

National Maternity Services Dataset; simplified for clinicians.

This version uses the exact text found in the Excel File entitled
“NMSDPhase1_v3-1.3.xls” Accessed on 15 February 2011

On the first page of the latest Excel file [Click here](#)
it says “Total Data Items proposed for Phase 1 v3.7 - 151”
That Excel file does indeed have what NMSD chooses to call “Data Items”;
but many of these involve what anyone else would call multiple Questions;
and the associated “NMSD2011Plus.pdf” [Click here](#)
file allows a simple calculation that the Information Centre’s current (February 2011) proposals
will require all maternity hospitals to provide
what often seems an arbitrary selection of **350** potentially analysable items of electronic data!

In his own time and at his own expense
the exact NMSD text has been copied directly from the current NMSD database
into more readable word-processed document
to make it easier for midwives and doctors to understand

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

1. Mother's Demographics

1a. NHS Number-Mother?

1b. NHS Number Status Indicator (Mother)?

01	Number present and verified
02	Number present but not traced
03	Trace required
04	Trace attempted - No match or multiple match found
05	Trace needs to be resolved - (NHS Number or patient detail conflict)
06	Trace in progress
07	Number not present and trace not required

1c. Person Birth Date (Mother)?

Date

1d. Ethnic Category (Mother)?

White	
A	White British
B	White Irish
C	Other White
Mixed	
D	White and Black Caribbean
E	White and Black African
F	White Asian
G	Other Mixed
Asian or Asian British	
H	Indian
J	Pakistani
K	Bangladeshi
L	Other Asia
Black or Black British	
M	Caribbean
N	African
P	Any African background
Other Ethnic Groups	
R	Chinese
S	Any other ethnic group
Z	Not Stated (Person asked but declined to provide a response)
99	Not known

1e. Local Patient Identifier (Mother)?

1f. Organisation Code Local Patient Identifier (Mother)?

2. Mother's Postcode

2a. Post Code of usual Address (Mother)?

3. Mother's GP Code

3a. Organisation Code (GMP Practice of Mother)?

V8 1997	No Registered General Practitioner
V81998	General Practitioner Practice Code not applicable
V81999	General Practice Code not known

4. Mother's Booking Appointment

4a. Physical Disability Status Indicator (Mother at Booking)?

Yes/No

4b. First Language English Indicator (Mother at Booking)?

Y Yes
N No

4c. Employment Status (Mother at Booking)?

- 01. Employed
- 02. Unemployed and seeking work
- 03. Students who are undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) education or training and who are not working or actively seeking work
- 04. Long-term sick or disabled, those who are receiving Incapacity Benefit, Income Support or both
- 05. Homemaker looking after the family or home and who are not working or actively seeking work
- 06. Not receiving benefits and who are not working or actively seeking work
- 07. Unpaid voluntary work who are not working or actively seeking work
- 08. Retired
- UU Unknown (Person asked but does not know or is unsure)
- ZZ Not Stated (Person asked but declined to provide a response)

4d. Support Status (Mother at Booking)?

- Y. Yes
- N. No
- Z. Not Stated (Person asked but declined to provide a response)

5. Partner's Demographics at Booking

5a. Employment Status (Partner at Booking)?

- 01. Employed
- 02. Unemployed and seeking work
- 03. Students who are undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) education or training and who are not working or actively seeking work
- 04. Long-term sick or disabled, those who are receiving Incapacity Benefit, Income Support or both
- 05. Homemaker looking after the family or home and who are not working or actively seeking work
- 06. Not receiving benefits and who are not working or actively seeking work
- 07. Unpaid voluntary work who are not working or actively seeking work
- 08. Retired
- UU Unknown (Person asked but does not know or is unsure)
- ZZ Not Stated (Person asked but declined to provide a response)

6. Previous Pregnancies

6a. Pregnancy Previous Caesarean Sections?

6b. Pregnancy Total Previous Live Births?

6c. Pregnancy Total Previous Stillbirths?

6d. Pregnancy Total Previous Losses less than 24 weeks?

7. Pregnancy

7a. Pregnancy First Contact Date?

Date

7b. Care Professional Type Code (Pregnancy First Contact)?

060 *Consultant*
160 *General Medical Practitioner*
170 *Midwife*
XXX *Other*

7c. Last Menstrual Period Date?

Date

7d. Appointment Date (Formal Antenatal Booking)?

Date

7e. Estimated Date of Delivery (Agreed)?

Date

7f. Estimated Date of Delivery Method (Agreed)?

01 *Last Menstrual Period Date*
02 *Last Menstrual Period Date confirmed by Ultrasound Scan in Pregnancy*
03 *Ultrasound Scan in Pregnancy dating measurement*
04 *Clinical Assessment*

8. Mothers Health Observations at Booking

8a. Substance Use Status (Mother at Booking)?

01 *Currently using*
02 *Previously used*
03 *Never used*
ZZ *Not Stated (Person asked but declined to provide a response)*

8b. Smoking Status (Mother at Booking)?

01 *Current smoker*
02 *Ex-smoker - Stopped after conception*
03 *Ex-smoker - Stopped between conception and 12 months before conception*
04 *Ex-smoker - Stopped more than 12 months before conception*
05 *Non-smoker - history unknown*
06 *Never smoked*
09 *Unknown*

8c. Cigarettes per Day (Mother at Booking)?

8d. Weekly Alcohol Units (Mother at Booking)?

8e. Status of Folic Acid Supplement (Mother at Booking)?

01 *Has been taking prior to becoming pregnancy*
02 *Started taking once pregnancy confirmed*
03 *Not taking folic acid supplement*
ZZ *Not Stated (Person asked but declined to provide a response)*

8f. Mental Health Prediction and Detection Indicator (Mother at Booking)?

Yes/No

9. BMI Observation at Booking

9a. Antenatal Observation (Maternal Weight)?

9b. Antenatal Observation Type (Maternal Height)?

9c. Observation Date?

Date

10. Mother's Medical History

10a. Maternity complicating Medical Diagnosis Type (Mother at Booking)?

- 01 *Hypertension*
- 02 *Cardiac disease*
- 03 *Renal disease*
- 04 *Mental health disorder*
- 05 *Thromboembolic disorder*
- 06 *Haematological disorder*
- 07 *Central Nervous System disorder*
- 08 *Diabetes*
- 09 *Autoimmune disease*
- 10 *Cancer*
- 12 *Infectious hepatitis A*
- 13 *Serum hepatitis B*
- 14 *Hepatitis C*
- 15 *Genital herpes*
- 16 *Endocrine disorder*
- 17 *Respiratory disease*
- 18 *Gastrointestinal disorder*
- 19 *Musculoskeletal disorder*
- 20 *Gynaecological problems*

11. Mother's Sexually Transmitted Infections History

11a. Maternity Complicating Sexually Transmitted Infection Diagnosis (Mother at Booking)?

- 11 *Human Immunodeficiency Virus (HIV)*
- 12 *Genital Herpes*

12. Mother's Previous Pregnancies Obstetric Diagnosis

12a. Maternity complicating Obstetric Diagnosis Type (Mother at Booking)?

- 01 *Severe pre-eclampsia*
- 02 *Haemolytic anaemia, Elevated Liver enzymes and Low Platelet count (HELLP)*
- 03 *Eclampsia*
- 04 *Liver cholestasis of pregnancy*
- 05 *Gestational diabetes mellitus*
- 06 *Gestational hypertension*
- 07 *Gestational oedema*
- 08 *Gestational proteinuria*
- 09 *Antepartum haemorrhage*
- 10 *Postpartum haemorrhage - requiring additional treatment or transfusion*
- 11 *Feto-maternal haemorrhage*
- 12 *Ante/postpartum thromboembolic disorder*
- 13 *Placental Abruption*
- 14 *Uterine rupture*
- 15 *Retained placental requiring manual removal in theatre*
- 16 *Caesarean Section*
- 17 *Extensive vaginal, cervical or perineal trauma (including third and fourth degree perineal tears)*

13. Family History

13a. Maternity Family History Diagnosis Type (At Booking)?

- 01 *Congenital disorders*
- 02 *Diabetes*
- 03 *Inherited disorders*
- 04 *Haematological disorders*
- 05 *Hypertensive disorders*
- 06 *Mental health disorders*
- 07 *Multi-fetal pregnancy (not including multi-fetal pregnancy as a result of In Vitro Fertilisation (IVF) or other assisted conception)*
- 08 *Pregnancy Induced Hypertension*
- 09 *Thrombosis*
- 10 *Tuberculosis (TB)*
- 96 *Other major condition*

14. Dating Scan

14a. Offer Status (Dating Ultrasound Scan)?

- 01 *Offered and undecided*
- 02 *Offered and declined*
- 03 *Offered and accepted*
- 04 *Not offered*
- SP *Not eligible - for stage in pregnancy*

14b. Procedure Date (Dating Ultrasound Scan)?

Date

14c. Gestation (Dating Ultrasound Scan)?

14d. Number of Fetuses (Dating Ultrasound Scan)?

14e. Abnormality detected (Dating Ultrasound Scan)?

- Yes - abnormality detected*
- No - abnormality not detected*

15. Booking ABO Blood Group

15a. Blood Test Sample Date (Mother Blood Group and Rhesus Status)?

Date

15b. Blood Group (Mother)?

- A *Blood Group A*
- B *Blood Group B*
- AB *Blood Group AB*
- O *Blood Group O*

15c. Rhesus Group (Mother)?

- PQS *RhD-positive*
- NEG *RhD-negative*

15d. Investigation Result (Mother Rhesus Antibodies Booking)?

- 1 *Sensitised*
- 2 *Non-sensitised*

16. Screening at Booking - Rubella Susceptibility

16a. Offer Status (Screening Mother Rubella Susceptibility)?

- 01 Offered and undecided
- 02 Offered and declined
- 03 Offered and accepted
- 04 Not offered

16b. Blood Test Sample - Date (Screening Mother Rubella Susceptibility)?

Date

16c. Investigation Result (Screening Mother Rubella Susceptibility)?

- 01 Rubella antibodies detected (≥ 10 IU/ml)
- 02 Rubella susceptible (< 10 IU/ml)
- 03 Test process incomplete

17. Screening at Booking - Hepatitis B

17a. Offer Status (Screening Mother Hepatitis B)?

- 01 Offered and Undecided
- 02 Offered and Declined
- 03 Offered and Accepted
- 04 Not offered (other reason)
- PN Not required - prior diagnosis

17b. Blood Test Sample Date (Screening Mother Hepatitis B)?

Date

17c. Investigation Result (Screening Mother Hepatitis B)?

- 01 Negative result
- 02 Positive result
- 03 Test process incomplete
- ZO Test not taken - decline
- PN Not required - prior diagnosis

18. Screening at Booking - Syphilis

18a. Offer Status (Screening Mother Syphilis)?

- 01 Offered and Undecided
- 02 Offered and Declined
- 03 Offered and Accepted
- 04 Not offered

18b. Blood Test Sample Date (Screening Mother Syphilis)?

Date

18c. Investigation Result (Screening Mother Syphilis)?

- 01 Negative result
- 02 Positive result
- 03 Test process incomplete
- ZO Test not taken - decline

19. Screening at Booking - HIV

19a. Offer Status (Screening Mother Human Immunodeficiency Virus)?

- 01 Offered and Undecided
- 02 Offered and Declined
- 03 Offered and Accepted
- 04 Not offered (other reason)
- PN Not required - prior diagnosis

19b. Blood Test Sample - Date (Screening Mother Human Immunodeficiency Virus)?

Date

19c. Investigation Result (Screening Mother Human Immunodeficiency Virus)?

- 01 Negative result
- 02 Positive result
- 03 Test process incomplete
- ZO Test not taken - decline
- PN Not required - prior diagnosis

20. Screening at Booking - Asymptomatic Bacteriuria

20a. Offer Status (Screening Mother Asymptomatic Bacteriuria)?

- 01 Offered and Undecided
- 02 Offered and Declined
- 03 Offered and Accepted
- 04 Not offered

21. Screening at Booking - Haemoglobinopathy

21a. Offer Status (Screening Mother Haemoglobinopathy)?

- 01 Offered and Undecided
- 02 Offered and Declined
- 03 Offered and Accepted
- 04 Not offered

21b. Blood Test Sample Date (Screening Mother Haemoglobinopathy)?

Date

21c. Investigation Result (Screening Mother Haemoglobinopathy)?

- 00 Not indicated
- 01 No abnormality detected (NAD) on screening
- 02 Non-significant carrier
- 03 Iron deficiency or possible alpha thalassaemia
- 04 Homozygote of compound heterozygote neither of genetic significance
- 05 Significant carrier
- 06 Homozygote or compound heterozygote either or both of genetic significance
- 07 Significant disorder
- 08 Repeat required
- 09 Result pending
- 10 Screening Declined

22. Maternity Care Plans

22a. Maternity Care Plan Date?

Date

22b. Maternity Care Plan Type?

03 Antenatal

04 Birth

05 Postnatal

22c. Lead Care Professional Type (Maternity)?

060 Consultant Obstetrician

160 General medical practitioner

170 Midwife

22d. Organisation Site Code (Intended Place of Delivery)?

22e. Delivery Place Type (Intended)?

0 In NHS hospital - delivery facilities associated with midwife ward

1 At a domestic address

2 In NHS hospital - delivery facilities associated with consultant ward

3 In NHS hospital - delivery facilities associated with GMP ward

4 In NHS hospital - delivery facilities associated with consultant/GMP/midwife ward inclusive of any combination of two of the professionals mentioned

5 In private hospital

6 In other hospital or institution

7 In NHS hospital - ward or unit without delivery facilities

8 None of the above

9 Not known

22f. Delivery Place Type (Intended Midwifery Unit Type)?

1 Midwife unit, co-located with Consultant obstetric unit

2 Midwife unit, co-located with other Consultant unit (theatre and anaesthetic services)

3 Midwife unit, stand alone

22g. Delivery Place Change Reason?

1 Decision made during pregnancy because of change of address

2 Decision made during pregnancy for clinical reasons

3 Decision made during pregnancy for other reasons

4 Decision made during labour for clinical reasons

5 Decision made during labour for other reasons

6 Occurred unintentionally during labour

8 Not applicable (i.e. no change)

9 Not known

23. Down's Syndrome Offer Status

23a. Maternity Screening Tests Booklet Given - Date?

Date

23b. Offer Status (Screening Downs Syndrome)?

01 Offered and Undecided

02 Offered and Declined

03 Offered and Accepted

04 Not offered

AC Alternative choice diagnostic offered

SP Not eligible - for stage of pregnancy

24. Down's Syndrome Screening Blood Sample

24a. Blood Test Sample Date (Screening Downs Syndrome)?

Date

25. Down's Syndrome Screening Result

25a. Investigation Risk Ratio Result (Screening Downs Syndrome)?

26. Fetal Anomaly Screening Test

26a. Offer Status (Ultrasound Fetal Anomaly Screening)?

01 *Offered and Undecided*

02 *Offered and Declined*

03 *Offered and Accepted*

04 *Not offered*

SP *Not eligible - for stage of pregnancy*

26b. Procedure Date Time (Ultrasound Fetal Anomaly Screening)?

Date & Time

26c. Fetal Order (Ultrasound Fetal Anomaly Screening)?

26d. Investigation Result (Ultrasound Fetal Anomaly Screening)?

01 *Anencephaly*

02 *Open spina bifida*

03 *Serious cardiac heart abnormalities*

04 *Bilateral renal agenesis*

05 *Lethal skeletal dysplasia*

06 *Trisomy 18*

07 *Trisomy 13*

08 *Diaphragmatic hernia*

09 *Exomphalos*

10 *Gastroschisis*

11 *Cleft lip*

XX *Other*

NA *No abnormality detected* 27. Antenatal Contacts

27. Antenatal Contacts

27a. Activity Date (Antenatal Appointment)?

Date

28. Medical Complications (Current Pregnancy)

28a. Maternity Medical Diagnosis Type (Current Pregnancy)?

- 01 *Rubella*
- 02 *Varicella*
- 03 *Group B streptococcus*
- 04 *Asymptomatic bacteriuria*
- 05 *Toxoplasmosis*
- 08 *Tuberculosis (TB)*
- 09 *Cytomegalovirus*
- 10 *Parvovirus*
- 11 *Malaria*
- 13 *Cardiac Disease*
- 14 *Renal Disease*
- 15 *Mental Health Disease*
- 16 *Thromboembolic disorder*
- 17 *Haematological disorder*
- 18 *Central Nervous System disorder*
- 19 *Diabetes*
- 20 *Autoimmune disease*
- 21 *Cancer*
- 22 *Infectious hepatitis A*
- 23 *Hepatitis B*
- 24 *Hepatitis C*
- 25 *Endocrine disorder*
- 26 *Respiratory disease*
- 27 *Gastrointestinal disorder*
- 28 *Musculoskeletal disorder*
- 29 *Gynaecological problems*

29. Sexually Transmitted Infections in Current Pregnancy

29a. Maternity Sexually Transmitted Infection Diagnosis (Current Pregnancy)?

- 06 *Primary Genital Herpes*
- 07 *Recurrent Genital Herpes*
- 12 *Human Immunodeficiency Virus (HIV)*

30. Obstetric Conditions in Current Pregnancy

30a. Maternity Obstetric Diagnosis Type (Current Pregnancy)?

- 01 *Severe pre-eclampsia*
- 02 *Haemolytic anaemia, Elevated Liver enzymes and Low Platelet count (HELLP)*
- 03 *Eclampsia*
- 05 *Liver cholestasis of pregnancy*
- 06 *Gestational diabetes mellitus*
- 07 *Gestational hypertension*
- 08 *Gestational proteinuria*
- 09 *Antepartum haemorrhage*
- 11 *Feto-maternal haemorrhage*
- 18 *Symphysis pubis dysfunction*
- 13 *Placenta Praevia*

31. Antenatal Admissions

31a. Start Date (Hospital Provider Spell Antenatal)?

Date

31b. Discharge Date (Hospital Provider Spell Antenatal)

Date

32. Induction & Augmentations

32a. Medical Induction of Labour Method?

- 01 *Mifepristone*
- 02 *Misoprostol*
- 03 *Prostaglandin*
- 04 *Oxytocin*
- 05 *None*

33. Oxytocin

33a. Oxytocin Administered Date Time?

Date & Time

34. Rupture of Membranes

34a. Rupture of Membranes Date Time?

Date & Time

34b. Rupture of Membranes Method

- 01 *Spontaneous*
- 02 *Artificial*
- NA *Not applicable*

34c. Artificial Rupture of Membranes Reason?

- 01 *Induction of labour*
- 02 *Augmentation of labour*
- 03 *Improved fetal assessment*

35. Birthing Event

35a. Presentation at Onset of Labour?

- 01 *Cephalic*
- 02 *Breech*
- 03 *Transverse/oblique*
- 04 *Not known*
- XX *Other35b. Onset of Established Labour (Date - Time)?*
Date & Time

35c. Onset of Second Stage Date Time?

Date & Time

35d. End of Third Stage - Date - Time?

Date & Time

35e. Delivery of Placenta Method?

- 01 *Physiological*
- 02 *Active*
- 03 *Manual Removal*

35f. Date - Time of Decision to Deliver?

Date & Time

36. Pain Relief in Labour and Delivery

36a. Pain Relief Type in Labour and Delivery?

- 01 *TENS (Transcutaneous electrical nerve stimulation)*
- 02 *Inhalational analgesia*
- 03 *Narcotics*
- 04 *Paracetamol*
- 05 *Immersion in Water*
- 06 *Complementary therapies*
- 96 *Other*
- 98 *None used*
- 99 *Not known*

37. Anaesthesia Type in Labour and Delivery

37a. Anaesthesia Type in Labour and Delivery?

- 01 *General anaesthetic*
- 02 *Epidural or caudal anaesthetic*
- 03 *Pudendal block*
- 97 *Other anaesthetic*
- 98 *No anaesthetic administered*

38. Caesarean Section

38a. Procedure Date Time (Caesarean Section)?

Date & Time

39. Maternal Critical Incidents

39a. Maternal Critical Incident?

- 01 *Undiagnosed breech*
- 02 *PPH ≥ 500 ml and ≤ 999 ml*
- 03 *PPH > 1000 ml and ≤ 1499 ml*
- 04 *PPH > 1500 ml*
- 05 *Return to theatre*
- 06 *Hysterectomy / laparotomy*
- 07 *Anaesthetic complications*
- 08 *Intensive care admission*
- 09 *Venous thromboembolism*
- 10 *Pulmonary embolism*
- 11 *Unsuccessful forceps or ventouse*

39b. Maternity Critical Incident - Date - Time?

Date & Time

40. Spontaneous Tears

40a. Traumatic Lesion of Genital Tract?

- 01 *None*
- 02 *Labial tear*
- 03 *Vaginal wall tear*
- 04 *Perineal tear - first degree*
- 05 *Perineal tear - second degree*
- 06 *Perineal tear - third degree*
- 07 *Perineal tear - fourth degree*
- 08 *Episiotomy*
- 09 *Cervical tear*
- 10 *Urethral tear*
- 11 *Clitoral tear*
- 12 *Anterior incision*

41. Episiotomy

41a. Episiotomy performed reason?

- 01 *Instrumental birth*
- 02 *suspected fetal compromise without instruments*
- 03 *prevention of uncontrolled/serious tearing*
- 04 *female genital mutilation not resolved antenatally*
- XX *Other*

42. Fetus Outcome

42a. Pregnancy Outcome (Current Fetus)?

- 10 *Live*
- 20 *Stillbirth*
- 30 *Miscarriage*
- 40 *Termination of Pregnancy <24 weeks*
- 50 *Termination of Pregnancy >=24 weeks*
- XX *Other inc vanishing/papyraceous twin, ectopic*

43. Baby's Demographics

43a. NHS Number (Baby)?

43b. NHS Number Status Indicator (Baby)?

- 01 *Number present and verified*
- 02 *Number present but not traced*
- 03 *Trace required*
- 04 *Trace attempted - No match or multiple match found*
- 05 *Trace needs to be resolved - (NHS Number or patient detail conflict)*
- 06 *Trace in progress*
- 07 *Number not present and trace not required*
- 08 *Trace postponed (baby under six weeks old)*

43c. Date - Time of Birth (Baby)?

Date & Time

43d. Local Patient Identifier (Baby)?

43e. Organisation Code (Local Patient Identifier (Baby)?

44. Birth

44a. Birth Order?

UU Unknown

44b. Sex (Baby)?

0 Not known

1 Male

2 Female

9 Not specified (indeterminate i.e. unable to be classified as either male or female)

44c. Birth Weight?

[n4] - representing grams

9999 - not known

44d. Gestational Age (at Birth)?

44e. Delivery Method (Current Baby)

0 Spontaneous Vertex

1 Spontaneous Other Cephalic

2 Low forceps, not breech

3 Other forceps, not breech

4 Ventouse, Vacuum Extraction

5 Breech

6 Breech Extraction

7 Elective Elective caesarean

8 Emergency caesarean section

9 Other

44f. Delivered in Water?

Yes/No

44g. Apgar Score (5 Minutes)?

44h. Organisation Site Code (Actual Place of Delivery)?

44i. Delivery Place Type (Actual)?

0 In NHS hospital - delivery facilities associated with midwife ward

1 At a domestic address

2 In NHS hospital - delivery facilities associated with consultant ward

3 In NHS hospital - delivery facilities associated with GMP ward

4 In NHS hospital - delivery facilities associated with consultant/GMP/midwife ward inclusive of any combination of two of the professionals mentioned

5 In private hospital

6 In other hospital or institution

7 In NHS hospital - ward or unit without delivery facilities

8 None of the above

9 Not known

44j. Delivery Place Type (Actual Midwifery Unit Type)?

1 Midwife unit, co-located with Consultant obstetric unit

2 Midwife unit, co-located with other Consultant unit (theatre and anaesthetic services)

3 Midwife unit, stand alone

45. Complication at Birth

45a. Baby Complications at Birth?

- 01 *Shoulder dystocia*
- 02 *Cord prolapse*
- 03 *Acute fetal compromise*
- 05 *Meconium Aspiration Syndrome*
- 06 *Acute blood loss*

46. Initiation of Feeding

46a. Skin to Skin Contact within one hour?

Yes/No

46b. First Feed Baby Date Time?

Date & Time

46c. Baby First Feed Breast Milk Status?

- 01 *Exclusively Breast Milk*
- 02 *Partially Breast Milk*
- 03 *No Breast Milk Feeding at all*

47. Neonatal Resuscitation Method

47a. Type of Resuscitation?

- 01 *Oxygen*
- 02 *Intermediate Positive Pressure Ventilation (IPPV) Mask*
- 03 *Intermediate Positive Pressure Ventilation (IPPV) tube*
- 04 *Chest Compression*

48. Neonatal Resuscitation Drugs and Fluid

48a. Neonatal Resuscitation Drug or Fluid?

- 01 *adrenaline*
- 02 *Sodium bicarbonate*
- 03 *Bblood*
- 04 *0.9% sodium chloride*
- 05 *Glucose solution iv adrenalineatal Resuscitation Drugs and Fluid*

49. Neonatal Unit Admission

49a. Transfer Start Date Time (Neonatal Unit)?

Date & Time

49b. Organisation Code (Admitting Neonatal Unit)?

50. Feeding at Discharge

50a. Baby Breast Milk Status (at Discharge from Hospital)?

- 01 *Exclusively Breast Milk*
- 02 *Partially Breast Milk*
- 03 *No Breast Milk Feeding at all*

51. Neonatal Diagnosis

51a. Neonatal Diagnosis?

- 01 *Jaundice requiring phototherapy*
- 02 *Erb Palsy*
- 03 *Neonatal Abstinence syndrome*

52. Neonatal Critical Incidents

52a. Neonatal Critical Incident?

- 01 *Birth trauma to the newborn*
- 02 *Fetal laceration at caesarean section*
- 03 *Cord pH < 7.1 venous*
- 04 *Neonatal Seizure*
- 05 *Undiagnosed fetal anomaly*
- 06 *European Congenital Anomalies and Twins (Eurocat)*

53. Newborn Physical Examination

53a. Offer Status Date (Screening Newborn Physical Examination)?

- 02 *Offered and declined*
- 03 *Offered and accepted*
- 04 *Not offered*
- IE *Ineligible*
- NR *No response to offer*

53b. Screening Date (Newborn Physical Examination)?

Date

53c. Newborn Physical Examination Result (Hips)?

- 01 *Satisfactory*
- 02 *Problem Identified*
- 03 *Problem Suspected*
- NN *Not examined*

53d. Newborn Physical Examination (Heart)?

- 01 *Satisfactory*
- 02 *Problem Identified*
- 03 *Problem Suspected*
- NN *Not examined*

53e. Newborn Physical Examination (Eyes)?

- 01 *Satisfactory*
- 02 *Problem Identified*
- 03 *Problem Suspected*
- NN *Not examined*

53f. Newborn Physical Examination (Testes)?

- 01 *Satisfactory*
- 02 *Problem Identified*
- 03 *Problem Suspected*
- NN *Not examined*

54. Newborn Hearing Screening

54a. Offer Status (Screening Newborn Hearing)?

- 02 *Offered and declined*
- 03 *Offered and accepted*
- 04 *Not offered*
- IE *Ineligible*
- NR *No response to offer*

54b. Screening Date (Newborn Hearing)?

Date

54c. Outcome (Screening Newborn Hearing)?

- 01 *Clear response no follow up required*
- 02 *Clear response targeted follow-up required*
- 03 *No clear response bilateral referral*
- 04 *No clear response unilateral referral*
- 05 *Incomplete screening contraindicated*
- 06 *Incomplete deceased*
- 07 *Incomplete baby unsettled*
- 08 *Incomplete declined screen*
- 09 *Incomplete appointment missed*
- 10 *Incomplete lack of service capacity*
- 11 *Incomplete lost contact*
- 12 *Incomplete out of screening coverage*
- 13 *Incomplete late entry*
- 14 *Incomplete equipment malfunction*
- 15 *Incomplete equipment not available*
- 16 *Incomplete withdrew consent*

55. Newborn Blood Spot Screening

55a. Bloodspot Screening Offer Status (Phenylketonuria)?

- 02 *Offered and declined*
- 03 *Offered and accepted*
- 04 *Not offered*
- IE *Ineligible*
- NR *No response to offer*

55b. Bloodspot Screening Status (Sickle Cell Disease)? ,

- 02 *Offered and declined*
- 03 *Offered and accepted*
- 04 *Not offered*
- IE *Ineligible*
- NR *No response to offer*

55c. Blood Spot Screening Status (Cystic Fibrosis)?

- 02 *Offered and declined*
- 03 *Offered and accepted*
- 04 *Not offered*
- IE *Ineligible*
- NR *No response to offer*

55d. Blood Spot Status (Congenital Hypothyroidism)?

- 02 *Offered and declined*
- 03 *Offered and accepted*
- 04 *Not offered*
- IE *Ineligible*
- NR *No response to offer*

55e. Blood Spot Status (Medium Chain Acyl Coa Dehydrogenase Deficiency)?

- 02 *Offered and declined*
- 03 *Offered and accepted*
- 04 *Not offered*
- IE *Ineligible*
- NR *No response to offer*

55f. Blood Spot Card Completion Date?

Date

55g. Laboratory Identifier (Newborn Blood Spot Screening)?

Laboratory code

55h. Bloodspot Screening Administrative Result Status (Phenylketonuria)?

- O1 Specimen received in laboratory*
- O2 Screening declined*
- O3 Repeat / Further sample required*

55i. Bloodspot Screening Administrative Result Status (Sickle Cell Disease)?

- O1 Specimen received in laboratory*
- O2 Screening declined*
- O3 Repeat / Further sample required*

55j. Blood Spot Screening Administrative Result Status (Cystic Fibrosis)?

- O1 Specimen received in laboratory*
- O2 Screening declined*
- O3 Repeat / Further sample required*

55k. Blood Spot Administrative Result Status (Congenital Hypothyroidism)?

- O1 Specimen received in laboratory*
- O2 Screening declined*
- O3 Repeat / Further sample required*

55l. Blood Spot Administrative Result Status (Medium Chain Acyl Coa Dehydrogenase Deficiency)?

- O1 Specimen received in laboratory*
- O2 Screening declined*
- O3 Repeat / Further sample required*

56. Neonatal Death

56a. Person Death Date - Time of Death (Baby)?

Date & Time

57. Postnatal - Mother

57a. Discharge Date - Time (Mother Post Delivery Hospital Provider Spell)?

Date & Time

57b. Discharge Date (Mother - Maternity Services)?

Date

57c. Smoking Status (Mother at end of pregnancy)?

- 1 Current smoker ...*
- 2 Ex-smoker*
- 3 Non-smoker - history unknown*
- 4 Never smoked*
- 5 Unknown*

58. Postpartum Readmissions

58a. Start Date (Hospital Provider Spell Postpartum)?

Date

59. Maternal Death

59a. Person Death Date - Time (Mother)?

Date & Time