

CONFIDENTIAL

QUESTIONNAIRE

NCDSID

SERIAL No.

| | | | | |
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| | | | | |
|--|--|--|--|--|

Not answered (-1)

Does not apply (-2)

**PERINATAL MORTALITY SURVEY
NATIONAL BIRTHDAY TRUST FUND**

One of these questionnaires to be filled in for each baby born during the period of the main survey (first minute March 3rd-last minute 9th, 1958, inclusive) and sent in as instructed.

In addition, during the months of March, April, May, 1958, a questionnaire is required for all still births and each infant dying before the age of 28 days, and sent in as instructed as soon as possible after death.

GENERAL INSTRUCTIONS

- Where the questions have been pre-coded, i.e. the possible answers are listed and a code number or letter attached (e.g. Questions 6, 9, 11a)—indicate the answer by ringing the code of the answer that applies.
- Ignore the small boxes placed alongside some questions, e.g. Questions 10 and 11; these are to be used in analysis at Headquarters.
- If you are unable to record an answer to any question because the details are not known or available, please DO NOT LEAVE A BLANK but record "doesn't remember," "don't know," "no records," etc.

1 Name of person completing this form

2 (a) Name and address of Institution and/or L.A. to which

(1) is attached

NOREGION

(b) If the birth is institutional, please give the Regional Hospital

Board

SECTION I GENERAL INFORMATION

3 Full name of patient

4 Patient's usual place of residence

5 Address at which baby delivered (If same as Question 4, write "same")

6 Place of delivery **POD**

Note.—If baby delivered on way to hospital, in ambulance, taxi, street, etc., this should be classified below as "elsewhere."

Hospital as booked case Y

One code Hospital as unbooked case (including emergency) X

only— Domiciliary—Midwife booked O

note above Domiciliary—Midwife unbooked 1

N.H.S. Maternity Home* 2

Private Nursing Home 3

Private ward of N.H.S. hospital 4

Elsewhere (specify, e.g. taxi, street, ambulance, etc.) 5

*G.P. unit where there is no resident Medical Officer.

7 Time and date of delivery a.m./p.m. on the
of , 1958

SECTION II (Questions 8—22 inclusive)

The information required for the questions in this section should be got from the mother only. If the mother cannot be questioned, refer to instructions.

8 Age of patient last birthday yrs.

9 Present marital status **N545**

Married Y

Single X

Widowed, divorced, separated O

IF NOT MARRIED, OMIT Qns. 10—12 inclusive

IF MARRIED, questions about husband's employment refer to time of delivery. If not working, or on National Service, give last occupation, and give reason, e.g. unemployed, sick, National Service, etc.

10 Date of present marriage

..... (day) of (month) (year)
N520 (to first mature birth)

11 What was the husband's occupation?

Actual job **N490 (occupations)**

Industry

(a) Is the husband paid weekly, monthly, or is he self-employed?

N492 (Social Class) Weekly 1

Monthly 2

Self-employed 3

If self-employed

(i) Does he employ 10 or more persons? Yes 4

No 5

If not self-employed

(ii) Does he supervise others (e.g. foreman, manager, charge-hand?) Yes 6

No 7

N494 yrs.

12 Age of husband last birthday?

SECTION II (cont'd.)

MOTHER ONLY

13 Did the patient stay at school after minimum school-leaving age?

N537

Yes YNo XIf stayed at school

(a) At what age did she finish her full-time education?

..... yrs.

14 What was her father's occupation when she left school?

Actual job N524, N525 (Occupation)N526, N571 (Class) Industry (a) Was he:
Self-employed, not employing others YEmployer XEmployee not supervising others OEmployee supervising others 1

15 At the time she left school, how many brothers and sisters did the patient have (living and dead)? N549

| | Number still alive then | Number dead |
|----------------------|-------------------------|-------------|
| N550, N551 | | |
| Older than patient | N552 | |
| Younger than patient | | |

16 Did the patient have a paid job when she started this baby?

No job YN539 (When Started) Actual job N540 (During) Industry If employed when pregnancy began

(a) How many hours a week was she working at that time?

N543 hours

(b) When did she finally give up work? N542

date

17 How many persons are there now in the patient's household (including her husband and herself and any boarders, and excluding this baby and any lodgers who take their meals separately)? N512

15 yrs. and over.....

(Persons per room) Under 15 yrs.....

(a) How many rooms do these people occupy now (excluding bathroom, scullery, kitchen—unless used as living room)?

..... rooms

(b) For how many people did the patient cook and keep house at the beginning of pregnancy (including her husband and herself)? N546

18 Was general anaesthesia administered for any purpose during this pregnancy (including dental gases)?

Yes YNo OIf administered, when and for what purpose?

(a) at week

(b) at week

SECTION II (cont'd.)

MOTHER ONLY

19 What was the patient's approx. weight before this pregnancy?

N496 stones lbs.

20 What was the date of the first day of her last menstrual period?

N497 (Gestation period)

day month 1957

21 (a) In which week of the pregnancy did the patient make her first visit for antenatal care (excluding visit(s) solely to confirm pregnancy)? N500 week

(b) Beginning with, and including, the visit mentioned in 21(a) how many times did the patient attend for antenatal care at the following places? (Exclude visits solely for relaxation or mothercraft instruction, and dental treatment.)

| Place | Number of visits | |
|---|---------------------|-------------------|
| | During 1st 28 weeks | Rest of Pregnancy |
| Hospital antenatal clinic | | |
| L.H.A. clinic (run for, or on behalf of L.A.) | | |
| Surgery (G.P.) | | |
| Patient's home (G.P.) | | |
| Patient's home (midwife) | | |
| Other (specify) | | |
| PLANC Total visits | | N501 |

22 Does the patient think her B.P. was taken on each occasion mentioned in 21(b) above?

Yes YNo X

(a) If NO on how many visits was B.P. not taken?

23 Did the patient smoke as many as one cigarette a day during the 12 months before the start of this pregnancy? If so, how many per day during that period? N502

Did not smoke as many as 1 per day Y

Number smoked per day in that period

If smoked one or more per day

(a) Did the patient change her smoking habits during this pregnancy? Record any changes in the table below—and month of pregnancy change made. N503

No change Y

| | Month of Pregnancy Changed | Number per day smoked after change |
|-----------|----------------------------|------------------------------------|
| Gave up | | 0 |
| Cut down | | |
| Increased | | |

SECTION III.—Please note carefully; the information in this section is to be got from records if at all possible. If this is not possible, get details from mother.

PAST OBSTETRIC HISTORY.—Exclude present pregnancy.

N504 (Parity)

24 Has the patient had any previous pregnancies (including miscarriages)?

Yes Y

No X

If "Yes" please give details below, taking the pregnancies in order of occurrence (the earliest first). Record twins as two separate births.

| Pregnancy Number | Month | Year | Sex Male Female | Place of Delivery Birth Weight | Outcome of Delivery | | | | Complications of Pregnancy Toxaemia A.P.H. Other complications No complications at all Not known whether any complications or not | Method of Delivery Spontaneous Forces Caesarean Others Method not known | |
|---|-------|------|-----------------------|-----------------------------------|---------------------|---|-----------|-----------------------|--|--|-----------|
| | | | | | Domiciliary | Institutional (including nursing homes) | Alive now | Died 28 days or later | Died 7-27 days inclusive | Died under 7 days | |
| N532 (Interval between this birth and last pregnancy) | | | | | | | | | | | |
| N505 (Abortions) | | | | | | | | | | | |
| N506 (Premature) | | | | | | | | | | | |
| N507 (Large) | 1 | | Y X |lbs.ozs. | 0 1 | 2 3 4 5 | 6 | 7 | 8 | Y X 0 1 2 | 3 4 5 6 7 |
| N508 (Still & Neonatal) | 2 | | Y X |lbs.ozs. | 0 1 | 2 3 4 5 | 6 | 7 | 8 | Y X 0 1 2 | 3 4 5 6 7 |
| N509 (Toxaemia, Antepartum, Haemorrhage, Caesarian) | 3 | | Y X |lbs.ozs. | 0 1 | 2 3 4 5 | 6 | 7 | 8 | Y X 0 1 2 | 3 4 5 6 7 |
| | 4 | | Y X |lbs.ozs. | 0 1 | 2 3 4 5 | 6 | 7 | 8 | Y X 0 1 2 | 3 4 5 6 7 |
| | 5 | | Y X |lbs.ozs. | 0 1 | 2 3 4 5 | 6 | 7 | 8 | Y X 0 1 2 | 3 4 5 6 7 |
| | 6 | | Y X |lbs.ozs. | 0 1 | 2 3 4 5 | 6 | 7 | 8 | Y X 0 1 2 | 3 4 5 6 7 |
| | 7 | | Y X |lbs.ozs. | 0 1 | 2 3 4 5 | 6 | 7 | 8 | Y X 0 1 2 | 3 4 5 6 7 |
| | 8 | | Y X |lbs.ozs. | 0 1 | 2 3 4 5 | 6 | 7 | 8 | Y X 0 1 2 | 3 4 5 6 7 |
| | 9 | | Y X |lbs.ozs. | 0 1 | 2 3 4 5 | 6 | 7 | 8 | Y X 0 1 2 | 3 4 5 6 7 |
| | 10 | | Y X |lbs.ozs. | 0 1 | 2 3 4 5 | 6 | 7 | 8 | Y X 0 1 2 | 3 4 5 6 7 |

PRESENT PREGNANCY

N510 (inches)

25 Patient's Height

(measure if not recorded, upright against the wall, without shoes)

..... ft. inches

Recorded Y

Measured by midwife X

Not recorded, unable to measure O

26 Was any booking made for this delivery?

Yes Y →

No X

If a booking made

(a) Week original booking made?

..... week

(b) What kind of booking was this original one?

BOOKING Domiciliary Y

Hospital X

N.H.S. Maternity Home 0

Private Nursing Home 1

Private ward of N.H.S. Hospital 2

Other place (specify) 3

If original booking domiciliary

(i) Why was this booking domiciliary?

No hospital indication Y

Hospital recommended but patient refused X

Hospital indicated no bed available O

If not for any of above reasons, specify

.....

(ii) Was this booking changed to an institutional booking during the pregnancy? If so, in which week was the change made?

Not changed Y

Changed on the week

(iii) What was reason for change?

.....

SECTION IV

The information for this section is to be got from records or notes only. Where records are not available, mark questions "no records."

27 Information about records used in this section.

Has the person completing this questionnaire full information about each of the places of antenatal care used by the patient? (See Question 21(b).)

Yes Y

No X

If notes, etc., not all available

(a) Which notes or records are not available?

.....

28 Expected date of deliveryday month year

(a) Was this calculated from last menstrual period, or estimated by other means?

Calculated from L.M.P.

Estimated from other means 1

N548 (Raised blood pressure, Proteinuria)

29 Excluding readings taken when hospital in-patient, how many times was blood pressure recorded during the antenatal period, i.e. up to onset of labour.

Number of times

No records available 3

Some records only available 4

If B.P. recorded at all in antenatal period

(a) What were the first, last and highest systolic/diastolic B.P. readings recorded in this pregnancy, and in which weeks were these taken? (Include readings taken when hospital in-patient).

DIASTOL

First (or only) reading / at the week

MAXBP

Last reading / at the week

Reading with highest diastolic / at the week

(b) What was the B.P. reading with the highest diastolic recorded during labour?

Reading /

B.P. not taken during labour Y

30 Was Oedema observed during this pregnancy?

Yes X

No O

31 Did albuminuria occur during this pregnancy?**ALBECL** Yes 1

No 2

If Albuminuria occurred

(a) In which week of pregnancy did it occur? week

(b) Was a catheter specimen taken? Yes Y

No X

(c) Was urinary infection present? Yes O

No 1

SECTION IV (cont'd.)**RECORDS ONLY****32 Did eclamptic fits occur?**

Yes Y

No X

If eclamptic fits occurred

(a) When?

Antepartum O

Intra partum 1

Post partum 2

(b) How many fits occurred altogether?

Number of fits

33 Was the patient admitted to hospital for pre-eclamptic toxæmia (P.E.T.) or hypertension?

Yes Y

No X

If Admitted

(a) B.P. reading on admission?

(b) In which week was she admitted? week

If not Admitted(d) Was P.E.T. diagnosed and treated without hospitalisation Yes 1 No 2 **34 Was there a blood group test made for this pregnancy? or if not, was there a record of any previous test?** N518

One Tested for this pregnancy Y

code. Not tested, but previous record X

only Not tested and no previous record O

If any test made for this or previous pregnancy

(a) What was the result?

(Ring both Rh Pos. 2

Rhesus factor Rh. Neg. 3

and ABO group) A 4

B 5

AB 6

O 7

ABO group not recorded 8

If Rh. Negative

(i) Was blood tested for Rh. Antibodies during this pregnancy?

Yes Y

No X

35 How many times was haemoglobin tested in this pregnancy?

Not tested at all O

Number of times tested

If Haemoglobin tested at all this Pregnancy?

(a) Result.

First (or only) test % week

Last test % week

N519 (Haemoglobin level)

SECTION IV (cont'd.)

RECORDS ONLY

36 X-ray examinations during this pregnancy. **XRAY**Chest: **No X-ray** 1

X-ray at the th week

Abdominal: **No X-ray** 2

X-ray at the th week

Pelvimetry: **No X-ray** 4

X-ray at the th week

| | |
|--|--|
| | |
|--|--|

37 Were any of the following abnormalities or illnesses or any other condition (not P.E.T.) encountered during this pregnancy? If so, please give the week diagnosed in each case.

ABNORM0XRing code if condition encountered**N522****ABNORM00**If none encountered ring this code **O**

| Condition | Code | Week First Noted | Comments |
|--|------|------------------|----------|
| Diabetes | Y | | |
| Heart disease | X | | |
| Tuberculosis (active) | O | | |
| Influenza | 1 | | |
| German measles | 2 | | |
| Vaginal bleeding before 28th week | 3 | | |
| A Accidental haemorrhage | 4 | | |
| P Placenta praevia | 5 | | |
| H Cause unknown | 6 | | |
| Suspected disproportion | 7 | | |
| Psychiatric disorder (under treatment) | 8 | | |
| External version | 9 | | |
| O Specify | | | |
| T | | | |
| E | | | |
| R | | | |
| I | | | |
| L | | | |
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SECTION IV (cont'd.)

RECORDS ONLY

38 Was the patient admitted to a hospital or maternity/nursing home or other institution *during the antenatal period* (for any other reason than P.E.T.) i.e. in pregnancy up to the time of the onset of labour?No **Y**Yes, to hospital **X**Yes, to maternity home **O**Yes, to nursing home **1**Yes, to other institutions (specify) **2**If admitted to any institution in antenatal period

(a) Give the principal diagnosis or reason, date and duration for each admission.

| Adm. No. | Reason | Week of Preg. | Days in Ward |
|----------|---------|---------------|--------------|
| 1 | AD2HOSP | | |
| 2 | | | |
| 3 | | | |

39 Was patient admitted to institution during labour (include both booked and emergency cases)? **ADTYPE**Not admitted during labour **Y**Admitted during labour as booked case **X**Admitted during labour as emergency (give reasons for emergency) **O**

| |
|--|
| |
|--|

If admitted as booked or emergency case(a) Approximate time between onset of labour and admission hrs. mins. **SECTION V.—DETAILS OF LABOUR**

The information for this section should be got from records, notes or the experience of the person(s) who actually delivered the infant.

40 Did the person(s) conducting the delivery have full information about the antenatal period at time of labour?

Yes **1**No **2**If No

Specify what information was missing, and state reason.

| |
|--|
| |
| |
| |

41 How long was the labour? **N527**First stage hrs. mins. Not known **Y**Second stage hrs. mins. Not known **X**

| |
|--|
| |
| |

42 How long before delivery did the membranes rupture, either spontaneously or by artificial means? **N529**..... hrs. mins. Not known **O**

(a) Did the patient run a temperature above normal during this interval?

Yes **1**No **2**Not known **3**

SECTION V (cont'd.).—RECORDS, NOTES, OR EXPERIENCE OF PERSON DELIVERING INFANT

43 Was induction carried out? **N531** Yes Y
No X

If delivery induced

(a) Why was induction necessary?

Postmaturity O

Hypertension 1

Other cause (specify) 2

(b) Which method(s) was used?

Medical: O.B.E. 6

Code all that Apply Medical: Pitocin 7

Medical: Other 8

Surgical 9

If surgical induction used

(i) Specify method used.

(ii) How soon after surgical induction did delivery occur?
 hrs. mins.

44 What was the presenting part when the baby was delivered?

Vertex O.A. Y

PRESENT Vertex P.O.P. X

Breech O

Shoulder 1

Face 2

Other presentation (specify) 3

45 Was episiotomy carried out? Yes Y
No X

46 What was the method of actual delivery? **N534**

Spontaneous O

Forceps 1

Elective caesarean 2

Emergency caesarean 3

Other method (specify) 4

If delivery not spontaneous

(a) What was the reason for assistance?

(i) Foetal distress: **N535**

prolapsed cord 3

passage of meconium 4

foetal heart: slow, rapid, irreg. 5

Code (ii) Maternal distress 6

all (iii) Toxaemia 7

that Apply (iv) Delay in second stage 8

(v) Other reasons (specify) 9

47 Were there any complications of labour which have not been mentioned above; if so, please specify.

No other complications Y

Complications

SECTION V (cont'd.).—RECORDS, NOTES, OR EXPERIENCE OF PERSON DELIVERING INFANT

48 Was inhalational analgesia available at delivery and given?

Not available at delivery Y **N536**

Available and given X

Available, not given (specify reason) O

If given

(a) What agent was given?

Gas and Air 3

Trilene 4

Others (specify) 5

(i) For how long previous to last hour before delivery?

..... hrs. mins.

(ii) During the last hour before delivery?

..... mins.

49 Was analgesia or sedative given by any other route than inhalation?

Yes Y

No X

If yes

(a) What drugs were given and how much was given in last 2 hours (and in the previous 10 hours) of labour?

| Name of Drug | Amount given | |
|-----------------------|-----------------|----------------------|
| | In last 2 hours | In previous 10 hours |
| 1 LDRUG001 to LDRUG09 | | |
| 2 | | |
| 3 | | |
| 4 | | |

50 Was any local, general or spinal anaesthetic administered during labour?

Code None ATHLETIC Y

all General X

that Spinal O

Apply Local 1

Pudendal block 2

If any anaesthetic administered

(a) Why was it given?

If general

(b) What general anaesthetic was given?

51 Which of the following persons were present at the delivery? (Qualified, trained or in training only)

| N557 | Person who delivered the baby | Also present at delivery |
|--|-------------------------------|--------------------------|
| No trained person (e.g. B.B.A., policeman, etc.) | | 0 0 |
| Midwife | | 1 1 |
| Consultant obstet. | | 2 2 |
| Registrar | | 3 3 |
| Hospital M.O. | | 4 4 |
| G.P. | | 5 5 |
| Medical Student | | 6 6 |
| Pupil Midwife | | 7 7 |
| Other (specify) | | 8 8 |

SECTION VI.—THE INFANT. RECORDS, NOTES, OR EXPERIENCE OF PERSON ATTENDING INFANT

52 What was the outcome of the delivery?

Stillbirth Y

Livebirth X

Single birth 1

Twin 2

Triplet 3

Note.—For multiple births, a separate schedule is required for each child, but Sections II, III and IV need only be completed for the first birth. Clip questionnaires together when despatching.

53 Sex of infant.

N622

Male Y

Female X

54 Weight at birth?

N574

lbs. ozs.

Not weighed at birth?

If not weighed at birth

(a) Estimated weight at birth. N646

lbs. ozs.

IF LIVE BIRTH

55 Did the baby require resuscitation other than aspiration of the air passages? If so, please specify the method used, including details of oxygen.

RESUS Resuscitation not required 3

Methods and drugs used

56 Was the baby given any drugs or antibiotics during the period covered by this questionnaire (apart from drugs given for the purpose of resuscitation)?

Yes Y

No X

| Name of Drug | Reason Given | No. of days given | Dosage 'per day' |
|--------------|--------------|-------------------|------------------|
| DTB1 to | | | |
| DTB10 | | | |
| | | | |
| | | | |

57 Did this baby have any laboratory tests or X-rays carried out during the period covered by this questionnaire?

Yes Y

No X

| Nature of test/X-ray | Reason | Day carried out | Result |
|----------------------|--------|-----------------|--------|
| | | | |

58 Did this baby have any congenital abnormality? If so, please specify.

No congenital abnormality O

Congenital abnormality

SECTION VI (contd.). — RECORDS, NOTES, OR EXPERIENCE OF PERSON ATTENDING INFANT.

59 What illness did this baby have during the first week of life?

None O

Illness(es) ILLNESS

60 Fate of infant at end of first weeks of life.

Alive Y

Died before 7 days old X

Transferred before 7 days old O

If transferred before 7 days old

(a) At what age? days hrs.

(b) Where to? _____

(c) Reason for Transfer? _____

SECTION VII.—The remainder of this questionnaire applies ONLY to stillbirth or neonatal deaths. Information should be got from records, notes or experience of person(s) attending the patient or infant.

61 Date of death? MOD, TOD, AAD, SBNND

Died at days hrs. mins.

Stillbirth Y

IF STILLBIRTH

62 When did foetal death occur?

Before onset of labour Y

During labour X

Not known whether before or during labour O

If known when foetal death occurred

(a) How long before delivery did foetal death occur?

_____ days hrs. mins.

63 Was the foetus macerated?

Yes Y

No X

IF STILLBIRTH, OR DIED UNDER 28 DAYS

64 Was a P.M. examination made? If so, where was this done?

No P.M. examination O

Place (address) PLCWGT

TO BE FILLED IN BY M.O.H.

65 Please give registered cause of this stillbirth (if in Scotland) or neo-natal death.

SECTION VII. (Contd.) PLEASE FILL IN THIS SECTION IF THE BABY WAS STILLBORN OR DIED UNDER 28 DAYS.

Please use an extra sheet if short of space

66 Please give a short summary of present pregnancy, with special reference to abnormalities, illnesses; please include also conditions leading up to foetal death, if these occurred before labour.

67 Please give short summary of course of labour, with special reference to any complications; please include also conditions leading up to foetal death if these occurred during labour.

68 Please give short clinical history of baby between time of delivery and death, with special reference to any abnormalities or illnesses, and any notes which may help to explain why death occurred.

Checked by: