

Questionnaire No:

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

DELIVERY QUESTIONNAIRE

To be completed from medical records

1. Is there any conflicting information in this questionnaire?

☐
1

Yes

☐
2

No

If yes, please describe:

.....

2. Is this a multiple birth?

☐
1

Yes

☐
2

No

If yes, twin

☐
2

triplet

☐
3

quadruplet

☐
4

3. Was the baby admitted to SCBU?

☐
1

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

☐
1

Yes

☐
2

No

If yes, please describe

.....

- b) missing

☐
1

Yes

☐
2

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.

	Date	Care status	Weight (kg)	Prot+	Glycos -uria	Oedema	B.P.	Hb.				
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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

Type of scan	Reason for scan	Results
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"/>	<input type="text"/>	199 <input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	199 <input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	199 <input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	199 <input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	199 <input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	199 <input type="text"/>	<input type="text"/>	<input type="text"/>
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11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	199 <input type="text"/>	<input type="text"/>	<input type="text"/>
12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	199 <input type="text"/>	<input type="text"/>	<input type="text"/>
13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	199 <input type="text"/>	<input type="text"/>	<input type="text"/>
14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	199 <input type="text"/>	<input type="text"/>	<input type="text"/>
15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	199 <input type="text"/>	<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?

				199	
--	--	--	--	-----	--

c) what treatments were given?

.....
.....

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

Yes

a) Abnormal AFP

1

List all abnormal APF results with dates taken:

Date

Yes

b) Amniocentesis*

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

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

		Yes		
B6.	ll) Vaginal bleeding in 3 rd trimester..... (28 weeks to term)	<div style="border: 1px solid red; padding: 2px; display: inline-block;">1</div>		
	mm) Vaginal discharge/infection.....	<div style="border: 1px solid red; padding: 2px; display: inline-block;">1</div>		
	nn)	<div style="border: 1px solid red; padding: 2px; display: inline-block;">1</div>	None	<div style="border: 1px solid red; padding: 2px; display: inline-block;">9</div> NK

B7. a) Please list all other complications arising during the pregnancy:
(eg. Influenza, migraines, cramps etc)

.....

.....

.....

.....

.....

.....

.....

.....

.....

B7. b) Please list all current chronic diseases/disorders noted in the clinical records. (eg. epilepsy, mental illness, alcoholism, diabetes etc)

.....

.....

.....

.....

B7. c) List all treatments, drugs and investigations not otherwise noted:

.....

.....

.....

.....

.....

.....

.....

.....

B8. a) Was this a multiple pregnancy?

☐
1

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?

☐
1

Yes

☐
2

No

If yes, (i) for what reason(s)

.....

b) During this pregnancy was the mother ever made to rest in bed for less than a week?

☐
1

Yes

☐
2

No

If yes, (i) for what reason(s)

.....

c) During pregnancy was the mother ever advised to rest (not in bed)?

☐
1

Yes

☐
2

No

(i) If yes, for what reason(s)

.....

d) Was her salt intake restricted at any time during this pregnancy?

☐
1

Yes

☐
2

No

(i) If yes, for what reason(s)

.....

e) Was she put onto any special diet?

☐
1

Yes

☐
2

No

(i) If yes, for what reason(s)

.....

B10. a) Was the mother admitted to hospital during this pregnancy

Yes

☐
1

No

☐
2

→ Go to C1

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.....

.....

.....

.....

.....

.....

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.

	Date			Time (24 hr clock)	
	Day	Month		Time (24 hr clock)	
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 rd stage	<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>

1 before onset of labour

2 in 1st stage

3 in 2nd stage or transition

4 in labour n.o.s.

5 not admitted (home delivery)

6 admitted not known when

1 admitted from home

2 transferred during labour from one hospital to another

3 other (please describe) ,,,,,,,,,,,,,,

C3. a) How did the membranes rupture?

<input type="text" value="1"/>	spontaneously	<input type="text" value="2"/>	artificially	<input type="text" value="3"/>	at caesarean section
<input type="text" value="4"/>	spontaneously & artificially	<input type="text" value="5"/>	spontaneously and at caesarean section		
<input type="text" value="6"/>	other	<input type="text" value="9"/>	NK		

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

<input type="text" value="1"/>	<5min	<input type="text" value="2"/>	5-59min	<input type="text" value="3"/>	1-5hr 59 mins
<input type="text" value="4"/>	6-23hr 59min	<input type="text" value="5"/>	24-47hr 59 mins	<input type="text" value="6"/>	48hr+
<input type="text" value="9"/>	NK				

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

<input type="text" value="1"/>	before	<input type="text" value="2"/>	after	<input type="text" value="7"/>	no contractions
<input type="text" value="3"/>	with onset of regular contractions (ie. Simultaneously)				
<input type="text" value="4"/>	unclear	<input type="text" value="9"/>	NK		

C4.(i) How did labour start?

<input type="text" value="1"/>	spontaneously	<input type="text" value="2"/>	after induction
<input type="text" value="3"/>	no labour (eg. elective)	<input type="text" value="4"/>	in other way

.....

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

- | | Yes | |
|--|---|--|
| a) prostaglandin gel (vaginal)..... | <div style="border: 1px solid red; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> | <div style="border: 1px solid red; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">2</div> not induced go to C4 (iii) below |
| b) prostaglandin pessaries | <div style="border: 1px solid red; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> | |
| c) extra-amniotic prostoglandins.... | <div style="border: 1px solid red; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> | |
| d) oral protaglandins..... | <div style="border: 1px solid red; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> | |
| e) artificial rupture of membranes...
(ARM) | <div style="border: 1px solid red; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> | |
| f) syntocinon infusion..... | <div style="border: 1px solid red; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> | |
| g) 'other' please specify..... | <div style="border: 1px solid red; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> | |

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:

- | | Yes |
|---|---|
| b) artificial rupture of membranes
(ARM) | <div style="border: 1px solid red; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> |
| c) mobilisation of mother | <div style="border: 1px solid red; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> |
| d) syntocinon infusion | <div style="border: 1px solid red; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> |
| e) other, please specify | <div style="border: 1px solid red; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> |

.....

f) If labour was augmented, please list reasons

.....

.....

.....

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

vertex

breech

other

not known

.....

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

vertex OA

vertex OP

breech

other (describe)

.....

C6. a) What was the method of delivery?

spontaneous

assisted breech [ormal 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

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

b) Caudal epidural (needle through caudal hiatus).....

c) Diamorphine

d) Epidural n.o.s.....

e) Fentanyl.....

f) Gas and air.....

g) General anaesthetic.....

h) Hot bath.....

C7.

- | | | | |
|----|--|-------------------------|--|
| i) | Lumbar epidural (needle in lumbar region)..... | <div><div>1</div></div> | |
| j) | Perineal infiltration..... | <div><div>1</div></div> | |
| k) | Pethidine..... | <div><div>1</div></div> | |
| l) | Pethilorfan..... | <div><div>1</div></div> | |
| m) | Pudendal block | <div><div>1</div></div> | |
| n) | Spinal anaesthetic..... | <div><div>1</div></div> | |
| o) | T.E.N.S..... | <div><div>1</div></div> | |
| p) | Other, please describe..... | <div><div>1</div></div> | |
| q) | | <div><div>1</div></div> | None <div><div>1</div></div> 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..... | <div><div>1</div></div> |
| b) | Dexamethasone..... | <div><div>1</div></div> |
| c) | Diazepam (Valium)..... | <div><div>1</div></div> |
| d) | Dichloralphenazone (Welldorm)..... | <div><div>1</div></div> |
| e) | Ephidrine..... | <div><div>1</div></div> |
| f) | Nitrazepam (Mogadon)..... | <div><div>1</div></div> |
| g) | Oxygen..... | <div><div>1</div></div> |
| h) | Phenergan..... | <div><div>1</div></div> |

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?

- | | |
|--|---|
| <input type="text" value="1"/> yes, placenta praevia | <input type="text" value="2"/> no haemorrhage |
| <input type="text" value="3"/> yes, APH unspecified | <input type="text" value="4"/> yes abruption |
| <input type="text" value="5"/> no labour | <input type="text" value="6"/> other |

please specify

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

```

graph TD
    Q1[1] -- yes --> A1[ ]
    Q1 -- no --> Q2[2]
    Q2 -- no --> Q3[3]
    Q3 -- caesarean section with no labour --> A2[ ]
    Q2 -- go to C11a --> A2
    style A1 fill:none,stroke:none
    style A2 fill:none,stroke:none

```

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:

<div style="border: 1px solid red; display: inline-block; width: 30px; height: 30px; text-align: center; vertical-align: middle;">0</div> nil	<div style="border: 1px solid red; display: inline-block; width: 30px; height: 30px; text-align: center; vertical-align: middle;">1</div> trace	<div style="border: 1px solid red; display: inline-block; width: 30px; height: 30px; text-align: center; vertical-align: middle;">2</div> +
<div style="border: 1px solid red; display: inline-block; width: 30px; height: 30px; text-align: center; vertical-align: middle;">3</div> ++	<div style="border: 1px solid red; display: inline-block; width: 30px; height: 30px; text-align: center; vertical-align: middle;">4</div> +++	<div style="border: 1px solid red; display: inline-block; width: 30px; height: 30px; text-align: center; vertical-align: middle;">5</div> more than +++

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

```

graph TD
    1[1] -- yes --> C12[go to C12]
    2[2] -- no --> C12
    3[3] -- caesarean section with no labour --> C12

```

b) If yes, give result:

<div>0</div>	nil	<div>1</div>	trace	<div>2</div>	+ (small)
<div>3</div>	++ (moderate)	<div>4</div>	+++ (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?

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

C14.	(i)	Monitoring. Were any of the following noted:					
			Yes				
	a)	CTG – intermittent	<div><div>1</div></div>	<div><div>2</div></div>	no labour	<div><div>3</div></div>	no monitoring noted
	b)	CTG - continuous	<div><div>1</div></div>				
	c)	FSE	<div><div>1</div></div>				
	d)	Auscultation	<div><div>1</div></div>				
	e)	Sonicaid	<div><div>1</div></div>				
	f)	Fetal heart heard not known with what	<div><div>1</div></div>				
	g)	Other (please specify)	<div><div>1</div></div>				
						

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 st stage	2 nd 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.....	<div>1</div>	Result <div></div> <div></div> . <div></div>
b) Blood transfusion.....	<div>1</div>	
c) Breast problems.....	<div>1</div>	specify.....
d) Catheterization.....	<div>1</div>	
e) Clots passed.....	<div>1</div>	
f) Depression.....	<div>1</div>	
g) D.V.T.(deep vein thrombosis).....	<div>1</div>	
h) Eclamptic convulsions.....	<div>1</div>	
i) Genital infection.....	<div>1</div>	
j) Haemorrhoids,,,,,.....	<div>1</div>	
k) Infection of caesarean wound.....	<div>1</div>	
l) Infection of episiotomy/tear.....	<div>1</div>	
m) Manual removal of placenta.....	<div>1</div>	
n) Mastitis.....	<div>1</div>	
o) Micturation problems.....	<div>1</div>	
p) Perineum problems.....	<div>1</div>	specify.....
q) Psychosis.....	<div>1</div>	
r) Pulmonary embolism.....	<div>1</div>	

D1.

		Yes	
s)	Pyrexia.....	<div>1</div>	temperature <div></div> <div></div> . <div></div>
t)	Retained placenta.....	<div>1</div>	
u)	Sterilisation.....	<div>1</div>	
v)	Urinary infection.....	<div>1</div>	
w)	Uterine infection.....	<div>1</div>	
x)	Other (please describe).....	<div>1</div>	
		
		
		
		
y)	<div>1</div>	No <div>1</div> Not known

Blood loss at or after delivery

D2. a) Did the mother have a post-partum haemorrhage?

1

 yes

2

 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 1st 24 hrs of delivery).

1

 primary

2

 secondary

2

 both

2

 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 After delivery	Yes, not sure if before or after delivery
a) antibiotics (please specify).....	<div>1</div>	<div>2</div>
b) anti d.....	<div>1</div>	<div>2</div>
c) anusol.....	<div>1</div>	<div>2</div>
d) co-dydramol.....	<div>1</div>	<div>2</div>
e) coproxamol.....	<div>1</div>	<div>2</div>
f) ergometrine.....	<div>1</div>	<div>2</div>
g) fentazin.....	<div>1</div>	<div>2</div>
h) folic acid.....	<div>1</div>	<div>2</div>
i) fybogel.....	<div>1</div>	<div>2</div>
j) general anaesthetic.....	<div>1</div>	<div>2</div>
k) iron.....	<div>1</div>	<div>2</div>
l) kamillosan.....	<div>1</div>	<div>2</div>
m) lactulose.....	<div>1</div>	<div>2</div>
n) lignocaine.....	<div>1</div>	<div>2</div>
o) metoclopramide (Maxalon).....	<div>1</div>	<div>2</div>
p) mini-pill.....	<div>1</div>	<div>2</div>
q) morphine.....	<div>1</div>	<div>2</div>

D3.

		Yes After delivery	Yes, not sure if before or after delivery
r)	omnopan/paparvertum.....	<div><div>1</div></div>	<div><div>2</div></div>
s)	paracetamol.....	<div><div>1</div></div>	<div><div>2</div></div>
t)	pethidine.....	<div><div>1</div></div>	<div><div>2</div></div>
u)	progesterone.....	<div><div>1</div></div>	<div><div>2</div></div>
v)	stemetil.....	<div><div>1</div></div>	<div><div>2</div></div>
w)	syntocinon.....	<div><div>1</div></div>	<div><div>2</div></div>
x)	syntometrine.....	<div><div>1</div></div>	<div><div>2</div></div>
y)	temazepan.....	<div><div>1</div></div>	<div><div>2</div></div>
z)	voltarol.....	<div><div>1</div></div>	<div><div>2</div></div>
za)	witch hazel.....	<div><div>1</div></div>	<div><div>2</div></div>
zb)	other (please specify).....	<div><div>1</div></div>	<div><div>2</div></div>

zc)

1

None noted

D4.

Date mother left maternity hospital:

 . 199

D5.

Where did mother first go?

1

her own home

2

someone else's
home

3

other hospital
with baby

4

other hospital
without baby

5

elsewhere
(specify).....

5

maternal death

D6. Did mother take her own discharge?

yes

no

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

yes

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?

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

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 1st, 2nd, 3rd or 4th 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)

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

d) Apgar at 1 min:

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

Apgar at 5 mins:

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

i) Was the baby resuscitated

1 yes 2 no → go to F1.g



j) Method of resuscitation:

Yes

(i) bag & mask

<input type="text"/>

(ii) bag & mask & oxygen

<input type="text"/>

(iii) cardiac massage

<input type="text"/>

(iv) facial oxygen

<input type="text"/>

(v) intubation

<input type="text"/>

(vi) IPPV with intubation

<input type="text"/>

(vii) mouth to mouth & nose

<input type="text"/>

(viii) ventilation nos

<input type="text"/>

(ix) Other, specify

<input type="text"/>

.....
.....

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?

☐

breast

☐

bottle

☐

breast and bottle

☐

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

☐

NS

F4.

Was the baby given Vitamin K?

☐

yes, orally

☐

no

☐

yes, IM

☐

yes, not
stated how

☐

yes, IV

☐

Not stated in notes

F5.

Did the baby have convulsions?

☐

yes

☐

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?

☐

yes

☐

no

F8.

a)

Were the hips examined?

☐

yes

☐

no

→ go to F9



b)

If yes, were any abnormalities noted?

☐

yes

☐

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)

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

c) Feeding problems

d) High pitched or abnormal cry

e) Moist eyes

f) Mucousy

g) Pyrexia

Result

 .

h) Sticky eye(s)

i) Twitching

j) Umbilical infection

k) Unsettled

l) Other (specify)

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

m) None

F11. n) Was jaundice present?

(i) yes no → go to F11o

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

(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:

(ii) Dextrose

(iii) Other
please specify:

(iv) none

p) Any other treatment or investigations

(i) Blood sugar assessments

(ii) Cot shield

(iii) Incubator

(iv) Light meter

(v) Meconium observations

(vi) Phototherapy/Double Phototherapy

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

(viii) 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