

National Maternity Services Dataset; simplified for clinicians; with logical corrections.

This version was based on an Excel File entitled
“NMSDPhase1_v3-1.3.xls” Accessed on 15 Feb 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 “headings” involve what anyone else would call Multiple Questions;
and the logical corrections in this file uses the number of times “?” marks are used indicates
that the Information Centre’s current (February 2011) proposals
will require all maternity hospitals to provide, for every pregnancy,
what too often seems an arbitrary selection of **350** potentially analysable items of electronic data!

Analysed and corrected in his own time and at his own expense

by
Rupert Fawdry, FRCS (Ed), FRCOG.
Consultant Specialist in Maternity Care, Gynaecology and Medical Information Technology
Founding Editor: Electronic Encyclopaedia of Perinatal Data (EPPD) Web site: www.fawdry.info
31, St.Mary’s Way, Leighton Buzzard, LU7 2RX, United Kingdom. 01525 37 01 37
e-mail: rupertfawdry@me.com

**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)?

Code or

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)?

No/Yes

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

Yes/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?

No / Yes

6b. Pregnancy Total Previous Live Births?

Integer (Whole Number)

6c. Pregnancy Total Previous Stillbirths?

Integer (Whole Number)

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

Integer (Whole Number)

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. Heading: Smoking Status (Mother at Booking)

01 Current smoker?

No/Yes/09 Unkown

If "No" then

02 Ex-smoker - Stopped after conception or 03 Ex-smoker - Stopped between conception and 12 months before conception or 04 Ex-smoker - Stopped more than 12 months before conception or 05 Non-smoker - history unknown or 06 Never smoked

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. Heading: Maternity complicating Medical Diagnosis Type (Mother at Booking)

<i>Medical History / Problems?</i>	<i>No/Yes</i>
<i>If "Yes" then</i>	
01 Hypertension?	No/Yes
02 Cardiac disease?	No/Yes
03 Renal disease?	No/Yes
04 Mental health disorder?	No/Yes
05 Thromboembolic disorder?	No/Yes
06 Haematological disorder?	No/Yes
07 Central Nervous System disorder?	No/Yes
08 Diabetes?	No/Yes
09 Autoimmune disease?	No/Yes
10 Cancer?	No/Yes
12 Infectious hepatitis A?	No/Yes
13 Serum hepatitis B?	No/Yes
14 Hepatitis C?	No/Yes
15 Genital herpes?	No/Yes
16 Endocrine disorder?	No/Yes
17 Respiratory disease?	No/Yes
18 Gastrointestinal disorder?	No/Yes
19 Musculoskeletal disorder?	No/Yes
20 Gynaecological problems?	No/Yes

11. Mother's Sexually Transmitted Infections History

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

<i>STD History/Problems?</i>	<i>No/Yes</i>
<i>If "Yes" then</i>	
11 Human Immunodeficiency Virus (HIV)?	No/Yes
12 Genital Herpes?	No/Yes

12. Mother's Previous Pregnancies Obstetric Diagnosis

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

<i>Past Obstetric Diagnosis History / Problems?</i>	<i>No/Yes</i>
<i>If "Yes" then</i>	
01 Severe pre-eclampsia?	No/Yes
02 Haemolytic anaemia, Elevated Liver enzymes and Low Platelet count (HELLP)?	No/Yes
03 Eclampsia?	No/Yes
04 Liver cholestasis of pregnancy?	No/Yes
05 Gestational diabetes mellitus?	No/Yes
06 Gestational hypertension?	No/Yes
07 Gestational oedema?	No/Yes
08 Gestational proteinuria?	No/Yes
09 Antepartum haemorrhage?	No/Yes
10 Postpartum haemorrhage - requiring additional treatment or transfusion?	No/Yes
11 Feto-maternal haemorrhage?	No/Yes
12 Ante/postpartum thromboembolic disorder?	No/Yes
13 Placental Abruption?	No/Yes
14 Uterine rupture?	No/Yes
15 Retained placental requiring manual removal in theatre?	No/Yes
16 Caesarean Section?	No/Yes
17 Extensive vaginal, cervical or perineal trauma (including third and fourth degree perineal tears)?	No/Yes

13. Family History

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

Family History?	No/Yes
If "Yes" then	
01 Congenital disorders?	No/Yes
02 Diabetes?	No/Yes
03 Inherited disorders?	No/Yes
04 Haematological disorders?	No/Yes
05 Hypertensive disorders?	No/Yes
06 Mental health disorders?	No/Yes
07 Multi-fetal pregnancy (not including multi-fetal pregnancy as a result of In Vitro Fertilisation (IVF) or other assisted conception)?	No/Yes
08 Pregnancy Induced Hypertension?	No/Yes
09 Thrombosis?	No/Yes
10 Tuberculosis (TB)?	No/Yes
96 Other major condition?	No/Yes

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 / Indicated?
If "Indicated" then
- 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. Heading: 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. Heading: Investigation Result (Ultrasound Fetal Anomaly Screening)

- | | | |
|----|---|--------|
| NA | Abnormality detected? | No/Yes |
| | If "Yes" then | |
| 01 | Anencephaly / 02 Open spina bifida / No Neural Tube Defect? | |
| 03 | Serious cardiac heart abnormalities? | No/Yes |
| 04 | Bilateral renal agenesis? | No/Yes |
| 05 | Lethal skeletal dysplasia? | No/Yes |
| 06 | Trisomy 18 / 07 Trisomy 13 / No Chromosomal Abnormality? | |
| 08 | Diaphragmatic hernia? | No/Yes |
| 09 | Exomphalos? | No/Yes |
| 10 | Gastroschisis? | No/Yes |
| 11 | Cleft lip? | No/Yes |
| XX | Other? | No/Yes |

27. Antenatal Contacts

27a. Activity Date (Antenatal Appointment)?

Date

28. Medical Complications (Current Pregnancy)

28a. Heading: Maternity Medical Diagnosis Type (Current Pregnancy)

<i>Maternity Medical Diagnosis Present ?</i>	<i>No/Yes</i>
<i>If "Yes" then</i>	
01 <i>Rubella?</i>	<i>No/Yes</i>
02 <i>Varicella?</i>	<i>No/Yes</i>
03 <i>Group B streptococcus?</i>	<i>No/Yes</i>
04 <i>Asymptomatic bacteriuria?</i>	<i>No/Yes</i>
05 <i>Toxoplasmosis?</i>	<i>No/Yes</i>
08 <i>Tuberculosis (TB)?</i>	<i>No/Yes</i>
09 <i>Cytomegalovirus?</i>	<i>No/Yes</i>
10 <i>Parvovirus?</i>	<i>No/Yes</i>
11 <i>Malaria?</i>	<i>No/Yes</i>
13 <i>Cardiac Disease?</i>	<i>No/Yes</i>
14 <i>Renal Disease?</i>	<i>No/Yes</i>
15 <i>Mental Health Disease?</i>	<i>No/Yes</i>
16 <i>Thromboembolic disorder?</i>	<i>No/Yes</i>
17 <i>Haematological disorder?</i>	<i>No/Yes</i>
18 <i>Central Nervous System disorder?</i>	<i>No/Yes</i>
19 <i>Diabetes?</i>	<i>No/Yes</i>
20 <i>Autoimmune disease?</i>	<i>No/Yes</i>
21 <i>Cancer?</i>	<i>No/Yes</i>
22 <i>Infectious hepatitis A?</i>	<i>No/Yes</i>
23 <i>Hepatitis B?</i>	<i>No/Yes</i>
24 <i>Hepatitis C?</i>	<i>No/Yes</i>
25 <i>Endocrine disorder?</i>	<i>No/Yes</i>
26 <i>Respiratory disease?</i>	<i>No/Yes</i>
27 <i>Gastrointestinal disorder?</i>	<i>No/Yes</i>
28 <i>Musculoskeletal disorder?</i>	<i>No/Yes</i>
29 <i>Gynaecological problems?</i>	<i>No/Yes</i>

29. Sexually Transmitted Infections in Current Pregnancy

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

<i>STD Problems?</i>	<i>No/Yes</i>
<i>If "Yes" then</i>	
06 <i>Primary Genital Herpes?</i>	<i>No/Yes</i>
07 <i>Recurrent Genital Herpes?</i>	<i>No/Yes</i>
12 <i>Human Immunodeficiency Virus (HIV)?</i>	<i>No/Yes</i>

30. Obstetric Conditions in Current Pregnancy

30a. Heading: Maternity Obstetric Diagnosis Type (Current Pregnancy)

<i>Obstetric Diagnosis History / Problems?</i>	<i>No/Yes</i>
<i>If "Yes" then</i>	
<i>Q: PET Problems A: 01 Severe pre-eclampsia / A: 03 Eclampsia / A: No PET problems?</i>	
<i>Q: 02 Haemolytic anaemia, Elevated Liver enzymes and Low Platelet count (HELLP)?</i>	<i>No/Yes</i>
<i>Q: 05 Liver cholestasis of pregnancy?</i>	<i>No/Yes</i>
<i>Q: 06 Gestational diabetes mellitus?</i>	<i>No/Yes</i>
<i>Q: 07 Gestational hypertension?</i>	<i>No/Yes</i>
<i>Q: 08 Gestational proteinuria?</i>	<i>No/Yes</i>
<i>Q: 09 Antepartum haemorrhage?</i>	<i>No/Yes</i>
<i>Q: 11 Feto-maternal haemorrhage?</i>	<i>No/Yes</i>
<i>Q: 18 Symphysis pubis dysfunction?</i>	<i>No/Yes</i>
<i>Q: 13 Placenta Praevia?</i>	<i>No/Yes</i>

31. Antenatal Admissions

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

Date

31b. Discharge Date (Hospital Provider Spell Antenatal)?

Date

32. Induction & Augmentations

32a. Heading: Medical Induction of Labour Method

Medical Induction?

05 None / Yes

If "Yes" then

01 *Mifepristone?*

No/Yes

02 *Misoprostol?*

No/Yes

03 *Prostaglandin?*

No/Yes

04 *Oxytocin?*

No/Yes

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 *Other*

35b. 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. Heading: Pain Relief Type in Labour and Delivery

Pain Relief Used? Yes / 98 None used / 99 Not known
If "Yes" then

- 01 TENS (Transcutaneous electrical nerve stimulation)? No/Yes
- 02 Inhalational analgesia? No/Yes
- 03 Narcotics? No/Yes
- 04 Paracetamol? No/Yes
- 05 Immersion in Water? No/Yes
- 06 Complementary therapies? No/Yes
- 96 Other? No/Yes

37. Anaesthesia Type in Labour and Delivery

37a. Heading: Anaesthesia Type in Labour and Delivery

Anaesthetic administered? No / 98 Yes
If "Yes" then?

- 01 General anaesthetic? (During Labour!!!) No/Yes
- 02 Epidural or caudal anaesthetic? No/Yes
- 03 Pudendal block? No/Yes
- 97 Other anaesthetic? No/Yes

38. Caesarean Section

38a. Procedure (Caesarean Section)

Date? & Time?

39. Maternal Critical Incidents

39a. Heading: Maternal Critical Incidents

- Maternal Critical Incident(s)? No / Yes
- 01 Undiagnosed breech? No/Yes
Date? & Time?
 - No PPH / 02 PPH ≥ 500 ml and ≤ 999 ml / 03 PPH > 1000 ml and ≤ 1499 ml / 04 PPH > 1500 ml
Date? & Time?
 - 05 Return to theatre? No/Yes
Date? & Time?
 - 06 Hysterectomy / laparotomy? No/Yes
Date? & Time?
 - 07 Anaesthetic complications? No/Yes
Date? & Time?
 - 08 Intensive care admission? No/Yes
Date? & Time?
 - 09 Venous thromboembolism? No/Yes
Date? & Time?
 - 10 Pulmonary embolism? No/Yes
Date? & Time?
 - 11 Unsuccessful iforceps or ventouse? No/Yes
Date? & Time?

39b. Maternity Critical Incident - Date - Time See above

40. Spontaneous Tears

40a. Heading: Traumatic Lesion of Genital Tract

<i>Traumatic Lesion?</i>	01 None / Yes
<i>If "Yes" then</i>	
02 Labial tear?	No/Yes
03 Vaginal wall tear?	No/Yes
Any Perineal Tear?	No/Yes
<i>If "Yes" then</i>	
No perineal Tear / 04 Perineal tear - first degree / 05 Perineal tear - second degree / 06 Perineal tear - third degree / 07 Perineal tear - fourth degree	
08 Episiotomy?	No/Yes
09 Cervical tear?	No/Yes
10 Urethral tear?	No/Yes
11 Clitoral tear?	No/Yes
12 Anterior incision?	No/Yes

41. Episiotomy

41a. Heading: Episiotomy performed reason

<i>Episiotomy performed?</i>	No /Yes
<i>If "Yes" then reason?</i>	
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?

No/Yes

44g. Apgar Score (5 Minutes)?

Integer (0-10)

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. Heading: Baby Complications at Birth.

<i>Baby Complications?</i>	<i>No/Yes</i>
<i>If "Yes" then</i>	
01 <i>Shoulder dystocia?</i>	<i>No/Yes</i>
02 <i>Cord prolapse?</i>	<i>No/Yes</i>
03 <i>Acute fetal compromise?</i>	<i>No/Yes</i>
05 <i>Meconium Aspiration Syndrome?</i>	<i>No/Yes</i>
06 <i>Acute blood loss?</i>	<i>No/Yes</i>

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. Heading: (Type of) Resuscitation

<i>Resuscitation?</i>	<i>None / Yes</i>
<i>If "Yes"</i>	
01 <i>Oxygen?</i>	<i>No/Yes</i>
02 <i>Intermediate Positive Pressure Ventilation (IPPV) Mask?</i>	<i>No/Yes</i>
03 <i>Intermediate Positive Pressure Ventilation (IPPV) tube?</i>	<i>No/Yes</i>
04 <i>Chest Compression?</i>	<i>No/Yes</i>

48. Neonatal Resuscitation Drugs and Fluid

48a. Heading: Neonatal Resuscitation Drug or Fluid

<i>Given Neonatal Resuscitation Drug or Fluid?</i>	<i>None / Yes</i>
<i>If "Yes" then</i>	
01 <i>Adrenaline?</i>	<i>No/Yes</i>
02 <i>Sodium Bicarbonate?</i>	<i>No/Yes</i>
03 <i>Blood?</i>	<i>No/Yes</i>
04 <i>0.9% sodium chloride?</i>	<i>No/Yes</i>
05 <i>Glucose solution iv adrenalineatal Resuscitation Drugs and Fluid?</i>	<i>No/Yes</i>

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. Heading: Neonatal Diagnosis

Neonatal Diagnosis?

None / Yes

If "Yes" then

01 *Jaundice requiring phototherapy?*

No/Yes

02 *Erb Palsy?*

No/Yes

03 *Neonatal Abstinence syndrome?*

No/Yes

52. Neonatal Critical Incidents

52a. Heading: Neonatal Critical Incident

Critical Incident(s)

No/Yes

If "Yes" then

01 *Birth trauma to the newborn?*

No/Yes

02 *Fetal laceration at caesarean section?*

No/Yes

03 *Cord pH < 7.1 venous?*

No/Yes

04 *Neonatal Seizure?*

No/Yes

05 *Undiagnosed fetal anomaly?*

No/Yes

06 *European Congenital Anomalies and Twins (Eurocat)?*

No/Yes

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)?

- 01 Specimen received in laboratory
- 02 Screening declined
- 03 Repeat / Further sample required

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

- 01 Specimen received in laboratory
- 02 Screening declined
- 03 Repeat / Further sample required

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

- 01 Specimen received in laboratory
- 02 Screening declined
- 03 Repeat / Further sample required

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

- 01 Specimen received in laboratory
- 02 Screening declined
- 03 Repeat / Further sample required

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

- 01 Specimen received in laboratory
- 02 Screening declined
- 03 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?