1 Appendix S1: Midwives Data Collection
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NSW MIDWIVES DATA COLLECTION

Mother Unit Record No. | Hospital | Code
First Name | Family Name
Address | Postcode
Mother's birth date (day month year)
Country of birth: Australia 36 / Other
If other, specify
Indigenous status: Aboriginal 1 / Torres Strait Islander 2 / Aboriginal and Torres Strait Islander 3 / None of the above 4

PREVIOUS PREGNANCIES

Previous pregnancy greater than 20 weeks? Yes 1 No 0
If no, go to next section.
If yes:
Specify the number of previous pregnancies > 20 weeks
Was the last birth by caesarean Yes 1 No 0
Total number of previous caesarean sections?

THIS PREGNANCY

Date of LMP (day month year)
Prenatal diagnosis (< 20 weeks gestation): CVS / Amniocentesis
Antenatal care: Duration of pregnancy at first visit (weeks) / Not booked
Medical conditions: Diabetes mellitus / Gestational diabetes / Chronic hypertension / Pre-eclampsia
Smoking: Did the mother smoke at all during pregnancy? Yes 1 No 0
If yes, how many cigarettes each day on average in the second half of pregnancy?
None 1 / > 10 per day 2 / ≤ 10 per day 3 / Unknown 4

LABOUR AND DELIVERY

Onset of labour: Spontaneous 1 / Induced 2 / No labour 3
If labour augmented/ induced (tick 1 or more): Oxytocins / ARM / Prostaglandins / Other

LABOUR AND DELIVERY

If labour induced, main indication: Diabetes 1 / Hypertensive disease 2 / Fetal distress 3 / Fetal death 4 / Chorioamnionitis 5 / Blood group isoimmunisation 6 / Prelabour rupture of membranes 7 / Prolonged pregnancy (41+ weeks) 8 / Suspected intrauterine growth restriction 9 / Other 10

Pain relief/ anaesthetics *(tick 1 or more)*: None / Nitrous oxide / IM narcotics / Local to perineum / Epidural/caudal / Pudendal / Spinal / General anaesthetic / Other

Presentation at birth: Vertex 1 / Breech 2 / Face 3 / Brow 4 / Other 5

Type of delivery: Normal vaginal 1 / Forceps 2 / Vacuum extr. 3 / Vaginal breech 4 / Caesarean section 5

If caesarean section, main indication: Failure to progress - Cx dilatation unknown 1 / - Cx 3cm dilated or less 2 / - Cx dilated more than 3 cm 3 / Fetal distress 4 / Other 5

Perineal status: Intact 1 / 1st deg. tear/graze 2 / 2nd deg. tear 3 / 3rd deg. tear 4 / 4th deg. tear 5 / Episiotomy 6 / Both tear and episiotomy 7 / Other 8

Surgical repair of the vagina or perineum? Yes 1 No 0

BABY

Place of birth: Hospital theatre/delivery suite 1 / Birth centre 2 / Planned birth centre/delivery suite birth 3 / Planned homebirth 4 / Planned homebirth/hospital admission 5 / Born before arrival 6

Unit Record No.
Birth date: (day month year)
Sex: M 1 F 2 Indet. 3
Plurality: Single 1 Multiple 2
If multiple, total number
If multiple birth, specify baby number
Birthweight (grams)
Estimated gestational age
Apgar: 1 min / 5 min

Resuscitation of baby *(tick 1 or more)*: None 1 / Suction 2 / O2 therapy 3 / IPPR : bag + mask 4 / Intubation + IPPR 5 / External cardiac massage + ventilation 6 / Other 7

POSTNATAL CARE - BABY

Birth defect? Yes 1 No 0
If yes, specify:
Admitted to NICU? Yes 1 No 0
Admitted to SCN? Yes 1 No 0
If yes, observation only? Yes 1 No 0
If admitted to SCN/NICU:
Was a birth defect the main reason for admission? Yes 1 No 0

DISCHARGE STATUS - MOTHER AND BABY

Mother: Discharged 1 / Transferred 2 / Died 3
Baby: Discharged 1 / Transferred 2 / Stillbirth 3 / Neonatal death 4 / Transferred and died 5
Baby's date of discharge or transfer (day month year)
Hospital transferred to:
If baby died, date of death (day month year)
Signature of midwife at discharge

Health Department Copy

Please complete and forward to: NSW Midwives Data Collection
Patient Data Management Unit, Level 6
Locked Bag 961, North Sydney, NSW 2059

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