <input type="text" value="1"/> | ..... | <input type="text" value="2"/> |
| za) | witch hazel.....            | <input type="text" value="1"/> | ..... | <input type="text" value="2"/> |
| zb) | other (please specify)..... | <input type="text" value="1"/> | ..... | <input type="text" value="2"/> |
- .....
- zc)  None noted

D4. Date mother left maternity hospital:   .   199

D5. Where did mother first go?

- |  |   |   |
|--|---|---|
| <input type="text" value="1"/> her own home                | <input type="text" value="2"/> someone else's home      | <input type="text" value="3"/> other hospital with baby |
| <input type="text" value="4"/> other hospital without baby | <input type="text" value="5"/> elsewhere (specify)..... |   |
| <input type="text" value="5"/> maternal death              |   |   |

D6. Did mother take her own discharge?

1 yes       2 no

D7. Was mother re-admitted at all (prior to 6 week postnatal check)?

1 yes       2 no

If **yes**, give date  .  reason .....

D8. Blood pressure of mother after delivery (give latest recorded)

on   199

**SECTION E: OUTCOME OF PREGNANCY**

E1. Baby's Hospital No.

E2. Questionnaire No.

\* (If twin, triplet or quad please fill in Sections E & F on a separate questionnaire for all except the first born)

E3. a) Weight of placenta  g or not weighed

b) Were there any abnormalities of the placenta or umbilical cord noted?

yes  no



h) If yes, please describe.....

.....

E4. a) What was the outcome of delivery?

			<b>date of death</b>			<b>time of death</b>		
			<b>day</b>	<b>month</b>	<b>year</b>			
<input type="text" value="1"/>	alive now	<input type="text" value="2"/>	alive at birth	<input type="text"/> <input type="text"/>				
			died later	.	.	.	.	.

born dead  other (describe).....



b) If born dead

(i) when was the fetus thought to have died?

before onset of labour  during labour and/or delivery

not known

(ii) what condition was the fetus in?

macerated  fresh  not known

E5. What is the sex of the baby/fetus?

Male                       female                       intersex

E6. a) Is the baby a singleton, twin or triplet?

singleton                       twin                       triplet

other.....

b) If multiple birth, state whether this baby was 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> to be born.

first                       second                       third

fourth

E7. Birthweight of this baby:  gms

E8. a) Crown-heel length:  .  cms

(please code as 88.8 if not stated)

b) Head circumference  .  cms

**SECTION F: THE LIVEBORN BABY – AT DELIVERY**

F1. a) Did the baby cry immediately after birth?  
 1 yes     2 no     8 NS     9 NK

b) How long before baby took first breath?  
 1 <1 min     2 1-3 min     3 >3 min     8 NS

c) How long until regular respirations were established?  
 (If notes say less than 1 minute (<1) code as 66 mins 66 secs)  
   

d) Apgar at 1 min:     Apgar at 5 mins:

i) Was the baby resuscitated  
 1 yes     2 no    → go to F1.g

↓

j) Method of resuscitation:

	<b>Yes</b>
(i) bag & mask	<input type="text"/> 1
(ii) bag & mask & oxygen	<input type="text"/> 1
(iii) cardiac massage	<input type="text"/> 1
(iv) facial oxygen	<input type="text"/> 1
(v) intubation	<input type="text"/> 1
(vi) IPPV with intubation	<input type="text"/> 1
(vii) mouth to mouth & nose	<input type="text"/> 1
(viii) ventilation nos	<input type="text"/> 1
(ix) Other, specify	<input type="text"/> 1

.....  
 .....

- F1. g) Drugs given at delivery:
- naloxone
  - other (specify.....)
  - No drugs

h) Treatment given at or shortly after delivery:

**Yes**

- (i) suction
- (ii) chest compression
- (iii) none
- (iv) other (specify)  .....
- (v) cords visualised  If yes, was meconium seen?

Yes  No  NS

**UP UNTIL THE TIME OF DISCHARGE**

F2. a) Was the baby transferred?

- no
- SCBU in this hospital
- SCBU in other hospital
- Transitional care ward
- Other, please describe.....

b) Give reason(s) for transfer (if known).....  
 .....

F2. c) For how long was baby there?

- <hr
- 1-5hr 59 min
- 6-23hr 59 min
- 1 day +

(If baby is SCBU throughout, leave rest of Section F blank. When baby not in SCBU answer for postnatal notes only).

F3.

What type of feed was baby having at 24hrs?

1 breast     2 bottle     3 breast and bottle

4 other, describe content and method:.....  
(eg. expressed breast milk, oral glucose, intravenous dextrose etc)

8 NS

F4.

Was the baby given Vitamin K?

1 yes,orally     2 no     3 yes, IM

4 yes,not stated how     5 yes,IV     6 Not stated in notes

F5.

Did the baby have convulsions?

1 yes     2 no

F6.

What was the lowest temperature recorded:  
(99.9 if not taken, 88.8 if not stated)

.  °C

F7.

Was the baby ever examined by a paediatrician?

1 yes     2 no

F8. a)

Were the hips examined?

1 yes     2 no    → go to F9



b)

If yes, were any abnormalities noted?

1 yes     2 no



please describe.....

F9.

Please list all congenital malformations and other abnormalities (eg. cephalhaematoma)

.....  
.....  
.....  
.....

F10. a) Has a formal paediatric assessment of gestation been carried out?

yes     no     can't tell

b) If yes, give gestational assessment:   wks

(or 55 preterm, 56 term, 57 post-term)

F11. Were any of the following noted on the postnatal ward or at home during first 14 postnatal days?

**Yes**

a) Apnoeic attack(s) (baby stops breathing)

1

b) Cyanotic attack(s) (baby turns blue)

1

c) Feeding problems

1

d) High pitched or abnormal cry

1

e) Moist eyes

1

f) Mucousy

1

g) Pyrexia

1

Result   .

h) Sticky eye(s)

1

i) Twitching

1

j) Umbilical infection

1

k) Unsettled

1

l) Other (specify)

1

.....  
.....  
.....

m) None

1

F11. n) Was jaundice present?

(i)  1 yes  2 no → go to F11o

(ii) If yes, was SBR taken Yes  1 No  2 NK  9

(iii) If yes, what was the highest level bilirubin    μmol

Date     199

o) Please list all drugs given to baby

**Yes**

(i) Antibiotics  
please specify:  1

.....

(ii) Dextrose  1

(iii) Other  
please specify:  1

.....

(iv) none  1

p) Any other treatment or investigations

(i)  1 Blood sugar assessments

(ii)  1 Cot shield

(iii)  1 Incubator

(iv)  1 Light meter

(v)  1 Meconium observations

(vi)  1 Phototherapy/Double Phototherapy

(vii)  1 Other, please specify.....

(viii)  1 None

F12. Date of baby discharge/transfer from hospital:   199

- F13. a) Baby discharged to:
- 1 mother
  - 2 foster parent
  - 3 other person (specify).....
  - 4 other hospital/unit
  - 5 not yet discharged

- F13. b) If to other hospital/unit
- 1 BMH/St Michael's
  - 2 Southmead
  - 3 Weston General Hospital
  - 4 Barrow Hospital
  - 5 Children's Hospital
  - 6 Other, please specify

F14. Has baby been readmitted since discharge up to time of 6 week post-natal check?

- 1 yes
- 2 no



If yes, give date of admission

reason.....

F15. Were there any problems in the data collection you would like to add?

- 1 yes
- 2 no