Draft “Logical Priority”
Questions & All Allowable Answers
compared with the 2006 (NMDP)
”National Maternity Dataset Proposals”

The “Logical Priority” draft dataset takes full account of Realistic Inout/Output Opportunities (“RIOs”) and assumes a networked maternity computer system with VDUs and printers reliably available only a) at every scan b) in the delivery suite c) in the maternity wards and d) in all intensive care neonatal units;
It gives priority to universally essential “individual Patient Care”
(e especially individual Encounter Assistance” data items
rather than data items arbitrarily selected for governance or management (“Paralysis by Analysis” items)

“???” = Missing at present from this dataset.
To allow comparisons the NMSD dataset has been re-organised to follow a more chronological sequence.

Version 7 (1st January 2007)
as assessed by
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For more detailed comments see the much large companion document.

Any Comments, Criticisms, Corrections or Suggestions for Improvement very welcome

Previous Filepath: RISCOS: EEPD.04-DATASETS.X-COMPARE.DUNLOP.500cfDun-8 (15th May 2007)
D. DEMOGRAPHIC AND SUPPORT STAFF DATA

+ START OF PREGNANCY EPR

D1. Mother’s Demographic Data

D1-A. NAMES AND ADDRESS - MOTHER (Updated at time of delivery)

Family Name - Patient/Client/(Expectant) Mother?
First Forename - Patient/Client/(Expectant) Mother?
Initials - Patient/Client/(Expectant) Mother?
Family Name at Birth - Patient/Client/(Expectant) Mother?
Address Line 1 - Patient/Client/(Expectant) Mother?
Address Line 2 - Patient/Client/(Expectant) Mother?
Address Line 3 - Patient/Client/(Expectant) Mother?
Address Line 4 - Patient/Client/(Expectant) Mother?
Address Line 5 - Patient/Client/(Expectant) Mother?
Current Post Code - Patient / Client / (Expectant) Mother?

D1-B. OTHER DEMOGRAPHIC

Date of Birth - Patient/Client/(Expectant) Mother?
Sex - Patient/Client/(Expectant) Mother?
Marital (Civil) Status?

D1-C. IDENTIFICATION NUMBERS

NHS Number - Patient/Client/(Expectant) Mother?
Hospital or District or Unit Number - Patient/Client/(Expectant) Mother

D1-D. TELEPHONE NUMBERS

Telephone No - Home - (Patient/Client/(Expectant) Mother)?
Telephone No - Work - (Patient/Client/(Expectant) Mother)?
Telephone No - Mobile - (Patient/Client/(Expectant) Mother)?

D1-E. CONTACT PHONE NUMBER, IF NO PHONE

Telephone No of Contact?
Name of Contact with Telephone?
### D2. Professional Support Staff Data (at Birth)

#### D2-A. GENERAL PRACTITIONER (MOTHER'S OWN GP)
- General Practitioner Name (Own GP)?
- General Practitioner Governance Code (Own GP)?
- Practice Name (Own GP)?
- Practice Address 1-5 (Own GP)?
- Practice Postcode (Own GP)?
- Practice NHS Code (Own GP)?
- Practice Phone Number - Public (Own GP)?
- Practice Telephone No - Restricted (Own GP)?

#### D2-B. GENERAL PRACTITIONER (MATERNITY CARE PROVIDER)
- Own GP providing Maternity Care? (Y/N)
- General Practitioner Name (Maternity Care Provider)?
- General Practitioner Governance Code (Maternity Care Provider)?
- Practice Name (Maternity Care Provider)?
- Practice Address 1-5 (Maternity Care Provider)?
- Practice Postcode (Maternity Care Provider)?
- Practice NHS Code (Maternity Care Provider)?
- Practice Phone Number - Public (Maternity Care Provider)?
- Practice Telephone No - Restricted (Maternity Care Provider)?

#### D2-C. NAMED MIDWIFE
- Expectant Mother's Named Midwife?
- Named Midwife - Governance Code?
- Named Midwife - Seniority?
- Named Midwife - Code for Employer?
- Named Midwife - Work Address 1-5?
- Named Midwife - Telephone No - Work?
- Named Midwife - Telephone No - Mobile?

#### D2-D. (BACK UP) OBSTETRIC SPECIALIST (CONSULTANT)
- Specialist (Consultant) Obstetrician - Name?
- Specialist (Consultant) Obstetrician - Governance Code?
- Specialist (Consultant) Obstetrician - Code for Employer?

#### D2-E. HEALTH VISITOR
- Health Visitor - Name?
- Health Visitor - Governance Code?
- Health Visitor - Address 1-5 (Surgery/Health Centre/Other)?
- Health Visitor - Telephone No - Work?
- Health Visitor - Telephone No - Mobile?
Logical Priority

D3. Start of a New Pregnancy on a Maternity EPR (Usually from a “Booking Letter”)

D3-A. START
Date of First Data Entry about this pregnancy onto a Maternity EPR?

D3-D. DUE DATE (BOOKING LETTER)
Estimated Due Date (First Referral - Booking Letter Version)?
Mother's Age at Expected Due Date (Booking Letter Version)?
  Age 16 or under, 35 and over

I. INITIAL ASSESSMENT

I1. Initial Pregnancy Assessment (Booking) History

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I1-C. ETHNIC ORIGIN, LANGUAGE & RELIGION

Ethnic Origin (Expectant Mother) - for G.R.O.W. Purposes?
Ethnic Origin (Expectant Mother) - for Screening Purposes?
Language Ability (Expectant Mother)?
  Preferred Language (Expectant Mother)?
  Interpreter needed?

I1-D. HUSBAND / PARTNER (PUTATIVE FATHER)

One or Two Parent Family?
  Family Name (Husband / Partner of either sex)?
  Preferred Forename (Husband / Partner of either sex)?
Ethnic Origin (Partner/Putative Father) - for Screening Test Purposes?

A1-1. Maternal Age Factor

A1-3. Maternal Age Factor

A1-13. Ethnicity (Mother)

A1-15. Fluency Speaking English (Mother)

A1-16. Understanding English (Mother)

A1-14. First Language (Mother)

A1-17. Interpreter Required

A1-6. Housing Status (Mother)

A1-7. Housing Status (Prison)

A1-8. Housing Status (Traveller)

A1-9. Housing Status (Homeless)

A1-10. Refugee / Asylum Status (Mother)

A1-11. Diagnosis (Physical Impairment - Mother)

A1-12. Diagnosis (Learning Disability - Mother)

A1-18. Education Level (Mother) Highest this Pregnancy

A1-22. Occupation (Mother) during Pregnancy

A1-23. Employment Status (Mother) during Pregnancy
11.1 RELEVANT MEDICAL PROBLEMS
Any Existing Significant Medical/Surgical Problem(s)?
   Asthma or Chest Problems?
   TB Risk, Should BCG be recommended?
   Diabetes, Epilepsy or Hypertension
   Back Problems?
   Depression requiring Supervised Treatment?
   Other Mental Problems requiring Supervised Treatment?
   Genital Infections (inc Herpes)?
   Heart Problems?
      Needing Regular Cardiac Specialist Review?
      Type of Heart Problem?
   Renal Disease or Surgery
      Needing Regular Renal Specialist Review?
      Kidney Transplant?
      Ureteric Reimplantation?
   Liver Disease or Hepatitis?
   Migraine?
   Thrombosis Problem (DVT or PE)?
       Confirmed Deep Vein Thrombosis?
       Confirmed Pulmonary Embolism?
   Thyroid Problems?
   Uterine Anomaly / Injury?
   Invasive Neoplastic Condition?
   Any other Condition needing Regular Specialist Review?
   Any Other Potentially Serious Medical or Surgical Problem?
   Significant Diabetes, Epilepsy or Hypertension
   identified more accurately from ‘Medication History’?

11.4 HABITS AND RECREATIONS
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2006 Perinatal Dataset Intuitive
B1 - 1. Complicated Pregnancy (History)
B1 - 2. Diagnosis Date
B1 - 3. Diagnosis (Hypertension)
B1 - 4. Diagnosis (Cardiac Disease)
B1 - 5. Diagnosis (Endocrine Disorder)
B1 - 6. Diagnosis (Psychiatric Disorder)
B1 - 7. Diagnosis (Thromboembolic Disorder)
B1 - 8. Diagnosis (Haematological Disorder)
B1 - 9. Diagnosis (Epilepsy)
B1 - 10. Diagnosis (Autoimmune Disorder)
B1 - 11. Diagnosis (Cancer)
B1 - 12. Diagnosis (HIV)
B1 - 13. Diagnosis (Puerperal Psychosis)
B1 - 14. Family History (Genetic Disorder)
B1 - 15. Diagnosis (Diabetes)
B1 - 16. Diabetes (Method of Control)
B1 - 17. Diabetes Control Measurement (Last before pregnancy)
B1 - 18. Diabetes Control Measurement Date (Last before pregnancy)
B1 - 19. Substance Misuse (Ever)
B1 - 20. Smoking Status (Mother)
B1 - 21. Tobacco Usage (Mother)
B1 - 22. Tobacco Usage Change (Mother)
B1 - 23. Date stopped smoking (Mother)
B1 - 24. No of Years Smoked (Mother)
B1 - 25. Alcohol Use (12 mths prior to Pregnancy)
B1 - 26. Alcohol Use (At Booking)
B1 - 27. Alcohol Use (At Delivery)
B1 - 28. Medication in Pregnancy
B1 - 29. Prescribed Item
B1 - 30. Diagnosis (Hepatitis C)
B1 - 31. Diagnosis Third Trimester (Genital Herpes)
B1 - 32. Diagnosis Term (Genital Herpes)
B2 - 1. Parity
B2 - 3. (No of) Procedure prior this Pregnancy (Caesarean Section)
B2 - 4. (No of) Miscarriages (Count >=3)
B2 - 5. (No of) Previous Pregnancies (Preterm)
B2 - 6. (No of) Previous Pregnancies (Midterm Loss)
B2 - 7. (No of) Previous Pregnancies (Neonatal Death)
B2 - 8. (No of) Previous Pregnancies (Stillbirth)
B2 - 9. (No of) Previous Pregnancies (Live Births)
B2 - 10. (No of) Previous Babies (Congenital Abnormality)
B2 - 11. (No of) Previous Baby (Small for Gestational Age - SGA)
B2 - 12. (No of) Previous Baby (Large for Gestational Age - LGA)
B2 - 13. (No. of) Previous Registrable Births
B3 - 1. Date of Last Menstrual Period
B3 - 2. Estimated Date of Delivery (LMP)
B3 - 3. Estimated Date of Delivery (Other)
B3 - 4. BMI (First in Pregnancy)
I1-J. PAST INVESTIGATIONS, SURGERY OR OTHER TREATMENT

Fertility Problem ever (inc Recurrent Miscarriage)?
Fertility Investigations ever?
Fertility Treatment ever?
Previous Tubal Surgery?
Other Fertility Treatment ever? (Free Text)
This Pregnancy a result of 'Other' Treatment?
Method of Fertility Treatment for this pregnancy?
Cervical Suture already in place?
Any (other) Surgery which might be relevant to this pregnancy?
Previous Blood Transfusion?
Most Recent Cervical Smear (Date)?
Most Recent Cervical Smear Result?

I1-M. GENETIC HISTORY (Previously called “Family History”)
Any Significant Genetic (Family) History?
Diabetes Genetic (Family) History?
Kind of Diabetes (Genetic (Family) History)?
Relationship and other comments (Diabetes)??
Thrombosis Genetic (Family) History?
Relationship and other comments (Thrombosis)??
High Blood Pressure Genetic (Family) History?
Relationship and other comments (High Blood Pressure)??
Pregnancy Induced Hypertension Genetic (Personal or Family) History?
Relationship and other comments (Pregnancy Induced Hypertension)?
Genetic (Family) History of Congenital Hip Problems?
Relationship and other comments (Congenital Hip)??
Mental Illness Genetic (Family) History?
Relationship and other comments (Mental Illness)??
Stillbirths or Multiple Miscarriages Genetic (Family) History?
Relationship and other comments (Stillbirths or Multiple Miscarriages)?
Mental Retardation/Learning Difficulties Genetic (Family) History?
Sex of Relative with Mental Retardation/Learning Difficulties?
Relationship and other comments (Mental Retardation)??
Congenital Deafness Genetic (Family) History?
Relationship and other comments (Congenital Deafness)?
Other Possibly Genetic (Family) History of Congenital or Inherited Disease
Downs Syndrome?
Relationship and other comments (Downs Syndrome)?
Neural_Tube_Defect?
Relationship and other comments (Neural_Tube_Defect)?
Sickle Cell Genetic (Family) History?
Relationship and other comments (Sickle Cell)??
Thalassaemia Genetic (Family) History?
Relationship and other comments (Thalassaemia)??
Muscular_Dystrophy?
Relationship and other comments (Muscular_Dystrophy)??
Cystic_Fibrosis?
Relationship and other comments (Cystic_Fibrosis)?
Genetic (Family) History of any other disease that runs in families?
Relationship and other comments (Other Genetic)??
I1-N. Menstrual, Conception and Contraceptive History

I2. Clinical Observations at Initial Assessment

- Height in Centimetres?
- Expectant Mother’s Weight at Initial Assessment?
- Body Mass Index (At Initial Pregnancy Assessment)?

I3. Decisions Made at Initial Assessment

- C2 - 20. Thalassaemia Diagnostic Test Result Date Informed
- C2 - 21. Thalassaemia Diagnostic Test Result
- C2 - 22. Diagnostic Test Lab Receipt Date
- C2 - 23. Diagnostic Test Lab Report Issued Date
- C2 - 24. Gestational Age (Offer Screening SCD/Thalassaemia)
- C2 - 25. Gestational age (Accept Screening SCD/Thalassaemia)
- C2 - 26. Time from Laboratory Receipt of Sample to Report Issue
- C2 - 27. Gestational Age (Risk Identified)
- C2 - 28. Action following Abnormal Haemoglobinopathy Result
- C2 - 29. Action Date following Abnormal Haemoglobinopathy Result

C3 - 1. Offer Screening (Syphilis)
C3 - 2. Offer Screening Date (Syphilis)
C3 - 3. Offer Screening Status (Syphilis)
C3 - 4. Screening Test Date (Syphilis)
C3 - 5. Screening Result (Syphilis) - Preliminary
C3 - 6. Screening Result (Syphilis) - Confirmation
C3 - 7. Action following Syphilis Screen Reactive
C3 - 8. Diagnosis (Syphilis)
C3 - 9. Diagnosis Date (Syphilis)
C3 - 10. Offer Screening (Rubella)
C3 - 11. Offer Screening Status (Rubella)
C3 - 12. Screening Test Date (Rubella)
C3 - 13. Screening Result (Rubella)
C3 - 14. Offer Screening (Asymptomatic Bacteriuria)
C3 - 15. Offer Screening Date (Asymptomatic Bacteriuria)
C3 - 16. Offer Screening Status (Asymptomatic Bacteriuria)
C3 - 17. Screening Test Date (Asymptomatic Bacteriuria)
C3 - 18. Screening Result (Asymptomatic Bacteriuria)
C3 - 19. Offer Screening (Hepatitis B)
C3 - 20. Offer Screening Date (Hepatitis B)
C3 - 21. Offer Screening Status (Hepatitis B)
C3 - 22. Screening Test Date (Hepatitis B)
C3 - 23. Screening Test Result (Hepatitis B) - Preliminary
C3 - 24. Screening Test Result (Hepatitis B) - Confirmation
C3 - 25. Action following Positive Screening Result (Hepatitis B)
C3 - 26. Diagnosis (Hepatitis B)
C3 - 27. Diagnosis Date (Hepatitis B)
C3 - 28. Offer Screening (HIV)
C3 - 29. Offer Screening Date (HIV)
C3 - 30. Offer Screening Status (HIV)
C3 - 31. Screening Test Date (HIV)
C3 - 32. Screening Result (HIV) - Preliminary
C3 - 33. Screening Result (HIV) - Confirmation
C3 - 34. Diagnosis (HIV)
C3 - 35. Diagnosis Date (HIV)
C3 - 36. Action following Positive Test Result (HIV)
C3 - 37. Screening Result Informing Method (Syphilis)
C3 - 38. Screening Result Informing Method (Rubella)
C3 - 39. Screening Result Informing Method (Hepatitis B)
C3 - 40. Screening Result Informing Method (Asymptomatic Bacteriuria)
C3 - 41. Screening Result Informing Method (HIV)
## Logical Priority

### 2006 Perinatal Dataset Intuitive

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<th>2006 Perinatal Dataset Intuitive</th>
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<td><strong>A. ANTENATAL DATA - HOSPITAL SOURCED</strong></td>
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<tr>
<td><em>May be sometimes be repeated but usually only the agreed final version is relevant to care</em></td>
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<td><strong>A1. Antenatal Data - Maternal</strong></td>
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<td><strong>A1-A. BASIC BLOOD TESTS AT INITIAL ASSESSMENT</strong></td>
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<td>Haemoglobin at Initial Assessment</td>
<td>C3 - 42. Screening Result Informing Date</td>
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<td>ABO Blood Group Test Result (Expectant Mother)?</td>
<td>C4 - 1. Downs Syndrome Screening Test</td>
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<td>Non-Rhesus Antibodies at Initial Assessment?</td>
<td>C4 - 2. Downs Syndrome Screening Test Date</td>
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<td>Rhesus Group (Expectant Mother)?</td>
<td>C4 - 3. Downs Syndrome Screening Offer Date</td>
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<td>Rhesus Anti-D Antibodies at Initial Assessment</td>
<td>C4 - 4. Downs Syndrome Screening Test Status</td>
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<td><strong>A1-B. HAEMOGLOBINOPATHY SCREENING</strong></td>
<td>C4 - 5. Downs Syndrome Screening Test Result</td>
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<td>Thalassaemia Result (Expectant Mother)?</td>
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<td>C5 - 4. Neural Tube Defect Screening Test Status</td>
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<td>C6 - 2. Procedure (Ultrasound Dating Scan)</td>
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<td>C6 - 10. Observation (Nuchal Translucency)</td>
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<td>C6 - 11. Observation (Neural Tube Defect)</td>
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<td>C6 - 12. Observation (Abdominal Wall Defect)</td>
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<td>C6 - 13. Observation (Other Structural Anomaly)</td>
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<td>C7 - 1. Test (RhD Antibody)</td>
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<td>C7 - 3. Test Result (RhD Antibody)</td>
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<td>C7 - 4. Anti-D Prophylaxis (Routine) - 28 Week Vaccination</td>
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<td><strong>A1-H. Neural Tube Defect Prophylaxis (Postnatal)</strong></td>
<td>C7 - 5. Anti-D Prophylaxis (Routine) - 34 Week Vaccination</td>
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<td><strong>A1-I. Drug Treatment (Anti-D Immunoglobulin)</strong></td>
<td>C7 - 6. Anti-D Prophylaxis Dosage</td>
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<td><strong>A1-J. Drug Treatment Status (Anti-D Immunoglobulin)</strong></td>
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<td><strong>A1-K. Gestational Age at Drug Treatment (Anti-D Immunoglobulin)</strong></td>
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<td><strong>A1-L. Anti-D Prophylaxis (Sensitising Event)</strong></td>
<td>C7 - 9. Gestational Age at (Drug Treatment (Anti-D Immunoglobulin)</td>
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<td><strong>A1-M. Anti-D Prophylaxis (Postnatal)</strong></td>
<td>C7 - 10. Anti-D Prophylaxis (Sensitising Event)</td>
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<td><strong>A1-P. RhD Sensitising Event</strong></td>
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</table>
Logical Priority

A1-D. DATING SCAN

Dating Scan done?

Date of Dating Scan

Gestation at time of Dating Scan

Due Date by Dating Scan

A2. Antenatal Data - Fetal

A2-A. DOWNS & NEURAL TUBE DEFECT SCREENING

Spina Bifida and Down's Serum Screening Test?

Result of Spina Bifida Serum Screening (Odds 1 in . . . )?

Result of Down’s Serum Screening (Odds 1 in . . . )?

Not a “Logical Prioritisation” Data Item

Not a “Logical Prioritisation” Data Item

Not a “Logical Prioritisation” Data Item

Result of Down’s Serum Screening (Odds 1 in . . . )?

Down's Nuchal Screening Scan done?

Result of Down's Nuchal Screening Scan?

2006 Perinatal Dataset Intuitive

D1 - 1. Offer Diagnostic Testing (Downs Syndrome)
D1 - 2. Offer Date Diagnostic Testing (Downs Syndrome)
D1 - 3. Offer Reason Diagnostic Testing (Downs Syndrome)
D1 - 4. Diagnostic Testing Information Given
D1 - 5. Diagnostic Testing Offer Status
D1 - 6. Procedure (Diagnostic Testing)
D1 - 7. Procedure Date - Amniocentesis
D1 - 8. Procedure Date - CVS
D1 - 9. Diagnostic Testing (Method)
D1 - 10. Diagnostic Testing (Technique)
D1 - 11. Diagnostic Testing (Practitioner)

D1 - 12. Diagnostic Test Result (Downs Syndrome)
D1 - 13. Diagnostic Test Result (Other)
D1 - 14. Diagnostic Test Result Informing Method - Downs Syndrome
D1 - 15. Diagnostic Test Result Date Informed - Downs Syndrome
D1 - 16. Diagnostic Test Result Specialist Informing - Downs Syndrome
D1 - 17. Gestational Age (Diagnostic Test)

D1 - 18. Time from Diagnostic Test to Receipt of Results
D1 - 19. Time from Receipt of Results to Request for Termination

D2 - 1. Activity Status (Ultrasound Fetal Anomaly Screening Leaflet)
D2 - 2. Activity Date (Ultrasound Fetal Anomaly Screening Leaflet)
D2 - 3. Activity Status (Ultrasound Fetal Anomaly Screening Leaflet)
D2 - 4. Activity (Ultrasound Fetal Anomaly Screening)
D2 - 5. Activity Date (Ultrasound Fetal Anomaly Screening)
D2 - 6. Activity Status (Ultrasound Fetal Anomaly Screening)
D2 - 7. Professional Status (Ultrasound Fetal Anomaly Screening)
D2 - 8. Gestational Age (Ultrasound Fetal Anomaly Screening)

D2 - 9. Ultrasound Fetal Anomaly Screening Report Date Issued
D2 - 10. Ultrasound Fetal Anomaly Screening Baby 1 (Head Shape) - Each Individual
D2 - 11. Ultrasound Fetal Anomaly Screening Baby 1 (Spine)
D2 - 12. Ultrasound Fetal Anomaly Screening Baby 1 (Abdominal Shape)
D2 - 13. Ultrasound Fetal Anomaly Screening Baby 1 (Renal Pelvis)
D2 - 14. Ultrasound Fetal Anomaly Screening Baby 1 (Longitudinal Axis)
D2 - 15. Ultrasound Fetal Anomaly Screening Baby 1 (Thorax 4 Chamber Cardiac view)
D2 - 16. Ultrasound Fetal Anomaly Screening Baby 1 (Arms)
D2 - 17. Ultrasound Fetal Anomaly Screening Baby 1 (Legs)
D2 - 18. Ultrasound Fetal Anomaly Screening Baby 1 (Level 3 Cardiac Outflow Tracts)
D2 - 19. Ultrasound Fetal Anomaly Screening Baby 1 (Face)
D2 - 20. Ultrasound Fetal Anomaly Screening Baby 1 (Lips)
D2 - 21. Ultrasound Fetal Anomaly Screening Baby 1 (Other Anomalies)

E1 - 1. Activity (Antenatal Appointment)
E1 - 2. Gestation (Antenatal Appointment)
E1 - 3. Routine Assessments Completed at Every Antenatal Appointment
E1 - 4. Result (Blood Pressure)
E1 - 5. Result (Urine Test - Proteinuria)
E1 - 6. Result (Measure Fundal-Symphysis Distance)
E1 - 7. Professional Status (Antenatal Appointment)
E1 - 8. Count Antenatal Appointment (GP)
E1 - 9. Count Antenatal Appointment (Midwife)
Logical Priority

A2-B. ANOMALY SCAN (Final Result only)

Each item below has multiple possible answers which will need full documentation

Anomaly Screening by Ultrasound done?

Gestation at anomaly scan

No Problem Identified/Possible or Definite Problem Seen

Head - skull & brain:

- Anencephaly
- Lemon shaped skull associated with spina bifida
- Clover-leaf − craniosynostosis
- Ventriculomegaly (>10mm) / Hydrocephalus
- Banana cerebellum
- Encephalocele
- Cerebellar hypoplasia
- Dandy Walker malformation
- Other [free text] Not seen

Spine

- Spina bifida
- Scholiosis
- Kyphosis
- Other [free text]

Neck

- Nuchal pad (>10mm @ 20wks)

Face

- Cleft lip
- Other [free text]

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E1 - 10. Count Antenatal Appointment (Consultant Led)
E1 - 11. Count Antenatal Appointment (All)
E1 - 12. Antenatal Appointments before 12 weeks
E1 - 13. Routine Antenatal Appointments kept

E2 - 1. Pregnancy Disclosure of Domestic Violence
E2 - 2. Pregnancy Known Risk of Domestic Violence Date (First in pregnancy)
E2 - 3. Complicated Pregnancy (This Pregnancy) 33 items
E2 - 4. Diagnosis (Pre-Eclampsia)
E2 - 5. Diagnosis Date (Pre-Eclampsia)
E2 - 6. Diagnosis Date (HELLP)
E2 - 7. Diagnosis Date (Eclampsia)
E2 - 8. Diagnosis Date (Antepartum Haemorrhage)
E2 - 9. Diagnosis Date (Threatened Miscarriage)
E2 - 10. Diagnosis (HELLP)
E2 - 11. Diagnosis (Eclampsia)
E2 - 12. Procedure Status (Administration of Corticosteroids)
E2 - 13. Administration (Corticosteroids)
E2 - 14. Administration Date (Corticosteroids)
E2 - 15. No. of Doses (Corticosteroids)
E2 - 16. Diagnosis (Ectopic Pregnancy)
E2 - 17. Diagnosis Date (Ectopic Pregnancy)
E2 - 18. Diagnosis (Closed Abdominal Injury)
E2 - 19. Diagnosis Date (Closed Abdominal Injury)
E2 - 20. Diagnosis (Antepartum Haemorrhage)
E2 - 21. Diagnosis (Threatened Miscarriage)
E2 - 22. Diagnosis Date (Threatened Miscarriage)
E2 - 23. Diagnosis (Large Fetomaternal Haemorrhage)
E2 - 24. Diagnosis Date (Large Fetomaternal Haemorrhage)
E2 - 25. Referral (Suspected IUGR)
E2 - 26. Referral Date (Suspected IUGR)
E2 - 27. Ultrasound Scan (Suspected IUGR)
E2 - 28. Ultrasound Scan Date (Suspected IUGR)
E2 - 29. Diagnosis (IUGR)
E2 - 30. Diagnosis Date (IUGR)
E2 - 31. Ultrasound Scan (Suspected Fetal Death)
E2 - 32. Ultrasound Scan Date (Suspected Fetal Death)
E2 - 33. Tocolysis Date
E2 - 34. Tocolysis Reason
E2 - 35. Diagnosis (Rubella)
E2 - 36. Diagnosis Date (Rubella)
E2 - 37. Low-lying Placenta (36 weeks)

EX - 1. Observation (Presentation of Baby 1) at 36 weeks
EX - 2. Observation Date (Presentation of Baby 1) at 36 weeks
EX - 3. Presentation Assessment by Ultrasound Date (First)
EX - 4. Procedure (Ultrasound for Fetal Presentation)
EX - 5. Malpresentation Palpated (Count)
EX - 6. Post Term Cardiotocography
EX - 7. Procedure (Cardiotocography)
EX - 8. Procedure Date (Cardiotocography)
EX - 9. Post Term Amniotic Pool Depth Measured

This version of “X_500cfDun.pdf” is based on EEPDSOURCE.03-DAT.X-COMPARE.500cfDun-9 (10th July 2009)
Logical Priority

Chest
Cardiac Anomaly
- Univentricular heart - ASD / VSD or Fallot’s - Transposition
  Complex (mixed including the above)
- Other [free text]
- Echogenic focus
- Other [free text]
- Pericardial effusion

Other chest anomaly [free text]

Shape of chest narrow [Y / N]

Abdomen
Anterior wall defects - Gastroscisis - Exomphalos
- Prune Belly
- Other [free text]

Stomach & bowel
- Stomach not seen
- Stomach or bowel in the chest - Double bubble
- Echogenic bowel
- Dilated loops of bowel
- Other [free text]

Kidneys - Dilated renal pelvis
- Multicystic dysplastic
- Echogenic
- Enlarged
- Absent
- Other [free text]

Bladder - Bladder dilated
- Bladder thick-walled - Not seen
- Other [free text] Not seen

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EX - 10. Procedure (Ultrasound for Amniotic Pool Depth)
EX - 11. Procedure Date (Ultrasound for Amniotic Pool depth)
EX - 12. External Cephalic Version Status
EX - 13. Status Date (ECV)
EX - 14. Procedure (ECV)
EX - 15. Procedure Date (ECV)
EX - 16. Procedure (ECV - Tocolysis)
EX - 17. Procedure Outcome (ECV)
EX - 18. Diabetes Control Measurement (in First Trimester)
EX - 19. Diabetes Control Measurement Date (in First Trimester)
EX - 20. Diabetes Control <7% (in First Trimester)
EX - 21. Diabetes Retinal Assessment (in First Trimester)
EX - 22. Diabetes Retinal Assessment Date
EX - 23. Procedure (Therapeutic TOP)
EX - 24. Procedure Date (Therapeutic TOP)
EX - 25. Procedure Place (Termination of Pregnancy)
EX - 26. Diagnosis (Miscarriage)
EX - 27. Diagnosis Date (Miscarriage)
EX - 28. Procedure (Intervention for Incomplete Abortion)
EX - 29. Procedure Date (Intervention for Incomplete Abortion)
EX - 30. Lead Carer Changed
EX - 31. Lead Carer Changed Reason
EX - 32. Lead Carer Changed Stage
EX - 33. Drug Treatment (Antiretroviral)
EX - 34. Drug Treatment Date (Antiretroviral)
EX - 35. Date Request Termination

F1 - 1. Formal Induction of Labour Date (First)
F1 - 2. Formal Induction of Labour Time (First)
F1 - 3. Procedure (Formal Induction of Labour)
F1 - 4. Formal Induction of Labour Gestation (First)
F1 - 5. Formal Induction of Labour Reason (First)
F1 - 6. Formal Induction of Labour Method (First)
F1 - 7. Formal Induction of Labour Place (First)
F1 - 8. Formal Induction of Labour (Count)
F1 - 9. Membrane Sweep Status
F1 - 10. Procedure (Membrane Sweep)
F1 - 11. Procedure Date (Membrane Sweep)
F1 - 12. Artificial Rupture of Membranes Status
F1 - 13. Procedure (Amniotomy)
F1 - 14. Procedure Date (Amniotomy)
F1 - 15. Onset of Labour (Method)
F1 - 16. Time from ROM to Decision to Deliver Urgently
F1 - 17. Rupture of Membranes Date
F1 - 18. Rupture of Membranes Time
F1 - 19. Oxytocin Administered Date
F1 - 20. Oxytocin Administered Time
F1 - 21. Reason for Oxytocin
F1 - 22. Care Plan - Start of Labour
F1 - 23. Care Plan - Change Reason
F1 - 24. Membranes Ruptured before Labour
Logical Priority

Arms
Legs

Global problem:
- Hydrops / generalized oedema
- Akinesis
- Other [free text]

Markers for trisomy at Anomaly Scan
- Nuchal pad
- Echogenic bowel
- Choroid plexus cyst(s)
- Echogenic focus
- Dilated renal pelvis
- Short femur

A2-C. INVASIVE FETAL INVESTIGATIONS
Any Invasive Fetal Tests done or attempted (Amniocentesis, CVB etc)?
  Chorion Villous Biopsy?
  Result (Chorion Villus Biopsy)?
  Amniocentesis?
  Result (Amniocentesis)?
  Fetal Chromosome Result?

A2-D. INVASIVE TREATMENT OF FETAL CONDITIONS
Invasive Fetal Treatment?

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F2 - 1. Number of Babies
F2 - 2. Onset of Labour (Date)
F2 - 3. Onset of Labour (Time)
F2 - 4. Procedure (Intravenous Administration of Dextrose)
F2 - 5. Procedure (Intravenous Administration of Insulin)
F2 - 6. Transfer Mother Intra/Post Partum
F2 - 7. Discharge Date Mother (Delivering Unit)
F2 - 8. Discharge Time Mother (Delivering Unit)
F2 - 9. Reason for Transfer Mother (Delivering Unit)
F2 - 10. Decided to Transfer Date Mother
F2 - 11. Decided to Transfer Time Mother
F2 - 12. Regional Anaesthesia Type
F2 - 13. Regional Anaesthesia (Reason)
F2 - 14. Procedure Caesarean Section
F2 - 15. Caesarean Section (Anaesthesia Type)
F2 - 16. Caesarean Section (Urgency)
F2 - 17. Lead Carer (Delivery)
F2 - 18. Carer Organisation Changed
F2 - 19. Carer Organisation Changed Reason
F2 - 20. Carer Organisation Changed Stage
F2 - 21. Patient Procedure (Electro Fetal Monitoring)
F2 - 22. Procedure Reason (EFM)
F2 - 23. Procedure Start Date (EFM)
F2 - 24. Procedure Start Time (EFM)
F2 - 25. Pain Relief - TNS
F2 - 26. Pain Relief - Inhalational Analgesia
F2 - 27. Pain Relief - Narcotics
F2 - 28. Pain Relief - Regional Spinal
F2 - 29. Pain Relief - Regional Epidural
F2 - 30. Pain Relief - Combined Spinal/ Epidural
F2 - 31. Pain Relief - Pudendal
F2 - 32. Pain Relief - Others
F2 - 33. Intrapartum Haemorrhage
F2 - 34. Intrapartum Haemorrhage Date
F2 - 35. Intrapartum Haemorrhage Time
F2 - 36. Date of Onset of Second Stage
F2 - 37. Time of Onset of Second Stage
F2 - 38. Date of Onset of Third Stage
F2 - 39. Time of Onset of Third Stage
F2 - 40. Date of End of Third Stage
F2 - 41. Time of End of Third Stage
F2 - 42. Length of Time of First Stage
F2 - 43. Length of Time of Second Stage
F2 - 44. Length of Time of Third Stage
F2 - 45. Appearance of Placenta
F2 - 46. Appearance of Membranes

F3 - 1. Trauma to Perineum
F3 - 2. Degree of Tear
F3 - 3. Reason for Episiotomy
F3 - 4. Perineal Repair
F3 - 5. Suture Material
Logical Priority

R. RETROSPECTIVE DATA ABOUT THIS PREGNANCY

R1. End of Pregnancy without a Registrable Birth in this District

Reason for Closing Record before a Birth in this District?
Reason for Transfer to another maternity care provider?
Indication for Termination of Pregnancy (T.O.P.)?
Description of the Fetal Anomaly which was the indication for Termination?
Main Method used for Termination?
Followed by (Suction) Evacuation of Uterus?

Date of End of this Pregnancy?
Gestation of End of this Pregnancy?
Woman's Age at Date of End of Pregnancy?

R2. Retrospective Data about the whole of the Present Pregnancy.

R2-A. OBSTETRIC PROBLEMS DEVELOPING DURING THIS PREGNANCY

Any Significant Obstetric (Gestational) Problems developing during this Pregnancy?
Prolonged Severe Vomiting of Pregnancy?
Diabetes (Gestational)?
Possibly PET Related Problems (inc. Albuminuria & Epileptiform Fit)?
   Suspected IUGR
   Significant Proteinuria
   PIH (PET)
   Epileptiform Fit during pregnancy?
   HELLP

Significant Ante-Partum Haemorrhage?
   ---
   ---
   ---

Other Obstetric Problem(s) in this Pregnancy?

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F3 - 6. Repaired By (Status)
F4 - 1. Transfer Destination
F4 - 2. Significant Early postpartum Haemorrhage (PPH)
G1 - 1. Unique ID Baby
G1 - 2. NHS Number Baby 1
G1 - 3. Unique ID of Baby 1
G1 - 4. Number of Babies - Delivered
G1 - 5. Birth Order
G1 - 6. Preterm Delivery Baby 1
G1 - 7. Very Preterm Delivery Baby 1
G1 - 8. Gestational Age (at Birth) Baby 1
G1 - 9. Method of Delivery (Baby 1)
G1 - 10. Date of Birth (Baby 1)
G1 - 11. Time of Birth (Baby 1)
G1 - 12. Preterm Delivery Baby 1 (Reason)
G1 - 13. Place of Delivery Baby 1 (Actual)
G1 - 14. Place of Delivery Baby 1 (with NICU)
G1 - 15. Birth Weight (Baby 1)
G1 - 16. Birth Length (Baby 1)
G1 - 17. Birth Head Circumference (Baby 1)
G1 - 18. Ethnicity (Baby 1)
G1 - 19. Place of Delivery Different from Intended Baby 1
G1 - 20. Place of Delivery Different from Intended Reason Baby 1
G1 - 21. Baby 1 Delivered in Water
G1 - 22. Caesarean Section (Consultant Involved)
G1 - 23. Post Code (Delivering Unit) Baby 1
G1 - 24. Managed Care Network (Delivering Unit) Baby 1
G1 - 25. Decision to Deliver Urgently Date Baby 1
G1 - 26. Decision to Deliver Urgently Time Baby 1
G1 - 27. Decision to Deliver Urgently Reason Baby
G1 - 28. Caesarean Section Baby 1 (Reason)
G1 - 29. Outcome of Pregnancy
G1 - 30. Gender
G1 - 31. Presentation Baby 1
G1 - 32. Analgesia at Birth Baby

G2 - 1. Status of Person delivering Baby 1
G2 - 2. Carer Organisation (Delivery)
G2 - 3. Surname of Person Notifying Birth
G2 - 4. Forename of Person Notifying Birth

G3 - 1. Presence of Congenital Abnormality (Baby 1)
G3 - 2. Diagnosis (Congenital Abnormality) (Baby 1)
G3 - 3. Diagnosis Date (Congenital Abnormality) (Baby 1)

G4 - 1. Diagnosis Baby 1 (Erb Palsy)
G4 - 2. Diagnosis Baby 1 (Shoulder Dystocia)
G4 - 3. Diagnosis Baby 1 (Fetal Hypoxia)
G4 - 4. Procedure (Fetal Blood Sampling) Baby 1
G4 - 5. Procedure Date (Fetal Blood Sampling) Baby 1
### 2006 Perinatal Dataset Intuitive

| G4 - 6 | Procedure Time (Fetal Blood Sampling) Baby 1 |
| G4 - 7 | Fetal Blood Sampling Reason Baby 1 |
| G4 - 8 | Cord Prolapse Baby 1 |
| G4 - 9 | Suspected Fetal Compromise Baby 1 |
| G4 - 10 | Observation (Liquor Condition) |
| G5 - 1 | Apgar Score 5 Minute Baby 1 |
| G5 - 2 | Procedure Baby 1 (Artery/Vein Acid Base Status) |
| G5 - 3 | External Cardiac Massage Given |
| G5 - 4 | Type of Resuscitation |
| G5 - 5 | Professional Leading Resuscitation |
| G5 - 6 | Intermittent Positive Pressure Ventilation |
| G5 - 7 | Age at Intubation |
| G5 - 8 | Intubated Transfer to Neonatal Unit |
| G5 - 9 | Drugs Given |
| G6 - 1 | Admission Baby 1 (Special Care/High Dependency) |
| G6 - 2 | Admission Date Baby 1 (Special Care/High Dependency) |
| G6 - 3 | Admission Time Baby 1 (Special Care/High Dependency) |
| G6 - 4 | Transfer Neonatally Baby 1 |
| G6 - 5 | Decided to Transfer Date Baby 1 (NICU/SCBU) |
| G6 - 6 | Decided to Transfer Time Baby 1 (NICU/SCBU) |
| G6 - 7 | Reason for Transfer Baby 1 (NICU/SCBU) |
| G6 - 8 | Post Code (NICU/SCBU) Baby 1 |
| G6 - 9 | Managed Care Network (NICU/SCBU) Baby 1 |
| G6 - 10 | Transferred within Managed Care Network Baby 1 |
| G6 - 11 | Distance Transferred Baby 1 |
| H - 1 | Administration Reason (Antacids) - C/S |
| H - 2 | Administration Reason (Antiemetics) |
| H - 3 | Administration Reason (Antibiotics) |
| H - 4 | Administration (Thromboprophylaxis) |
| H - 5 | Administration Reason (Thromboprophylaxis) |
| H - 6 | Transfer Type - Mother |
| H - 7 | Discharge Date Mother (Originating Unit) |
| H - 8 | Discharge Time Mother (Originating Unit) |
| H - 9 | Reason for Transfer Mother (Originating Unit) |
| H - 10 | Decision to Transfer Date - Mother |
| H - 11 | Decision to Transfer Time - Mother |
| H - 12 | Admission Date - Mother (Receiving Unit) |
| H - 13 | Admission Time - Mother (Receiving Unit) |
| H - 14 | Time from Decision to Transfer |
| H - 15 | Time from Discharge to Admission |
| H - 16 | Length of Stay - Mother |
| H - 17 | Postpartum Theatre Admission |
| H - 18 | Postpartum Theatre Procedure |
| H - 19 | Postpartum Theatre Procedure Date |
| H - 20 | Time from Delivery to Theatre Procedure |
| H - 21 | Date of Discharge - Mother (Maternity Services) |
| H - 22 | Postnatal Maternity Services (Mother) |
| H - 23 | Diagnosis (Postnatal Depression) |
| H - 24 | Activity (Post Natal Check) |
R2-C. MEDICATION DURING PREGNANCY
or ESPECIALLY AT (or AROUND) TIME OF CONCEPTION

Any Prescribed Medications (since a month before probable time of conception) or (at any time during the past 12 months)?
- Antibiotics within the past 12 hours?
- Anti-Coagulants?
- Anti-Hypertensives within the past year?
- Antihypertensives during first 20 weeks of Pregnancy?
- Insulin?
- Prolonged use of Steroids during the past year (excluding Prematurity Care)?
- Other

R2-D. CLINICAL OBSERVATIONS & TESTS

Expectant Mother’s Weight in Kilograms (Mid-Pregnancy if possible)?

Body Mass Index - BMI (Mid-Pregnancy of possible)?

R2-E. LABORATORY TESTS

Haemoglobin - Most Recent Pre-Delivery Result
Rhesus Antibodies Test - Most Recent Result?
Other Blood Group Antibodies (e.g. ABO) Test - Most Recent Result?

R2-F. OBSTETRIC TREATMENT DURING PREGNANCY

Any Obstetric Intervention or Treatment during Pregnancy?
- Cervical Suture during this Pregnancy?
  - While asymptomatic or symptomatic?
- Anti-D Gammaglobulin given at any time?
  - ---
  - ---
- Other Pre Delivery Intervention?

R2-G. STERILISATION REQUEST

Postpartum Sterilisation agreed?

P3-H. FINAL DUE DATE

Final Due Date?
Logical Priority

E. (BIRTH) EVENT  Once only even if Multiple Births
E1. Labour
Birth Event from the Mother's point of view. Only ONCE items even if multiple births
E1-B. LABOUR SUMMARY
---
---
---
Number of Babies Born during this Birth Event
Was there Labour before Birth
---
E1-C. RIPENING OR INDUCTIONS
Type of Onset of Labour (Spontaneous or Induced/Ripening)
---
Indication for Induction or Ripening
---
E1-D. ARTIFICIAL RUPTURE OF MEMBRANES FOR INDUCTION
Was an ARM for Induction done
Induction by ARM (Date)
Induction by ARM (Time)
E1-F. ONSET OF ESTABLISHED LABOUR
Established Labour Onset (Date)
Established Labour Onset (Time)
E1-G. AUGMENTATION OF LABOUR
Any Augmentation of Labour
E3. Most Significant Route of Birth
Most Significant Birth Route for Mother

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J2 - 5. Age at Newborn Physical Examination
J2 - 6. Gestational Age at Newborn Physical Examination
J2 - 7. Newborn Physical Examination (DDH)
J2 - 8. Newborn Physical Examination (Cardiac)
J2 - 9. Newborn Physical Examination (Vision)
J2 - 10. Newborn Physical Examination (Cryptorchidism)
J2 - 11. Newborn Physical Examination (General)
J3 - 1. Bloodspot Test Date
J3 - 2. Age (Bloodspot Test)
J3 - 3. Gestational Age (Bloodspot Test)
J3 - 4. Bloodspot Status (PKU)
J3 - 5. Bloodspot Status (CHT)
J3 - 6. Bloodspot Status (CF)
J3 - 7. Bloodspot Status (SCD)
J3 - 8. Bloodspot Decline Reason (PKU)
J3 - 9. Bloodspot Decline Reason (CHT)
J3 - 10. Bloodspot Decline Reason (CF)
J3 - 11. Bloodspot Decline Reason (SCD)
J3 - 12. Bloodspot Result (PKU)
J3 - 13. Bloodspot Result (CHT)
J3 - 14. Bloodspot Result (CF)
J3 - 15. Bloodspot Result (SCD)
J3 - 16. Date Bloodspot Received at Laboratory
J3 - 17. Time from Bloodspot Test to Receipt at Laboratory
J3 - 18. Date Bloodspot Results Available
J3 - 19. Age of Baby at Bloodspot Result Available Date
J3 - 20. Date Bloodspot Results Notified to Parents
J3 - 21. Referral Date (PKU)
J3 - 22. Time from Bloodspot Receipt to Clinical Referral(PKU)
J3 - 23. Specialist Appointment (PKU)
J3 - 24. Specialist Appointment Date (PKU)
J3 - 25. Time from Bloodspot Report to Specialist Appointment (PKU)
J3 - 26. Diagnostic Test (PKU)
J3 - 27. Diagnostic Test Date (PKU)
J3 - 28. Diagnostic Test Time (PKU)
J3 - 29. Diagnostic Test Result Date (PKU)
J3 - 30. Diagnostic Test Result Time (PKU)
J3 - 31. Time from Diagnostic Test to Result (PKU)
J3 - 32. Diagnosis (PKU)
J3 - 33. Diagnosis Date (PKU)
J3 - 34. Treatment Start Date (PKU)
J3 - 35. Time to Start Treatment (PKU)
J3 - 36. Drug Prescription (Penicillin)
J3 - 37. Drug Prescription Date (Penicillin)
J3 - 38. Referral Date (CHT)
J3 - 39. Referral Request (CHT)
J3 - 40. Time from Bloodspot Receipt to Clinical Referral(CHT)
J3 - 41. Specialist Appointment (CHT)
J3 - 42. Specialist Appointment Date (CHT)
J3 - 43. Time from Bloodspot Report to Specialist Appointment (CHT)
J3 - 44. Diagnostic Test (CHT)
E4. Caesarean Section

E4-A. AT START

Indication - See Birth & Baby Section.
If Multiple Birth, Indication for Caesarean of Last Baby

E4-B. CAESAREAN SURGERY

- Dilatation of Cervix at the time of the Caesarean
- Type of Skin Incision
- If Previous Caesarean, Comment on Adhesions
- If Previous Caesarean, State of Scar Tissue
- Type of Uterine Incision
- Thickness of Lower Segment
- Uterine Shape & Cavity
- Mother Sterilised at Caesarean
  - Method of Sterilisation at Caesarean
  - Ovaries
- Other Intra-Abdominal Organs & Tissues
- Hysterectomy at Caesarean
- Other Major Surgery
- Other Major Complications at Caesarean
- Drain(s) inserted at Caesarean
- Skin Closure Method/Materials

E4-C. POST CAESAREAN

- Recommendation for a Future Delivery
- Prophylactic Antibiotics started
- Prophylactic Heparin prescribed

J3 - 45. Diagnostic Test Date (CHT)
J3 - 46. Diagnostic Test Time (CHT)
J3 - 47. Diagnostic Test Result Date (CHT)
J3 - 48. Diagnostic Test Result Time (CHT)
J3 - 49. Time from Diagnostic Test to Result (CHT)
J3 - 50. Diagnosis (CHT)
J3 - 51. Diagnosis Date (CHT)
J3 - 52. Treatment Start Date (CHT)
J3 - 53. Time to Start Treatment (CHT)

J4 - 1. Screening (6-8 wk Physical Examination)
J4 - 2. Screening Date (6-8 wk Physical Examination)
J4 - 3. Screening Status (6-8 wk Physical Examination)
J4 - 4. Age at 6-8 wk Physical Examination
J4 - 5. Gestation Age at 6-8 wk Physical Examination
J4 - 6. 6-8 week Physical Examination (DDH)
J4 - 7. 6-8 week Physical Examination (Cardiac)
J4 - 8. 6-8 week Physical Examination (Vision)
J4 - 9. 6-8 week Physical Examination (Cryptorchidism)
J4 - 10. 6-8 week Physical Examination (General)

J5 - 1. Screening (Newborn Hearing)
J5 - 2. Screening Date (Newborn Hearing)
J5 - 3. Screening Time (Newborn Hearing)
J5 - 4. Screening Status (Newborn Hearing)
J5 - 5. Age at Newborn Hearing Screening
J5 - 6. Gestational Age at Newborn Hearing Screening
J5 - 7. Screening Result Newborn Hearing Screening

K - 1. Date of Death (Baby 1)
K - 2. Time of Death (Baby 1)
K - 3. Death Type (Baby 1)
K - 4. Cause of Death (Baby 1)
K - 5. Autopsy
K - 6. Autopsy Date

L - 1. Referral Date (Psychiatric Assessment)
L - 2. Referral Request (Psychiatric Assessment)
L - 3. Admission (Mental Health)
L - 4. Referral Request (Other Agency)
L - 5. Referral Date (Other Agency)
L - 6. Referral Reason (Other Agency)
L - 7. Antenatal Appointment (Specialist)
L - 8. Antenatal Appointment Date (Specialist)
Logical Priority

5. Retrospective of the whole of this Birth Event
ONCE ONLY even if she has multiple births Data entered after the (last) birth.

E5-A. DATE AND TIME OF (FIRST) BIRTH
Date of Birth Event (= Date of First Birth)
Time of Birth Event (= Time of First Birth)
Date of Start of Third Stage (= Date of Last Birth)
Time of Start of Third Stage (= Time of Last Birth)

Mother's Age at time of this Birth Event
Gestation (Best Pre-Birth Estimate - Based on Final Due Date & Date of Last Birth)

E5-B. THIRD STAGE
Medications used to assist Third Stage
Management of Third Stage (in Retained Placenta/ERPOC)
Completeness of Placenta
Completeness of Membranes
End of third stage (Date)
End of Third Stage (Time)
Duration of Third Stage

E5-C. DURATION OF LABOUR
Total Duration of Labour (Professional Definition, includes 3rd Stage)
Time in Labour (Lay Definition, not including 3rd Stage)

E5-D. IF SECOND STAGE AND PERINEAL/VAGINAL/LABIAL DAMAGE
Episiotomy performed
Any (further) Perineal Damage
Other or Further Birth Canal or Labial Damage?
  Vaginal Tear
  Labial Tear
  Cervical Tear
Any Vaginal / Perineal /Cervical / Labial Suturing?
What Suture Material used for Perineum

...
E9. Before leaving Labour Ward - Mother

E9-A. HAEMORRHAGE-RELATED QUESTIONS
WHILE STILL ON LABOUR WARD / EARLY POST PARTUM
Significant Early Post-Partum Haemorrhage

IntraPartum Haemorrhage (Abruptio/Placenta Praevia/Unknown Cause)
   Abruptio
   Placenta Praevia
Estimate of Blood Loss while still in the Place of Birth
Blood taken for Laboratory Testing before leaving Delivery Suite
Blood Transfusion given (or arranged) in Delivery Suite

E9-B. MOTHERS INTRAPARTUM OR EARLY POSTPARTUM PROBLEMS
Other IntraPartum or Early Postpartum Problems while still in Labour Ward
   Severe Maternal Hypertension – Fulminating PET
   Uterine Rupture

E9-E. SPECIAL FEATURES
Life/Health Threatening Events - Mother
Life/Health Threatening Events - Baby(ies)

E9-F. TRANSFER FROM LABOUR WARD
Date of Leaving Delivery Suite
Post Delivery Transfer to
M. MOTHERHOOD - POSTNATAL

M1. On Arrival in Post-Natal Ward - Mother

M1-A. ADMINISTRATIVE

Mother’s Admission to Post Natal Ward (Date)

M2. Events from Admission for Birth to Post-Natal Discharge - Mother

Probably only entered on Computer at the Time of Mother’s Discharge

M2-A. SERIOUS INTRA PARTUM AND POST PARTUM PROBLEMS

Any Significant Intra-Partum or Post-Partum Problems

Possibly PET Related Problems

- Severe Gestational Proteinuric Hypertension (PET)
- Post Partum Hypertension, after leaving labour ward
- Epileptiform Fit – including Eclampsia
- Coma
- Clotting Defect
- Platelets < 50,000 /uL
- Elevated Liver Enzymes

Any (other) Haemorrhage Related Problems

- Late Post Partum Haemorrhage
- Post-Natal Blood Transfusion given
- ERPC performed
- Post-Natal Infection Problems
  ...
- Amniotic Fluid Embolism
- Major Surgery other than Caesarean
  - Hysterectomy
  - Other Major Surgery (Not Hysterectomy or C/S)
  - DVT / Pulmonary Embolic Problem - Post Partum
  ...
- Cardio-Pulmonary Arrest
- Psychotic or Severe Post-Partum Mental Health Disorder
  ...
- Other significant Post-Partum problems

M2-B. CLINICAL OBSERVATIONS / PROBLEMS

- Uterine Involution
- Urinary Incontinence
- Fecal Incontinence
Logical Priority

M2-C. TESTS
Most Recent Postpartum Haemoglobin

M2-D. INJECTIONS
Rubella Vaccination given
Anti-D given

M2-E. SPECIAL ADMISSIONS DURING BIRTH EVENT ADMISSION
Admission to ICU during Birth Admission Episode (Date)
  Indication for Admission to Intensive Care Unit
Admission to HDU during Birth Admission Episode (Date)
  Indication for Admission to High Dependency Unit

M3. At the Time of Post-Natal Discharge - Mother

M3-A. ADMINISTRATIVE
Mother’s Discharge from Post Natal Ward (Date)
Number of Days as a Post Natal In-patient (Mother)
Going Home to own Home address (Y/N)
  Going Home to - Address 1-5
  Going Home to - Telephone Number

M3-B. PERINEUM, BREASTS AND MIDWIFERY MESSAGES
Perineal Problems
Feeding Method at Discharge
Breast Problems
Clips or Non-Absorbable Sutures Removed

M3-C. MEDICATION AND FAMILY PLANNING
Take Home Medications
Family Planning discussed
  Contraception: Intended Method after Delivery

M3-E. OTHER FOLLOW UP
Place for main Post-Natal check (Mother)
Any Specialised Post-Natal Follow-up (Gynae Clinic etc)
  Post-Natal Gynaecology Appointment Arranged
  Post-Natal Medical Appointment Arranged
  Any other Post-Natal Appointment (Mother)

M4-C. AFTER POST-NATAL DISCHARGE
  ...
B. BIRTH AND BABY  Repeated if Multiple Births

B1. Birth
Birth Number of this Baby

B1-A. DATE AND TIME OF BIRTH
Birth of this Baby (or Fetus) - Date
Birth of this Baby (or Fetus) - Time

B1-B. GESTATION
Gestation (Best Pre-Birth Estimate)
   Post-Term Birth
   Pre-Term Birth
      If Pre-Term, Steroids given
Corrected Age of Baby

B1-C. ACTUAL PLACE OF BIRTH
Place of Birth - NAME OF INSTITUTION or “Home” (Actual Place of Birth)
Place of Birth - ADDRESS 1-5 (Actual Place of Birth)
Place of Birth - Trust CODE (or a Code denoting a “Domestic Address”)
   (Actual Place of Birth)
Place of Birth - Institution CODE (or a Code denoting a “Domestic Address”)
   (Actual Place of Birth)
Place of Birth - RESPONSIBILITY for Cover (Actual Place of Birth)

B1-D. IF CONSULTANT RESPONSIBLE FOR COVER
Place of Birth - NAME OF (BACKUP) CONSULTANT (Actual Place of Birth)

B1-G. PRESENTATION
Lie / Presentation just before Birth
Presentation at Birth

B1-H. OUTCOME
Outcome of Birth (Live or Stillbirth)
Logical Priority

B1-I. REGISTRATION
Sex of Baby for (provisional) Registration
Baby’s Surname
Baby’s First Name
NHS Number (Baby)
Hospital or District or Unit or other Local Number (Baby)
Post Code - of Mother at time of Birth Event
Health District of Residence
Code for Health Authority of Residence of Mother at Date of giving Birth
Code for Relevant Registrar of Births, Deaths & Marriages
Child Health Organisation Code

Notifying Person: Surname
Notifying Person: First Forename

Baby’s Ethnic Group

B2. Method of Birth

B2-A. ROUTE AND METHOD OF BIRTH
Route of Birth (Vaginal or Caesarean)

B2-C. IF CEPHALIC JUST BEFORE BIRTH AND VAGINAL BIRTH
Method of Birth

Were there Problems with the delivery of the shoulders

B2-G. IF VAGINAL BREECH BIRTH
Method of Birth

B2-H. IF CAESAREAN BIRTH
Urgency of Caesarean

CAESAREAN SECTION INDICATION(S)
If multiple Birth, Indications and Main Reason for the C/S the same as for Baby 1
Factors in Decision to do a Caesarean

FETAL FACTORS
Breech Presentation
Malpresentation
Unstable Lie
Multiple Pregnancy
Concern regarding Suspicious or Pathological CTG
Low Fetal Hydrogen ion concentration (previous called pH)
Other reason for Fetal Compromise concern
Growth Retardation (IUGR) concern
Cord Prolapse
Chorioamnionitis
Other Fetal Indication

MATERNAL FACTORS
Placenta praevia, actively bleeding
Placenta praevia, not actively bleeding
APH / Intrapartum haemorrhage
Placental Abruption
Pre-eclampsia / Eclampsia / HELLP
Maternal medical disease
Failure to progress (induction / labour)
Previous Caesarean Section
Logical Priority

Uterine Rupture
Previous Poor Obstetric Outcome
Previous traumatic vaginal delivery (Physical)
Previous traumatic vaginal delivery (Emotional)
Previous Infertility Problem
Maternal Request
Other Maternal Indication

Which factor above is probably the best “Main Reason” for the Caesarean
B3. Labour

B3-A. FETAL MONITORING. POSSIBLE COMPROMISE

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Concern over Fetal Distress during Labour (regarding this baby)
Prolapse or Presentation of the Cord (this baby)

B3-B. LABOUR TIMINGS

Was there a Second Stage

Best Estimate of the Onset of the Second Stage (Date)
Best Estimate of the Onset of the Second Stage (Time)

Duration of First Stage (for this Baby)

Prolonged First Stage (for this Baby)

Duration of Second Stage (for this Baby)

Prolonged Second Stage

B5. Membranes and Liquor

B5-A. RUPTURE OF MEMBRANES

Rupture of Membranes (Date)
Rupture of Membranes (Time)

Liquor Loss before Onset of Labour
Membrane Rupture / Birth Interval

Prolonged Rupture of Membranes
Prephylactic Antibiotics given during Labour
Gestation at Rupture of Membranes

Pre-Term Rupture of Membranes

B5-B. LIQUOR

Quantity of Liquor
Meconium in Liquor

Condition of Liquor (Possible/Probable Infection)
B7. Professional Staff at Birth

B7-A. WHO ‘DID’ THE DELIVERY

Profession of Person who ‘did’ the Delivery
Person who ‘did’ the Delivery (Name)
Person who ‘did’ the Delivery (Grade)
Person who ‘did’ the Delivery (Governance Code)

IF LOCUM, BANK, NEW STAFF, TEMPORARY TRAINEE, OTHER ‘DID’ THE DELIVERY

Locum, Bank, New Staff, Temporary Trainee, Other (Name)
Locum, Bank, New Staff, Other (Seniority)
Locum, Bank, New Staff, Other (Governance Code)

B7-B. SUPERVISION

Was the Person “Doing/Attending” the Delivery Supervised?

Profession of Supervisor
Person supervising the Delivery (Name)
Person supervising the Delivery (Grade/Seniority)

IF LOCUM, BANK, NEW STAFF, TEMPORARY TRAINEE, OTHER WHO SUPERVISED

Locum, Bank, New Staff, Temporary Trainee, Other (Name)
Locum, Bank, New Staff, Other (Seniority)
Locum, Bank, New Staff, Other (Governance Code)

B8. Baby (including Resuscitation)

B8-A. RESUSCITATION

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Type of Resuscitation
Type of Basic Resuscitation
Type of IPPV
Chest Compression
Drugs given for Resuscitation
Adrenaline
Sodium Bicarbonate
Volume of iv fluids
Glucose
Other Drugs for Resuscitation (Specify)

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B8-B. RESUSCITATION OF BABY AT BIRTH
Paediatric Consultant (normally the one on duty?)

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B8-C. APGARS ETC
Apgar Score at 1 minute  
Apgar Score at 5 minutes  
---  
Duration from Birth until Heart Rate > 100 bpm  

**B. Baby Care & Observations**  

**B9-A. VITAMIN K**  
Vitamin K (Konakion) given / not given  
   Route of Vitamin K  
   Dose of Vitamin K  

**B9-C. INITIAL MEASUREMENTS**  
Birth Weight (Gms)  
Calculated Centile Weight for Gestation  
   Below 10th centile weight for gestation  
   Above 10th centile weight for gestation  
Length of Baby at Birth  
Ponderal Index of Baby at Birth?  
Head Circumference at Birth  
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B9-E. CONGENITAL ANOMALIES ON SIMPLE INSPECTION AT DELIVERY

Notifiable Congenital Anomaly(ies) apparent on Inspection at delivery

- Possible Down’s Syndrome
- Possible Neural Tube Defect
- Absent Digits
- Hare Lip
- Definite or Possible Cleft Palate

B9-F. CORD OBSERVATIONS

Number of Cord Vessels

B9-G. PLACENTA

Placenta Weight
  Baby / Placenta Ratio

Placenta Investigation or Comments about Appearance
  Placental Infarction
  Possible Placental Abruptio
  Possible Molar Changes
  Other Comments on Placenta
  Placental Bacteriology Requested
  Placental Histopathology Requested

B10. Before and when leaving Labour Ward - Baby

Transfer from Place of Birth to
N. NEWBORN BABY

N1. On Arrival in Post-Natal Ward - Baby

N1-A. ADMINISTRATION
Date of Admission to Post Natal Ward (Baby)

N1-B. FINAL DECISION ON SEX OF BABY (ONLY IF PREVIOUS DOUBT)
Final Decision on Sex of Baby

N2. Birth to Post-Natal Discharge - Baby

N2-A. INITIAL OBSERVATIONS
Urine passed
Meconium passed
   Age Meconium passed in Hours

N2-B. CONGENITAL ANOMALIES CONFIRMED ON EXAMINATION OR TESTING
Any Possibly Notifiable Congenital Diseases or Anomalies on Examination
   Down’s Syndrome
   Neural Tube Defect
   Absent Digit(s)
   Hare Lip
   Cleft Palate
   Other (Free Text)
   Free Text Description
Logical Priority

N2-G. STANDARD ESSENTIAL EXAMINATION

Any Other Problems noted on Examination (Possible / Probable / Definite)
(In addition to any notifiable congenital anomalies already entered on the computer)

- Palate Problem (Possible / Probable / Definite)
- Heart Problems (Possible / Probable / Definite)
- Femoral Pulse Problems (Possible / Probable / Definite)
- Eye Problems (Possible / Probable / Definite)
- Descent of Testes Problem
  - Descent of LEFT Testis Problem (Possible / Probable / Definite)
  - Descent of RIGHT Testis Problem (Possible / Probable / Definite)
- Any (other) Genital Problems (Possible / Probable / Definite)
  - Examination of LEFT Hip
  - Examination of RIGHT Hip
- Any (other) Problem(s)

N2-D. TESTS/INVESTIGATIONS

- Heel Stab (Guthrie or Equivalent) Test Done / Not Done
  - Result of Heel Stab Test

- Jaundice (Bilirubin) Blood Test Done / Not done
  - Highest Recorded Result of Bilirubin Blood Test

IF HEARING RISK (or ALL BABIES?)

- Audiology Test done / Not done
  - Result of Audiology Test

IF HIP PROBLEM RISK (or ALL BABIES?)

- Hip Scan done / Not done
  - Result of Hip Scan

E. MEDICATIONS / INJECTIONS - BABY

- Antibiotics given / not given
  - Which Antibiotics given

IF HEPATITIS B RISK IDENTIFIED

- Hepatitis B Vaccine given / not given

IF TB RISK IDENTIFIED

- BCG injection given / not given

N2-F. MAJOR POST-NATAL PROBLEMS WITH BABY

- Any Important Post-Natal Problems with Baby
  - Acidaemia
  - Hypotension
  - Early Neonatal Encephalopathy
  - Hypoglycaemia
    - Lowest Recorded Blood Sugar
  - Infection Proven and Treated
  - Prophylactic Antibiotics (No proven infection)?
  - Respiratory Distress
    - Required Assisted Ventilation after Resuscitation?
    - Required I/V support (not nutrition)?
    - Seizures within the first 48 hours. Coma / Shock
Required Tube Feeding?
Required Parenteral Nutrition?
Birth Trauma?
  Fractures
  Cuts from Surgical Procedures
  Serious Bruising
  Heat Effects
  Pressure Effects
  Tissued Intravenous Infusion Effects
  Vascular Accidents
  Superficial Skin Trauma
  Cephalhaematoma
Other Major Post-Natal Problems - Baby?
Logical Priority

N3. At the Time of the Post-Natal Discharge from Maternity Department - Baby

N3-A. ADMINISTRATIVE

Admission to SCBU from Post-Natal Ward
  Indication for Admission from Postnatal Ward to SCBU
  Date of Post-Natal Discharge from Hospital or Death (Baby)

  Number of Days as Post-Natal In-Patient (Baby)
  This Baby being discharged with Mother
  Did not go home with mother because
  Baby being discharged to Mother’s Address
  Baby’s Discharge Address 1-5 (If not Mother’s PAS Address)
  Baby’s Discharge Post Code (Not Mother’s)

Parenting Intention

N3-B. BABY’S FEEDING AND WEIGHT

Method of Feeding at Hospital Discharge (Baby)
  Hospital Discharge Weight (Gms)

  Change in Weight since Birth

N3-C. PROBLEMS WITH BABY AT DISCHARGE FROM INSTITUTION

Any Significant Problems with Baby at Discharge
  Irritability
  Confirmed Infection
  Jaundice
  Severe Nappy Rash
  Other Rash
  Constipation
  Other Problem(s)

N3-D. FOLLOW-UP

Main Follow-up Arrangement (Baby)
  Other Specialist Medical Referral(s) made
    Audiologist
    Orthopaedic Surgeon
    Plastic Surgeon
    Other Referral
C. NEONATAL SPECIAL CARE

C1. On Admission to Neonatal Care Facility

C1-A. ADMINISTRATIVE

Case Identifier (Patient ID)
Name of this Neonatal Care Facility
Code of this Neonatal Care Facility
Episode (Admission or Readmission)
Admission Date

Reason for Admission for Neonatal Care

C1-B. MEDICAL ITEMS

Antenatal Steroids to Mother

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C2. Neonatal Care Events from Admission to Discharge

C2-A. INFECTIONS

Any Significant Infection
  - Necrotising Enterocolitis
  - Positive Blood Culture (Y/N/?)
  - Positive CSF Culture (Y/N/?)
  - Positive Urine Culture (Y/N/?)
  - Other Significant Infections

C2-B. RETINOPATHY OF PREMATURITY (R.O.P.)

R.O.P. Screening Examination
  - R.O.P. Staging (Worst)
  - R.O.P. Therapy

C2-C. OTHER MEDICAL PROBLEMS.

Encephalopathy

Pneumothorax

Air Leak requiring drainage
C2-D ULTRASOUND SCANS
Cranial Ultrasound done
Cranial Ultrasound Findings (worst)
  Maximum changes of Intra-Ventricular Haemorrhage on Scan (IVH)
  Ventricular Size
  Parenchymal Lesions
  Cystic Leukomalacia

C2-F TREATMENT
Mode of Ventilation
  Nitric Oxide
  ECMO
  Surfactant given

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Chest Drain
Needle Drainage
Steroids for Chronic Lung Disease (C.L.D.)
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C3. At time of Death/Discharge from Neonatal Care Facility
C3-A ADMINISTRATION
  Death, or Discharged/Transfer Destination
  Date of Discharge/Transfer or Death
  Reason for Discharge / Transfer
C3-B OXYGEN THERAPY
  On Added Oxygen at Discharge
C3-D BABY
  At Discharge, Age in Months and Days since Birth
  Corrected Age at Discharge
  Neonatal Care Facility Follow-up Arrangements
    Timing of Neonatal Care Follow-up
  Neonatal Care Discharge Letter Free Text Message
O. OBSTETRIC ANAESTHESIA

01. Previous Anesthetic Problems

01-A. PROBLEMS SPECIFIC TO ANAESTHESIA

Previous Problems Specific to Anaesthesia
- Accidental Dural Puncture
- Awareness or Recall under GA
- Aspiration of Gastric Contents
- Excessively High Regional Block (including Total Spinal)
- Failed Intubation
- Failed Regional Anaesthesia (including Conversion to General Anaesthesia)
- Cholinesterase Deficiency
- Malignant Hyperpyrexia
- Pain during Regional Anaesthetic Caesarean Section
- Local Anaesthetic Toxicity
- Neurological Deficit following Anaesthesia
- Post Dural Puncture Headache
- Anaesthetic Hypotension >20mm Hg decrease in systolic
- Anaesthetic Hypoxia
- Anaesthetic Urinary Retention
- Other Serious Anaesthetic Problem

01-B. PROBLEMS NOT SPECIFIC TO ANAESTHESIA

Anaphylaxis
- Cardio-Pulmonary Arrest
- Unexpected HDU Admission ever
- Unexpected ITU Admission ever O Haeorrhage (more than 500 mls at any time)

03. Simple Pain Relief in Labour

03. Anesthetic Involvement in Labour Pain Relief

03-A. ANAESTHETIC INVOLVEMENT IN LABOUR PAIN RELIEF

Anaesthetist(s) involved in providing Relief for Labour Pain
- Regional Analgesia for Labour Pain given
- Type of Regional Analgesia for Labour given or attempted
  - Type of Epidural for Labour given or attempted
- Main Medical Indication for Regional Analgesia in Labour
O4. Analgesia/Anaesthesia for Birth

O4-A. ANALGESIA/ANAESTHESIA FOR THE BIRTH EVENT

Most Significant Type of Birth Analgesia / Anaesthesia for Mother

O4-C. IF A REGIONAL BLOCK FOR BIRTH

Reasons for Regional Block for Birth

O4-D. IF GENERAL ANAESTHESIA FOR BIRTH

Reasons for General Anaesthesia for Birth

O. Analgesia/Anaesthesia Post-Delivery

Anaesthesia / Analgesia for Immediate Post-Delivery Problems

Method of Post Labour Analgesia / Anaesthesia

(Separate from Birth Analgesia / Anaesthesia)

O6. Anaesthesia / Analgesia Retrospective

O6-A. IF ANY FORM OF REGIONAL ANALGESIA (Epidural / Caudal / Spinal)

Any Serious Problems with Regional Analgesia?

Accidental Dural Puncture?

Post Dural Puncture Headache?

Epidural Blood Patch performed or attempted?

Excessively High Regional Block?

Local Anaesthetic Toxicity?

Backache following Regional Anaesthesia?

Neurological Deficit?

Anaesthesia Induced Urinary Retention?

Other serious complications with Regional Analgesia?

O7. Anaesthesia / Analgesia Quality and Follow-Up

Mother assessed by Anaesthetist before Discharge?

Anaesthetic Post-Natal Follow-Up needed?

Anaesthetic Postnatal Follow-Up Appointment arranged?
Logical Priority

S. STILLBIRTHS and NEONATAL or MATERNAL DEATHS

S1. Stillbirth or Neonatal Death

S1-A. POSSIBLE POST-MORTEM

Stillbirth or Death of a Neonate?

Post-Mortem/Pathology Consent Decision (Baby)?

Post-Mortem Arrangements - Baby?

Post Mortem Performed and Result available?

S1-B. IF STILLBIRTH

Cause for Stillbirth (As in Stillbirth Certificate)?

Cause for Stillbirth (Final Opinion)?

S1-C. IF NEONATAL DEATH

Death of Baby (Date)?

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Age at Death - Baby (Weeks and Days)?

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Weight of Baby at Death (Grams)

Cause of Death of Neonate (As on Birth Certificate)?

Cause of Death of Neonate (Final Opinion)?

S1-D. CLASSIFICATION

Neonatal Death (First Month)?

Early Neonatal Death (First Week)?

Late Neonatal Death (First Week)?

Perinatal Death (Y/N)?
Logical Priority

2. Maternal Death

2.A. MATERNAL DEATH
Maternal Death?

2.B. DATES
Death of Mother (Date)?

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Pregnant or Post Delivery Maternal Death?

2.C. IF DEATH WHILE STILL PREGNANT
Final Probable Due Date?
Gestation at time of Death?

2.D. IF DEATH POST DELIVERY
Number of Weeks and Days Post-Natal?

2.E. CAUSE OF DEATH
Reason for Death - Mother (As on Birth Certificate)?
Reason for Death - Mother (Final Opinion)?

P. PREGNANCY OBSTETRIC HISTORY (POH)

P1. Total Number of Previous Pregnancies
Total Number of Past Pregnancies (Not fetuses or babies) of any kind?

P2. For Each Individual Past Pregnancies

P2.A. BASIC DATA ABOUT EACH PREGNANCY
Pregnancy Number?
Year (not Date) of giving Birth or other End of this Pregnancy?
Gestation at End of this Pregnancy?
Type of Ending for this Pregnancy?
Place where this baby was born, or this pregnancy ended?

P2.B. IF TERMINATION OF THIS PREGNANCY
If Termination of Pregnancy, Reason or Indication?
If for Severe Fetal Anomaly, Description?

P2.C. PREGNANCY PROBLEMS IN THIS PREVIOUS PREGNANCY
Any Serious Ante-natal Problems in this pregnancy?

P2.D. LABOUR IN THIS PREVIOUS PREGNANCY
No Labour or Type of Onset of Labour?

IF LABOUR

Augmentation?
Regional Analgesia for Labour?
Duration of Labour?

P2.E. BIRTH EVENT IN THIS PREVIOUS PREGNANCY
General Anaesthesia or Regional Anaesthesia/Analgesia for the Birth Event?
Number of Registrable Babies Born?
Any Serious Labour or Birth Event Problem(s) in this pregnancy?

P2.F. BIRTH OF EACH BABY
First Name?
Method of Birth

If for Assisted Birth, Reason?
If Caesarean Section, Comments Regarding Future Deliveries?
Outcome (Livebirth/Stillbirth)?
If for Stillbirth, Reason?
Sex
Birth Weight?

Weight Centile (using all relevant and available data)?
Logical Priority

P2-G. MOTHER AFTER GIVING BIRTH
Perineum, Third Stage, Puerperium?
Any other Post-Natal Problems in this Previous Pregnancy?

P2-H. EACH CHILD
Any Major Congenital Anomalies?
Fetal Life-Threatening Complication not included above?
Main Method of Feeding?
Duration of Breast Feeding?
Present State?
If Dead: Age at Death?
Cause of Death?

P3. Regarding any Previous Pregnancy

P3-A. OTHER PROBLEMS IN ANY PREVIOUS PREGNANCY
Pregnancy Related Mental Disturbance requiring supervised Care?
Hydatidiform _Mole (Any Previous Pregnancy, Any Gestation)?
Any Other Serious Antenatal Problems in any Previous Pregnancy?
Prolonged Serious Vomiting Problem (Any Previous Pregnancy)?
Gestational Diabetes Problem (Any Previous Pregnancy)?
Severe Proteinuric Gestational Hypertension (PET) (Any Previous Pregnancy)?
Fits of any kind (Any Previous Pregnancy)?
Serious Ante-Partum Haemorrhage (Any Previous Pregnancy)?
Cervical Suture any kind (Any Previous Pregnancy)?
Any other Serious Problems (Any Previous Pregnancy)?

P4. Obstetric Numbers (All Computer Generated)

P4-A. REGISTERABLE PREGNANCIES
Total Number of Registrable Pregnancies (= Birth Events not Babies)?
Total Number of Registrable Livebirths?
Total Number of Registrable Stillbirths?
Total Number of her Children who have Died?
Total Number of Neonatal Deaths?
Total Number of her Children Living Now?
Total Number of Previous Caesarean(s)?

P4-B. NON-REGISTERABLE PREGNANCIES (TOTALS)
Total Number of Non-Registrable Pregnancies?
Total Number of Spontaneous Miscarriages?
Total Number of Induced Terminations?

P4-C. PREGNANCIES BY GESTATION NOT REGISTRATION
Total No of Pregnancies ending before 12 wks?
Spontaneous Miscarriages (Before 12 wks)?
Induced Terminations (Before 12 wks)?
Number of Pregnancies ending between 12 and 24 wks?
Spontaneous Miscarriages (12 and 24 wks)?
Induced Terminations (12 and 24 wks)?
Induced Terminations (24 wks or more)?
   By Hysterotomy?

P4-D. PREGNANCIES BY PATHOLOGY

Ectopics?
Hydatidiform_Mole (No viable Fetus/Neonate)?
Hydatidiform_Molar Tissue found in Placenta with viable Fetus/Neonate?

X. HEALTH CARE WORKERS

X3. Dataset required for a Health Care Workers Database

0. Trust Staff?

X1. UNIQUE TO EACH INDIVIDUAL

1A Type of Occupation/Professional Group?
1B Surname/Family Name?
1C First Forename?
1D Second Forename?
1E Initials?
1F Personal Governance Code of some sort. (e.g. GMC number)?
1G Work Phone Number?
1H Mobile Phone Number?
1I Current Grade or Seniority?
1J Qualifications?
1K C.C.S.T. Holder (Certificate of Completion of Specialist Training)?
   In which Specialty?
1L Sub-Specialty Training Certificate Holder?
   In which Specialty?
1M Intensive Short Course Certificates?

X2. COLLECTIVE DATA

2A Base Address of Employer?
2B Base Postcode of Employer?
2C Code for Base Premises of Employer?
2D Switchboard Telephone Number (Public Access) of Employer?
2E Telephone Number (Restricted)

G. GENERIC ITEMS