| d:\usr\docs\quest\delivery.q 09.3.95  Questionnaire No:        |
|--|
|  |
| DELIVERY QUESTIONNAIRE   |
| To be completed from medical records.                          |
| 1. Is there any conflicting information in this questionnaire? |
| yes 2 no   |
| If yes, please describe:                                       |
|  |
| 2. Is this a multiple birth?                                   |
| yes 2 no   |
| If yes, twin 2 triplet 3 quadruplet 4                          |
| 3. Was the baby admitted to SCBU?                              |
| yes 2 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 2 no   |
| If <u>yes</u> , please describe                                |
|  |
| b) missing  yes 2 no   |
| If yes, please describe:                                       |
| ***************************************                        |

### SECTION A: IDENTIFICATION

|     | Mother's date of birth:                                  |
|-----|--|
| Aļ. | MODEL 3 COS CO COS COS COS COS COS COS COS COS           |
| A2. | Hospital no.   |
| АЗ. | Place where mother was originally intended to deliver:   |
|     | BMH/St. Michaels 2 Southmead 3 Weston                    |
|     | Home , can't tell  |
|     | Other (specify)  |
|     |  |
| M.  | Date of delivery:  |
| A5. | Place of delivery:                                       |
|     | BMH/St. Michaels 2 Southmead 3 Weston                    |
|     | 4 Home   |
|     | Other (specify)  |
|     |  |
| A6. | Type of A/N Care   |
|     | Shared care Other - please specify                       |
|     | e.g. consultant care/midwife only/ planned home delivery |

## BI. ANIENATAL MEASUREMENTS

Please give all measurements taken (whether during antenatal care or as an impatient 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.

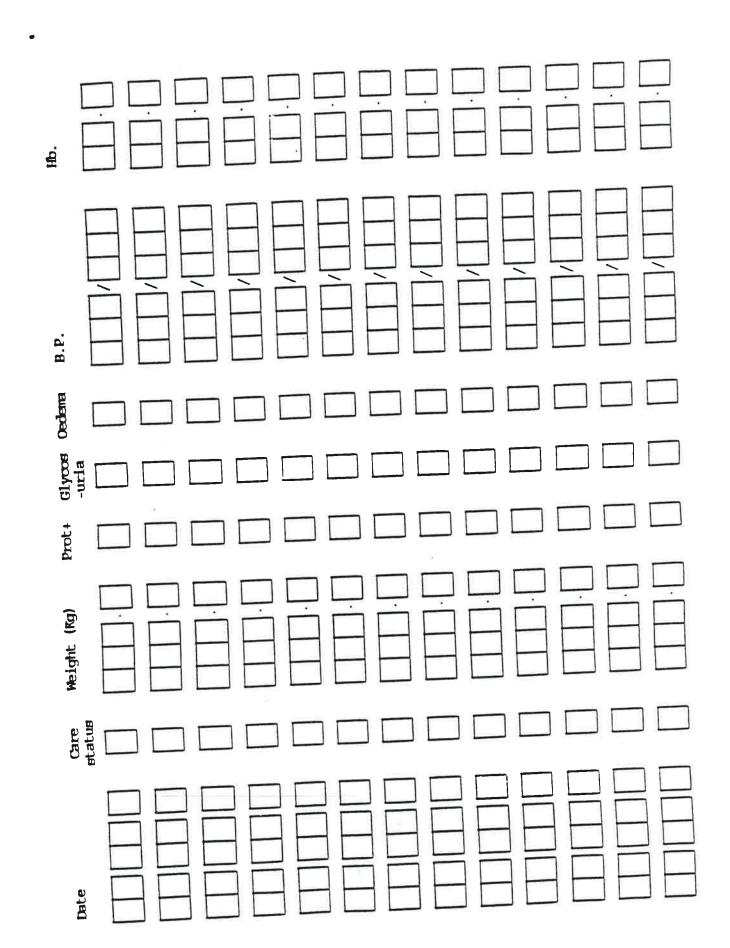
#### Code for oedema:

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

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





### SECTION B: SUMMARY OF THE PREGNANCY 199 Date of first day of her last menstrual period: B2. - a) Was mother certain of this? b) can't tell from notes unsure no yes What was the final clinical estimate of expected date of delivery? 199 Please give mother's blood group: B3. AB B ABO: a) NS Rhesus: +ve b) NK NS

### Type of scan

Rubella immune

- "Clinic scan" A
- Dating scan В
- Departmental C
- Doppler D

c)

- Follow-up scan E
- Mini scan F Private scan
- G Real time scan H
- Routine scan I
- 'Survey' scan J
- Trans-vaginal K
- Not stated

#### Reason for scan

Yes

1. Abnormalities in mum eg fibroids, ovarian cysts

No

- Amniocentesis
- Biophysical profile
- 4. Bleeding
- 5. Choroid plexus seen on previous scan
- 6. CVS
- 7. Dates
- 8. Fetal anomaly/anatomy
- 9. Fetal growth
- 10. Fetal movements
- 11. Multiple pregnancy
- 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

#### Results

- 1. normal
- 2. abnormal and write down what the abnormalities are

ULTRASOUND SCANS

| Use ( | codes on pr | eceding page where a<br>ATE | opropriate.<br>TYPE | REASON | RESULTS |
|-------|-------------|-----------------------------|---------------------|--------|---------|
| 1,,   |             | 199                         |                     |        |         |
| 2.    |             | 199                         |                     |        |         |
| 3.    |             | 199                         |                     |        |         |
| 4.    |             | 199                         |                     |        |         |
| 5.    |             | 199                         |                     |        |         |
| 6.    |             | 199                         |                     |        |         |
| 7.    |             | 199                         |                     |        |         |
| 8.    |             | 199                         |                     |        |         |
| 9.    |             | 199                         |                     |        |         |
| 10.   |             | 199                         |                     |        |         |
| 11.   |             | 199                         |                     |        |         |
| 12    |             | 199                         |                     |        |         |
| 13    | 3. <u> </u> | 199                         |                     |        |         |
| 14    | i           | 199                         |                     |        |         |
| 1!    | 5.          | 199                         |                     |        |         |

| B5. | Was hypertension/pre-eclampsia diagnosed at any time during the pregrammy.   |
|-----|--|
| *   | yes 2 no   |
|     |  |
|     | If yes, a) what was the exact diagnosis? (words used)                        |
|     |  |
|     |  |
|     | b) what was the date of diagnosis?   |
|     | 199  |
|     | c) what treatments were given?   |
|     |  |
|     | ***************************************                                      |
| B6. | Were any of the following noted during pregnancy before the onset of labour. |
|     | Yes  |
|     | a) Abnormal AFP  |
|     | List all abnormal AFP results with dates taken:                              |
|     | Date Date  |
|     | Yes  |
|     | b) Amniocentesis*  |
|     | * If <u>yes</u> , give reason  |
|     |  |
|     |  |

|      |  | Yes       |   |
|------|--|-----------|---|
| c)   | Апаетіа  | 2         |   |
| d)   | Anti D   | 1         |   |
| e)   | Biophysical profile (BPP)  | 1         |   |
| f)   | Breech presentation  | 1         |   |
| g)   | Blood sugars   |           |   |
| h)   | Cervical cerclage (eg. Shirodkar's suture)   | 1         |   |
| i)   | Chorionic villus sampling *  |           |   |
| * If | yes, give reason   | • • • • • |   |
| 10   |  | ••••      |   |
|      |  | ••••      |   |
| j)   | Creatinine   | 1         |   |
| k)   | Diabetes   | 1         |   |
| 1)   | Eclamptic convulsions  |           |   |
| m)   | Excessive vamiting (hyperemesis)   | 1         |   |
| n)   | E.C.V. (external cephalic version)   | 1         |   |
| 0)   | Failed E.C.V   | 1         |   |
| p)   | Genital herpes   | 1         |   |
| q)   | Gonorrhoea   | 1         |   |
| T)   | -  |           |   |
| s)   |  | 1         |   |
| t)   |  | 1         |   |
| u)   | · · · · · ·  |           |   |
| v    | •  |           |   |
| W    |  |           | - |
|      | placenta) () Placenta praevia (covering or adjoining the internal OS) () Polyhydramnios/hydramnios |           |   |
| _    | z) Random blood sugar  |           |   |
| az   | a) Rh antibodies   |           |   |

|                |   | 9     |
|----------------|---|-------|
| 3.             | Yes   |       |
| B6.            | Suspected fetal growth retardation (I.U.G.R.)   |       |
| _ bb)          |   |       |
| cc)            | syphilis  |       |
| ු <u>ය</u> ්ට  | Threatened abortion   |       |
| ee)            |   |       |
| ff)            | 1 1   |       |
| <b>9</b> 9)    | Unstable lie  |       |
| hh)            |   |       |
| ii             |   |       |
| נֹכ            | ) Vaginal bleeding in 1st trimester  (up to 13 weeks and 6 days)  |       |
| kk             | yaginal bleeding in Zin Ciliescel   |       |
| בנ             | (14 weeks to 27 weeks and 6 days)  Vaginal bleeding in 3rd trimester  |       |
| _              | (28 weeks to term)  |       |
| :*: <b>III</b> | n) Vaginai discizzaç. None , NK   |       |
| m              | n)  |       |
| B7. a          | Please list all other complications arising during the pregnancy:<br>(eg. influenza, migraines, cramps etc) |       |
|                |   |       |
|                |   |       |
|                | ***************************************   |       |
|                | ***************************************   |       |
|                | ***************************************   |       |
|                | ( 1 年 1 日 1 日 1 日 1 日 1 日 1 日 1 日 1 日 1 日   |       |
|                |   |       |
|                | ***************************************   |       |
|                | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |       |
|                | **************************************  | ا حما |
| B7.            | diseases/disorders noted in the clim  | ıcaı  |
|                | Barrage   |       |
|                | ***************************************   |       |
|                | ***************************************   |       |
| *              |   |       |
|                | *   |       |

| B7. | c)         | List all treatments, drugs and investigations not otherwise noted:                  |
|-----|------------|---|
| •   |            | ****************  |
|     |            |   |
|     |            |   |
|     |            |   |
|     |            |   |
|     |            |   |
|     |            |   |
|     |            | ***************************************   |
|     |            | .,,   |
| B8. | a)         | Was this a multiple pregnancy?  |
|     |            | yes 2 no  |
|     | b)         | If yes, give date when this was first diagnosed:                                    |
|     |            | 199   |
| B9. | a)         | During this pregnancy was the mother ever made to rest in bed for more than a week? |
|     |            | yes 2 no  |
|     |            | If <u>yes</u> , (i) for what reason(s)  |
|     |            |   |
|     | b)         | During this pregnancy was the mother ever made to rest in bed for less than a week? |
|     |            | than a week:  1 yes 2 no  |
|     |            | If yes, (i) for what reason(s)  |
|     |            | ***************************************   |
|     | <b>c</b> ) | During pregnancy was the mother ever advised to rest (not in bed)?                  |
|     |            | yes 2 no  |
|     |            | (i) If yes, for what reason(s):   |
|     |            |   |

| d) Was her salt intake restricted at any time during this pregnancy? |
|--|
| yes 2 no   |
| (i) If yes, for what reason(s)                                       |
| B9.e) Was she put onto any special diet?  yes  1 no                  |
| (i) If yes, please describe:   |
|  |
| Blo. a) Was the mother admitted to hospital during this pregnancy?   |
|  |
| yes  |
| If yes, please give:   |
| Date of admission Days Hospital stayed                               |
| b) 1st 199 St. St. Southmead other describe                          |
| *********  |
| Reasons for admission and brief details of any treatment             |
| ***************************************                              |
|  |
|  |
|  |
|  |
|  |
| c) 2nd 199 St. 2 Southmead 3 other describe                          |
| ***************************************                              |
| Reasons for admission and brief details of any treatment             |
| Kessons for examination  |
| ***************************************                              |
| ***************************************                              |

| B10. d)    | 3rd   |             | 199               |                   | St.<br>Michael's |            | outhmead [ |       | ther<br>lescribe  |
|------------|-------|-------------|-------------------|-------------------|------------------|------------|------------|-------|-------------------|
| •          |       |             |                   |                   |                  |            | ****       |       |                   |
| ē          |       | Reasons for | admission         | and brief         | details of any   | treatment  |            |       | 200 tot           |
|            |       |             |                   |                   |                  |            |            | <br>  |                   |
|            |       |             |                   |                   |                  |            |            |       |                   |
|            |       |             |                   |                   |                  |            |            |       |                   |
|            |       |             |                   |                   |                  |            |            |       | ****              |
|            |       |             |                   |                   |                  | •••••      |            |       |                   |
| <b>e</b> ) | 4t    |             | 199               |                   | St.<br>Michael   |            | outhmead   | 3 1 - | other<br>lescribe |
|            |       |             |                   |                   |                  |            | *********  |       |                   |
|            |       | Reasons fo  | radmission        | and brief         | details of an    | y treatmen | t          | ••••  |                   |
|            |       |             |                   |                   |                  |            |            |       |                   |
|            |       |             |                   | • • • • • • • • • |                  |            |            |       |                   |
| £          | () 5t | h           | 199               |                   | St.<br>Michael   | 14 1       | Southmead  | 3     | other<br>describe |
|            |       | Donage f    | or admissio       | n and brie        | f details of an  | y treatme  |            |       |                   |
|            |       |             |                   |                   |                  |            |            |       |                   |
|            |       |             |                   |                   |                  |            |            |       |                   |
|            |       |             |                   |                   |                  |            |            |       |                   |
|            | g) 6  | ith [       | 199               |                   | St. Michae       | al's       | Southmead  | 3     | other<br>describe |
|            |       |             |                   |                   |                  | · t-satmen |            |       |                   |
|            |       | Reasons fo  | radmission        | and brief         | details of an    |            |            | ••••  |                   |
|            |       |             |                   |                   |                  |            |            |       |                   |
|            |       |             | ಂಹುಹುಡುಡುಡುಡುಡುಡು |                   |                  |            |            |       |                   |

# 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 CX section for each subsequent

| first born on this section of the birth.   |                              |
|--|------------------------------|
| C1. Please give the following where possible   | ***                          |
| Date Day Month   | Time (24 hr clock)           |
| a. Admission   |                              |
| b. Membrane  |                              |
| c. Onset of lst stage  |                              |
| d. Onset of  |                              |
| e. Delivery  |                              |
| f. End of 3rd stage  |                              |
| before onset of labour in 1st stage in 2nd stage or transition in labour n.o.s. not admitted (home deliver admitted not known when |                              |
| b) Was mother:   |                              |
| admitted from home   | from one hospital to another |
| other (please describe) .  |                              |

| □ a)    |          | How did the membranes rupture?    spontaneously   artificially   at caesarean section     spontaneously   spontaneously and   at caesarean section     at caesarean section   nk   |
|---------|----------|--|
| þ       | )<br>    | How long was the interval between rupture and delivery?    1   |
| C4. (   | i)       | Did membranes rupture before or after onset of regular contractions?    before   2   after   7   no contractions     with onset of regular contractions (ie. simultaneously)     unclear   9   NK     How did labour start?   spontaneously   2   after induction     no labour   4   in other way |
| C4 . (: |          | Yes  |
|         | a)<br>b) | prostaglandin gel (vaginal) 1  prostaglandin pessaries 1  prostaglandin pessaries 1  |
|         | c)<br>d) | extra-amniotic prostaglandins  oral prostaglandins   |
|         | e)<br>f) | artificial rupture of  membranes (ARM)  syntocinon infusion  |
|         | 3        |  |

| C4.(ii) | h)         | If labour was induced, please list reasons   |
|---------|------------|--|
| •       |            | ************************   |
|         |            |  |
|         |            |  |
| (iii)   | a)         | Was labour augmented?  |
|         |            | yes 2 no → go to CSa   |
|         |            | If labour was augmented, please indicate methods:  |
|         |            | Yes  |
|         | <b>b</b> ) | artificial rupture of 1 membranes (ARM)  |
|         | c)         | membranes (ANI) mobilisation of mother  1  |
|         | d)         | Syntocinan infusion 1  |
|         | e)         | other, please specify  |
|         |            |  |
|         | f)         | If labour was augmented, please list reasons   |
|         |            |  |
|         |            |  |
|         |            | - 100 for the second se |
| C5. a)  | Wh         | at was the presentation at onset of labour?  |
|         | 1          | vertex breech  |
|         | 3          | other 9 not known  |
|         | <u>.</u>   |  |
| or .    | v 9:3      | hat was the presentation at delivery or at caesarean section?  |
| r       | o) W       | vertex OA 2 vertex OP  |
|         |            | breech other (describe)  |
|         |            |  |

.

| C6. a) What was the method of delivery?  |
|--|
| spontaneous  |
| assisted breech [normal breech delivery, often with forceps to after-coming head (ACH)]  |
| breech, extraction, (rare/emergency procedure when baby remains in uterus)   |
| caesarean section  |
| forceps  |
| vacuum extraction (ventouse)   |
| other, please describe   |
| b) <u>If forceps used</u> , please indicate which type:  |
| Wrigleys 2 Rhodes 9 NK   |
| Neville Barnes Keillands 5 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   |
|  |
| the same and during the  |
| C7. (i) Indicate which of the following analgesics/anaesthetics used during the<br>first or second stages of labour or at caesarean section? |
| Yes  |
| a) Birthing pool   |
| b) Caudal epidural (needle through caudal hiatus)  |
| c) Diamorphine   |
| d) Epidural n.o.s  |

|                    |   | Yes            |
|--------------------|---|----------------|
| (7. e)             | Fentanyl  | 1              |
| f)                 | Gas and air   | 1              |
| g)                 | General anaesthetic   | 1              |
| h)                 | Hot bath  | 1              |
| i)                 | Lumbar epidural (needle in lumbar region)   | 1              |
| j)                 | Perineal infiltration   | 1              |
| k)                 | Pethidine   | 1              |
| 1)                 | Pethilorfan   | 1              |
| m)                 | Pudendal block  | 1              |
| n)                 | Spinal anaesthetic  | 1              |
| 0)                 | T.E.N.S   | 1              |
| p)                 | Other, please describe  | None Not known |
| ď)                 | ) Were any other drugs given during the first or s  | 11 1 1         |
| c7. (ii            | ) Were any other drugs given during the first of a  |                |
| <b>.</b>           | caesarean section?  | PS             |
| <b>a</b> )         | Caesarean Section:  Ye  Antibiotics   | es .           |
|                    | Caesarean Section:  Ye  Antibiotics  Please specify:  |                |
|                    | caesarean section:  Ye  Antibiotics  Please specify:  Dexamethasone   |                |
| <b>a</b> )         | caesarean section:  Ye  Antibiotics  Please specify:  Dexamethasone  Diazepam (Valium)  |                |
| a)<br>b)<br>c      | Caesarean Section:  Ye  Antibiotics  Please specify:  Dexamethasone  Diazepam (Valium)  Dichloralphenazone (Welldorm)   |                |
| a)<br>b)<br>c      | Caesarean Section:  Ye  Antibiotics  Please specify:  Dexamethasone  Diazepam (Valium)  Dichloralphenazone (Welldorm)  Ephidrine  |                |
| a)<br>b)<br>c<br>d | Antibiotics  please specify:  Dexamethasone  Diazepam (Valium)  Dichloralphenazone (Welldorm)  Ephidrine  Nitrazepam (Mogadon)  |                |
| a) b) c d          | Caesarean Section:  Antibiotics  Please specify:  Dexamethasone  Diazepam (Valium)  Dichloralphenazone (Welldorm)  Ephidrine  Nitrazepam (Mogadon)  Oxygen.   |                |
| a) b) c d          | Caesarean Section:  Antibiotics  Please specify:  Dexamethasone  Diazepam (Valium)  Dichloralphenazone (Welldorm)  Ephidrine  Nitrazepam (Mogadon)  Doxygen  Dysygen  Dysygen   |                |
| a) b) c d          | Caesarean Section:  Antibiotics  Please specify:  Dexamethasone  Diazepam (Valium)  Dichloralphenazone (Welldorm)  Phenidrine  Nitrazepam (Mogadon)  h) Phenergan  Phenobarbitone   |                |
| a) b) c d          | Caesarean Section:  Antibiotics  Please specify:  Dexamethasone.  Diazepam (Valium)  Dichloralphenazone (Welldorm)  Ephidrine.  Nitrazepam (Mogadon)  Oxygen.  Phenobarbitone.  |                |
| a) b) c d          | Caesarean Section:  Antibiotics  Please specify:  Dexamethasone  Diazepam (Valium)  Dichloralphenazone (Welldorm)  Ephidrine  Nitrazepam (Mogadon)  Oxygen  Denobarbitone  Phenobarbitone  Ranitidine   |                |
| a) b) c d          | Caesarean Section:  Antibiotics  Please specify:  Dexamethasone  Diazepam (Valium)  Dichloralphenazone (Welldorm)  Phidrine  Nitrazepam (Mogadon)  Nitrazepam (Mogadon)  Phenergan  Phenobarbitone  j) Phenytoin  Ranitidine  Ritodrine (Yutopar) |                |
| a) b) c d          | Antibiotics  please specify:  Dexamethasone  Diazepam (Valium)  Dichloralphenazone (Welldorm)  Pphidrine  Nitrazepam (Mogadon)  Oxygen  Phenergan  Phenobarbitone  j) Phenytoin  Ranitidine   |                |

|                | Yes  |
|----------------|--|
| C7.            |  |
| 0)             | Stemetil   |
| p)             | Temazepam  |
| <b>q</b> )     | Other1   |
|                | please specify:  |
|                | please specify:  |
|                |  |
|                | The state of the s |
| r)             | None 9 Not known   |
| ∞ D.m          | ing labour, prior to actual delivery did the mother haemorrhage?   |
| Ca. Dur        |  |
|                | yes, placenta 2 no haemorrhage praevia   |
|                | yes, APH 4 yes abruption   |
|                | unspecified  |
|                | s no labour 6 other  |
|                | please specify   |
|                | Was the mother's blood pressure taken in labour?   |
| <b>c</b> 9. a) | was the "blaze of no accessment section with no labour   |
|                |  |
|                | go to Cl0a   |
| þ              | ) If yes, what was the reading with the highest diastolic?   |
|                |  |
|                | a) Was the mother's urine tested for protein in labour?  |
| C10. 8         | was the moule s all of the moule s area with no labour grant and grant g |
|                | go to Cila   |
|                | winn modift.   |
|                | b) If <u>yes</u> , give result:  |
|                | nil 1 trace 2 +  |
|                | 3 ++ 5 more than +++   |

.

| C11. a) Was the mothers wrine tested for ketones in labour?   |
|---|
| caesarean section with no labour  |
| go to C12   |
| <b>▼</b>  |
| b) If yes, give result:   |
| nil l trace 2 + (small)   |
| (moderate) (large)  |
| Cl2. a) Was any oedema present in labour?   |
| C12. a) Was any oedana present in the calculation with a labour yes 2 no 3 caesarean section with no labour |
| If <u>yes</u> , b) what sites were involved?  |
| generalised ankles hands only only  |
| face only other only face only  |
|   |
| Cl3. Were any of the following noted as occurring in labour or at caesarean                                 |
| section? Yes  |
| a) Blood transfusion  |
| b) Catheterization  |
| c) Cord around neck   |
| d) Oord prolapse  |
| e) Distress (if stated)   |
| f) Eclamptic convulsions  |
| g) Failure to progress  |
| h) Fresh meconium in liquor   |
| i) Left lateral position  |
| j) Meconium n.e.c   |
| k) Obstructed labour  |
| 1) Old meconium in liquor   |

|             |    | Yes  |
|-------------|----|--|
| <b>д</b> з. | m) | Precipitate labour:  |
|             | n) | Prolonged 1st stage (if stated)  |
|             | 0) | Prolonged 2nd stage (if stated)  |
|             | p) | Pyrexia give temperature   |
|             | q) | Right lateral postion 1  |
|             | r) | Water birth  |
|             | s) | Other complications  (please describe, eg. shoulder dystocia, cephalopelvic disproportion etc) |
|             |    | ***************************************  |
|             |    | ***************************************  |
|             |    |  |
|             |    |  |
|             |    |  |
|             |    |  |
|             | t) | None 9 Not known   |
| a           | 4. | (i) Monitoring. Were any of the following noted:   |
|             |    | Yes  |
|             |    | a) CTG - intermittent 1 2 no labour 3 no monitoring noted                                      |
|             |    | b) CTG - continuous  |
|             |    | c) FSE   |
|             |    | d) Auscultation 1  |
|             |    | e) Sonicaid  |
|             |    | f) Fetal heart heard not 1 known with what   |
|             |    | g) Other (please specify)  |
|             |    |  |

| C15. a) | (i)  | Were there any abnormalities noted in fetal heart rate in labour?   |
|---------|------|---|
| . 47    |      | yes 2 no 7 not applicable 9 no indication in notes  |
|         | (غغ) | If <u>yes</u> , please indicate which abnormalities were noted  |
|         |      | lst 2nd not clear<br>stage stage when   |
|         |      | a) Tachycardia N.O.S.   |
|         |      | b) Base line tachycardia (160 bpm or more)  |
|         |      | c) Bradycardia N.O.S.   |
|         |      | d) Base line bradycardia (110 bpm or less)  |
|         |      | e) Type I Dips/early decels 1 1 1   |
|         |      | f) Type II Dips/late decels 1 1 1   |
|         |      | g) loss of beat to beat 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
|         |      | h) Reduced or poor 1 1 1 1  |
|         |      | i) 'Flat trace'/simusoidal 1 1 1 1 1 1 1 1  |
|         |      | j) Variable decelerations 1 1 1   |
|         |      | k) Decelerations with slow 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
|         |      | 1) Other, please specify 1  |
|         |      | in an announce of the state of |
|         |      | ***************************************   |

| •3     | Were fetal blood samples taken?  1 yes 2 no           |
|--------|---|
| (iii)  | If yes, give level of lowest pH:                      |
|        | date:   |
| C16.a) | Did the mother have an episiotomy? 1 yes 2 no         |
| C16.b) | Did the mother have a perineal tear?                  |
|        | yes n.o.s  no  1°  2°  4 2°  5 other, please describe |

# SECTION D: POST PARIUM

| SPC | MICN D | D: POST PARTUR   | firmt 14 days                                |
|-----|--------|--|--|
| D1. | •      | Were any of the following noted as having occupostpartum?  Yes | erred during the first 14 days               |
|     |        | 1                        |  |
|     | a)     | Anaemia1 Rest  | ult  |
|     | b)     | Blood transfusion  |  |
|     | c)     | Breast problems  | cify   |
|     | d)     |  |  |
|     | e)     |  |  |
|     | f)     |  |  |
|     | g)     | E- MS  |  |
|     | h)     | 4 1  |  |
|     | i)     | * 1 to 1   |  |
|     | j)     |  |  |
|     | k)     |  |  |
|     | 1)     | l I  |  |
|     | w)     | 1 1  |  |
|     | n)     | 1. A   |  |
|     | 0)     |  | pecify                                       |
|     | p)     | p) Perineum problems   | pecity                                       |
|     | q)     | q) Psychosis   |  |
|     | r      | r) Pulmonary embolism  | enperature .                                 |
|     | s      | s) Pyrexia   |  |
|     | t      | t) Retained placenta   |  |
|     | υ      | u) Sterilisation   |  |
|     | •      | v) Urinary infection   |  |
|     | •      | w) Uterine infection   |  |
|     |        | x) Other (please describe)                                     |  |
|     |        |  |  |
|     |        |  |  |
|     |        |  |  |
|     |        |  | P. B. S. |

| D1.  | y)         | No g Not known   |
|------|------------|--|
| Bloo |            | s at or after Delivery   |
| D2.  | a)         | Did the mother have a post-partum haemorrhage?   |
|      |            | yes 2 no → go to IB  |
|      | b)         | If yes was it 'primary' (loss of 500mls or more within 24 hrs of delivery)? or 'secondary' (loss of 500mls or more after 1st 24hrs of delivery)  primary 2 secondary 3 both 9 NK |
|      | c)         | Please give amount in mls of haemorrhage   |
| D3.  |            | Drugs in postpartum during and following completion of 3rd stage.  |
|      |            | Did the mother have:  Yes, not sure if  Yes are after delivery   |
|      |            | after delivery before or after delivery  |
|      | a)         | antibiotics (please specify)   |
|      |            |  |
|      | b)         | anti d 1   |
|      | c)         | arrusol2   |
|      | d)         | φ-dydramol <sup>1</sup> <sup>2</sup>   |
|      | <b>e</b> ) | coproxampl 1   |
|      | f)         | ergametrine 1 2  |
|      | g)         | fentazin 1 2   |
|      | h          | folic acid   |
|      | i          | ) fybogel2   |
|      | j          | ) general anaesthetic 2  |
|      | k          | :) iron 1  |
|      | 1          | ) kamillosan 2   |
|      | ī          | n) lactulose 1   |
|      | 1          | n) lignocaine  |
|      |            | o) metoclopramide (Maxalon)  |
|      |            | p) mini-pill 2   |

•

Did the mother have: Yes, not sure if Yes after delivery before or after delivery morphine..... . . . . . . . . . . . . . . D3. q) amopan/paparvertum..... r) paracetamol.... s) pethidine..... t) u) stemetil..... V) syntocinon..... w) syntometrine..... X) temazepan..... y) voltarol..... z) witch hazel..... za) other (please specify)..... zb) None noted ZC) 199 Date mother left maternity hospital: D4. Where did mother first go? D5. other hospital someone else's her own home with baby elsewhere other hospital (specify) ..... without baby maternal death Did mother take her own discharge? D6 . no yes Was mother re-admitted at all (prior to 6 week postnatal check)? D7 no yes reason ..... If yes, give date Blood pressure of mother after delivery (give latest recorded) D8. an

# SECTION E: OUTCOME OF PREGNANCY

|    | El. Baby's Hospital No.   |
|----|---|
| ti | 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   |
|    | b) Were there any abnormalities of the placenta or umbilical cord noted?  |
|    | yes 2 no  |
|    | c) If yes, please describe:   |
|    | ***************************************   |
|    | E4. a) What was the outcome of delivery?  date of death  day month year   |
|    | alive now 2 alive at birth  |
|    | born dead (describe)  |
|    | b) If born dead   |
|    | (i) when was the fetus thought to have died?  |
|    | before conset of labour of labour 2 during labour and/or delivery   |
|    | , not known   |
|    | (ii) what condition was the fetus in?   |
|    | macerated 2 fresh , not known   |

| E5.        | What is the sex of the baby/fetus?  |
|------------|---|
|            | male female 3 intersex  |
| E6. a)     | Is the baby a singleton, twin or triplet?   |
|            | singleton 2 twin 3 triplet  |
|            | other   |
| <b>b</b> ) | If <u>multiple birth</u> , state whether this baby was 1st, 2nd, 3rd or 4th to be born. |
|            | third   |
|            | first 2 second 3  |
|            | 4 fourth  |
| E7.        | Birthweight of this baby: gms   |
| E8. a      | (please code as 88.8 if not stated)   |
|            |   |
| E          | Head circumference  |

# SECTION F: THE LIVEBORN BABY - AT DELIVERY

| <br> |                |  |      |
|------|----------------|--|------|
| a)   | Did the        | e baby cry immediately after birth?  |      |
|      | 1              | yes 2 no 8 NS 9 NK   |      |
| ъ)   | How lo         | ng before baby took first breath?  |      |
|      | 1              | <1 min 2 1-3 min 3 >3 min 8 NS   |      |
| c)   | estab<br>(If n | ong until regular respirations were mins lished? otes say less than 1 minute (<1) code as ons 66 secs) | secs |
| d)   | Apgar          | at 1 min: Appar at 5 mins:   |      |
| e)   | Was t          | the baby resuscitated  |      |
|      | 1              | yes 2 no → go to Fl.g  |      |
| f)   | Met            | hod of resuscitation: Yes  |      |
|      | (i)            | bag & mask   |      |
|      | (ii)           | bag & mask & oxygen 1  |      |
|      | (iii)          | cardiac massage 1  |      |
|      | (iv)           | facial oxygen 1  |      |
|      | (v)            | intubation   |      |
|      | (vi)           | IPPV with intubation 1   |      |
|      | (vii)          | mouth to mouth & nose  |      |
|      | (viii)         |  |      |
|      | (ix)           | Other, specify   |      |
|      |                | ***************************************  |      |
|      |                |  |      |

| F1. g) | Drugs         | given at delivery:   |  |     |
|--------|---------------|--|--|-----|
|        |               | naloxone   | · ·                                    |     |
| 0.9    |               | other (specify .   |  |     |
|        |               | , No drugs   | ×                                      |     |
| h      | ) Treatm      | ment given at or shortl  | ly after delivery:                     |     |
| •-     | .,            | 9  | Yes                                    |     |
|        | i)            | suction  | 1                                      |     |
|        | ii)           | chest compression  | 1                                      |     |
|        | iii)          | nane   | 1                                      |     |
|        | iv)           | other (specify)  | 1                                      |     |
|        | v)            | cords visualised   | If <u>yes</u> , was meconium seen?     |     |
|        |               | a  | Yes 2 No 8                             | ,   |
|        |               |  |  |     |
| TTD T8 | लगाः गच्छाः " | TIME OF DISCHARGE  |  |     |
|        |               | the baby transferred?  | <b>)</b>                               |     |
| F2.    | a) Was        |  |  |     |
|        | 0             | SCBU in this hospita   | ral                                    |     |
|        | 1             | SCEU in other hospit   |  |     |
|        | 2             |  |  |     |
|        | 3             | Transitional care w  | ribe                                   |     |
|        | •             | other, please descri   | sfer (if known)                        | . • |
| F2.    | b) Gi         |  |  |     |
|        | 30.00         |  | ······································ |     |
|        | c) Fo         | or how long was baby the   | here?                                  |     |
|        | 1             | <hr 1-5hr<="" 2="" th=""/> <th>r 59 min 3 6-23hr 59 min 4 1 day +</th> <th></th> | r 59 min 3 6-23hr 59 min 4 1 day +     |     |
|        |               |  | n black When baby not in SCEO          |     |

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

| F3. | What type of feed was baby having at 24hrs?  breast 2 bottle 3 breast and bottle       |
|-----|--|
| •.  | breast 2 bottle 3 breast and bottle  |
|     | other, describe content and method:  |
|     | NS NS  |
| F4. | Was the baby given Vitamin K?  |
|     | yes, orally 2 no 3 yes, IM   |
|     | yes, not stated in notes stated how 5 yes, IV 6 Not stated in notes                    |
| F5. | Did the baby have convulsions?   |
|     | yes 2 no   |
| F6. | What was the lowest temperature recorded: . °C (99.9 if not taken, 88.8 if not stated) |
| F7. | Was the baby ever examined by a paediatrician?   |
|     | yes 2 no   |
| F8. | a) Were the hips examined?   |
|     | yes 2 no → go to F9  |
| F8. | b) If yes, were any abnormalities noted?   |
|     | yes 2 no   |
|     | please describe  |

| F9.        | Please list all congenital              | malformations and other abnormalities (eg.    |
|------------|---|---|
|            | cephalhaematoma)                        |   |
| •          |   |   |
|            |   |   |
|            | *************************************** |   |
|            |   |   |
| F10. a)    | Has a formal paediatric as              | sessment of gestation been carried out?       |
|            | yes 2 no                                | can't tell                                    |
| F10. b)    | If yes, give gestational a              | ssessment: wks                                |
|            | (or 55 preterm, 56 term, 5              | 7 post-term)                                  |
| Fll.       | Were any of the following               | noted on the postnatal ward or at home during |
| Fire       | first 14 postnatal days?                | Yes   |
| a)         | Apnoeic attack(s) (baby s               | 44 APT 1                                      |
| <b>b</b> ) | Cyanotic attack(s) (baby blue)          | turns 1                                       |
| c)         |   | 1   |
| d)         | High pitched or abnormal                | cry 1   |
| e)         | Moist eyes                              | 1   |
| f          | ) Mucousy                               | Result .                                      |
| 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                                 | 12  |

| Fil. n) Was jaundice present?                               |
|---|
| • (i)   |
| (ii) If yes, was SER taken Yes 1 No 2 NK 9                  |
| (iii) If yes, what was the highest level bilirubin μποl     |
| Date 199 199 0  o) Please list all drugs given to baby  Yes |
| (i) Antibiotics please specify:                             |
|   |
| (ii) Dextrose   |
| (iii) Other please specify:                                 |
| ***************************************                     |
| s   |
| iv) None 1  |
| p) Any other treatment or investigations                    |
| (i) Blood sugar assessments                                 |
| (ii) Cot shield   |
| (iii) Incubator   |
| (iv) light meter  |
| (v) 1 Meconium observations                                 |
| (vi) Phototherapy/Double Phototherapy                       |
| (vii) other, please specify                                 |
| (viii) None   |
| F12. Date of baby discharge/transfer from hospital:         |

| F13. a) | Baby discharged to:   |
|---------|---|
| •       | foster parent other person (specify) other hospital/unit not yet discharged   |
| F13. b) | If to other hospital/unit  PMH/St. Michael's  Southmead  Weston General Hospital  Barrow Hospital  Children's Hospital  Other, please specify   |
| F14 *   | not yet discharged  Has baby been readmitted since discharge up to time of 6 week post-natal check?  1 yes 2 no  1 yes 2 give date of admission |
| F15.    | were there any problems in the data collection you would like to add?  yes  no  |

