

Home Birth Data collection form

Instructions

- **Please complete** this form for each woman you attend at home in labour who plans to give birth at home or who is undecided about her place of birth and who gives birth in the same clinical episode.
 - i. **Do not complete** this form for an unplanned home birth.
 - ii. **Do not complete** this form for women who have had no antenatal care.
 - iii. Please start this form during labour care.
 - iv. Please write clearly using a black pen.

- If this woman transfers to a midwifery unit or an obstetric unit, please complete as much of the form as you can and then transfer the form with the woman.
- If you start this form and the woman **does not** give birth in the same clinical episode, please tick this box and return the form to the Local Co-ordinating Midwife.

- When the form is complete return it in the attached envelope to the Local Co-ordinating Midwife. Please ensure the return address on the back cover of this form is aligned with the window of the envelope.
- If you have any questions about the form or about this study please contact:

Birthplace Project Manager

Tel: [REDACTED]

Fax: [REDACTED]

Thank you for your contribution to Birthplace

Section B: Woman's details

B1. Woman's age at delivery: (Years)

B2. Woman's ethnic group: (As recorded in her maternity notes)

Please write in one code from the list below

- | | |
|----------------------------------|-------------------------------|
| 01 White British | 09 Pakistani |
| 02 White Irish | 10 Bangladeshi |
| 03 Any other White background | 11 Any other Asian background |
| 04 Mixed White & Black Caribbean | 12 Black Caribbean |
| 05 Mixed White & Black African | 13 Black African |
| 06 Mixed White & Asian | 14 Any other Black background |
| 07 Any other Mixed background | 15 Chinese |
| 08 Indian | 16 Any other ethnic group |

B3. Woman's understanding of English language:

- ₁ Fluent
- ₂ Some understanding / Able to communicate verbally
- ₃ No understanding / Not able to communicate verbally

B4. Woman's marital / partner status:

- ₁ Married / Living with a partner
- ₂ Single / Unsupported by partner (this includes single woman living with family)

B5. Woman's BMI in pregnancy: . If not recorded tick here

 **For LCM use only**

B6. IMD score: .

B7. Tick this box if this form was not started around the time of birth and was filled in retrospectively by the LCM:

Section C: Pregnancy history

Previous pregnancies

C1. Number of pregnancies of ≥ 24 weeks, prior to this pregnancy: *If none, write 0*

This pregnancy

C2. Expected date of delivery: / /

C3. Immediately prior to the onset of labour, was this woman known to have any of the medical conditions or obstetric history items listed opposite?

- No
 Yes *Please write in code(s) below from tables opposite*

Example: For a woman with previous pre-eclampsia requiring preterm birth, the condition is found in the 'Obstetric history' table under 'Previous complications' and coded '12 C'. For a woman with a condition that is not listed in the tables opposite, please enter the code for 'Other' and write in the condition in the space provided.

12	C	
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Code		If Other, please write name of condition clearly

C4. At the start of care in labour, did this woman have any of the following conditions? *Please tick all that apply*

- Prolonged rupture of membranes greater than 18 hours
 If membranes are ruptured, any meconium stained liquor
 Proteinuria of 1+ or more
 Hypertension with either:
 - diastolic blood pressure of ≥ 90 mm Hg on more than one occasion 20 minutes apart or ≥ 100 mm Hg on one occasion
 - systolic blood pressure ≥ 160 mm Hg on at least one occasion Abnormal vaginal bleeding
 Non-cephalic presentation
 Abnormal fetal heart rate
 Other complications *Please specify* _____
 None of the above

Medical conditions

Type of condition	Code	Additional information
Cardiovascular	01	A: Confirmed cardiac disease B: Hypertensive disorders
Respiratory	02	A: Asthma requiring an increase in treatment or hospital treatment B: Cystic fibrosis
Haematological	03	A: Haemoglobinopathies – sickle-cell disease, beta-thalassaemia major B: History of thromboembolic disorders C: Immune thrombocytopenia purpura or other platelet disorder or platelet count below 100 000/cubic mm D: Von Willebrand's disease E: Bleeding disorder in the woman or unborn baby F: Atypical antibodies which carry a risk of haemolytic disease of the newborn
Infective	04	A: Risk factors associated with group B streptococcus whereby antibiotics in labour would be recommended B: Hepatitis B/C with abnormal liver function tests C: Infected with HIV D: Toxoplasmosis – woman receiving treatment E: Current active infection of chicken pox/rubella/genital herpes in the woman or baby F: Tuberculosis under treatment
Immune	05	A: Systemic lupus erythematosus B: Scleroderma
Endocrine	06	A: Hyperthyroidism B: Diabetes
Renal	07	A: Abnormal renal function B: Renal disease requiring supervision by a renal specialist
Neurological	08	A: Epilepsy B: Myasthenia gravis C: Previous cerebrovascular accident
Gastrointestinal	09	A: Liver disease associated with current abnormal liver function tests
Psychiatric	10	A: Psychiatric disorder requiring current inpatient care
Other	11	A: Please write in condition or diagnosis

Obstetric history

Type of condition	Code	Additional information
Previous complications	12	A: Unexplained stillbirth/neonatal death or previous death related to intrapartum difficulty B: Previous baby with neonatal encephalopathy C: Pre-eclampsia requiring preterm birth D: Placental abruption with adverse outcome E: Eclampsia F: Uterine rupture G: Primary postpartum haemorrhage requiring additional treatment or blood transfusion H: Retained placenta requiring manual removal in theatre I: Caesarean section J: Shoulder dystocia
Current pregnancy	13	A: Multiple birth B: Placenta praevia C: Pre-eclampsia or pregnancy-induced hypertension D: Preterm labour or preterm prelabour rupture of membranes E: Placental abruption F: Anaemia – haemoglobin less than 8.5 g/dl at onset of labour G: Confirmed intrauterine death H: Induction of labour I: Substance misuse J: Alcohol dependency requiring assessment or treatment K: Onset of gestational diabetes L: Malpresentation – breech or transverse lie M: Body mass index at booking of greater than 35 kg/m ² N: Recurrent antepartum haemorrhage
Fetal indications	14	A: Small for gestational age in this pregnancy (less than fifth centile or reduced growth velocity on ultrasound) B: Abnormal fetal heart rate (FHR)/Doppler studies C: Ultrasound diagnosis of oligo-/polyhydramnios
Previous gynaecological history	15	A: Myomectomy B: Hysterotomy
Other	16	A: Please write in condition or diagnosis

Section D: Labour and birth

If multiple pregnancy, please complete for the first baby only

- D1. Did this woman make her final decision about place of birth during labour?** Yes No
- D2. Date and time midwife started labour care:** / / :
24hr
- D3. Cervical dilatation at start of labour care:** (0-10cm) Not assessed
- D4. Was this woman transferred to a midwifery unit or an obstetric unit at any time during labour care or immediately after the birth?** Yes No

If No, please go to question D5

Maternal Transfer

If woman transferred more than once, please tick this box and complete the questions below for care received during the first transfer only

- T1. Date and time of decision to transfer:** / / :
24hr
- T2. Primary reason for transfer: Please write in one code from list**
- | | |
|------------------------------------|------------------------------------|
| 01 Failure to progress (1st stage) | 09 Failure to progress (2nd stage) |
| 02 Fetal distress (1st stage) | 10 Fetal distress (2nd stage) |
| 03 Meconium staining | 11 Postpartum haemorrhage |
| 04 Epidural request | 12 Retained placenta |
| 05 Hypertension | 13 Repair of perineal trauma |
| 06 Malposition | 14 Other Please specify _____ |
| 07 Malpresentation | |
| 08 Antepartum haemorrhage | |
- T3. Date and time of start of transfer:** / / :
24hr
- T4. Mode of transfer:** ₁ Private car ₂ Ambulance ₃ Other
If Other, please specify _____
- T5. Full name of unit woman transferred to:** _____
- T6. Date and time of start of midwifery care in transfer unit:** / / :
24hr
- T7. Date and time of first clinical assessment by obstetrician:** / / :
24hr
Tick if not assessed by an obstetrician
- T8. Was labour augmented with syntocinon?** Yes No
- T9. Did this woman have an epidural or spinal?** Yes No
- T10. Did this woman have a general anaesthetic?** Yes No

- D5. Date and time of delivery:** / / :
24hr
- D6. Place of birth:** ₁ Home ₂ Obstetric unit ₃ Other
If Other, please specify _____
- D7. Mode of birth: Please tick one box only**
If caesarean section after failed forceps/ventouse, tick caesarean section
- | | | |
|--|--|---|
| <input type="checkbox"/> ₁ Spontaneous vertex birth | <input type="checkbox"/> ₂ Vaginal breech | |
| <input type="checkbox"/> ₃ Ventouse | <input type="checkbox"/> ₄ Forceps | <input type="checkbox"/> ₅ Caesarean section |
- Primary reason for instrumental or caesarean delivery _____
- D8. At any time during labour did this woman use immersion in water for pain relief?** Yes No

- D9. Did this woman have active management of the 3rd stage? Yes No
- D10. Did this woman have an episiotomy? Yes No
- D11. Was there any perineal trauma involving the anal sphincter? (3rd/4th degree tear) Yes No
- D12. Birth outcome: ₁ Live birth ₂ Stillbirth
- D13. Sex of baby: ₁ Male ₂ Female ₃ Unknown
- D14. Birthweight: g
- D15. Apgar at 5 minutes:
- D16. When was the episode of labour care completed? / / : 24hr
- See back cover for guidance*

Please place this form in the woman's postnatal notes.

Section E: After birth

To be completed by the **midwife** on or after the 5th postnatal day and before transfer to the health visitor

- E1. **Within the first 48 hours after birth was this woman admitted to:** Please tick all that apply
Do not include recovery ward for operative delivery

High Dependency Area ICU Specialist unit e.g. dialysis unit

Primary reason for admission _____

If Specialist unit, please specify _____

- E2. Did this woman receive a blood transfusion within 48 hours of birth? Yes No

- E3. Date and time woman discharged home: / / : 24hr

Not yet discharged

Not applicable, delivered at home

- E4. Did this woman breastfeed her baby at least once? Yes No

- E5. Was the baby admitted to a neonatal unit within 48 hours of birth? Yes No

If Yes, to where was the baby admitted? Please tick one box only

₁ Special Care Baby Unit ₂ High Dependency Unit ₃ Neonatal Intensive Care

Date baby was discharged from neonatal unit: / /

Not yet discharged

- E6. Were any of the following identified in the baby within 48 hours after birth? Please tick all that apply

Meconium aspiration syndrome

Cephalohaematoma

Neonatal encephalopathy

Cerebral haemorrhage

Brachial plexus injury

Kernicterus

Fractured humerus

Seizures

Fractured clavicle

Admission to neonatal unit within 48 hrs

Fractured skull

of birth for at least 48 hrs with evidence of feeding difficulties or respiratory distress

Neonatal sepsis

Other morbidity

No morbidity identified

Please specify _____

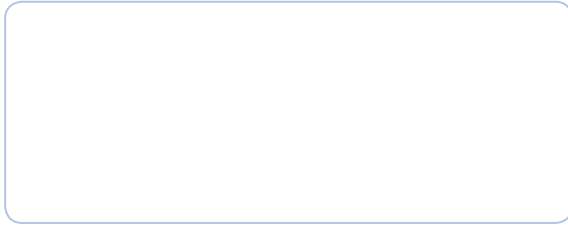
- E7. Was the baby known to have died at the time this form was completed? Yes No

- E8. Section E completed by: Please print full name _____
 / / : 24hr

Please fill in the After birth section on page 1

Thank you for completing this form.

Please return this form to the Local Co-ordinating Midwife in the envelope provided using the internal post.



Guidance

D16.

For women who give birth at home, the episode of labour care is completed when the midwife leaves the woman's home.

For women who give birth in a freestanding midwifery unit, an alongside midwifery unit, or in hospital, the episode of labour care is completed when the woman is discharged from the delivery room or when the midwife begins the postnatal notes, whichever occurs first.