

Obstetric Unit Data collection form

Instructions

- **Please complete** this form for each woman who plans to give birth in your obstetric unit (OU) and who is receiving care from a midwife during labour, and who you expect to give birth in this clinical episode.
 - i. Please start this form during labour care.
 - ii. Please do not use abbreviations.

- If this woman transfers to another obstetric unit, please complete as much of the form as you can and then transfer the form with the woman.
- 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

www.npeu.ox.ac.uk/birthplace

Section A: Birthplace obstetric unit eligibility criteria

- A1. Is this woman having a caesarean section before the onset of labour?** Yes No
- A2. Is this a multiple pregnancy?** Yes No
- A3. Is the gestation of this pregnancy 36⁺⁶ weeks or less?** Yes No
- A4. Is this woman “unbooked”?** *i.e. has had no antenatal care* Yes No

If you answered ‘Yes’ to ANY of these questions:

- Do NOT complete the remainder of this form.
- Place the form in the ‘Birthplace box’ or appropriate location for it to be returned to the Local Coordinating Midwife (LCM).

If you answered ‘No’ to ALL of these questions:

- Continue completing this form.
- Once you have completed Section D, at the end of the episode of labour, place the form in the woman’s postnatal notes so that section E can be completed on or after the 5th postnatal day.

Woman’s identifying details

This page will be detached from the rest of the form and kept in a secure location in your Trust by the Local Co-ordinating Midwife (LCM).

Please stick woman’s address label here:

OR complete the following details:

A5. Woman’s full name: *Please print* _____

A6. Woman’s date of birth: / /

A7. Woman’s NHS number:

A8. Woman’s home address: *Please print*

A9. Woman’s full postcode:

A10. Section A completed by: *Please print full name* _____

After birth

Please fill in this box once the labour episode is complete

A11. Date of delivery: / /

A12. Baby’s NHS number: *(If known)*

Office use only

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: (www.npeu.ox.ac.uk/birthplace/lcm/imd)

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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 complications 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 | |
|----|---|--|

Code **If Other, please write name of condition clearly**

| | | |
|--|--|--|
| | | |
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| | | |

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

- D1. Date and time midwife started labour care:** / / : ^{24hr}
- D2. Cervical dilatation at start of labour care:** (0-10cm) Not assessed
- D3. Was this woman transferred to another obstetric unit at any time during labour care or immediately after birth?** Yes No
- D4. Was labour augmented with syntocinon?** Yes No
- D5. At any time during labour did this woman use immersion in water for pain relief?** Yes No
- D6. Did this woman have an epidural or spinal?** Yes No
- D7. Did this woman have a general anaesthetic?** Yes No
- D8. Date and time of delivery:** / / : ^{24hr}
- D9. Place of birth:** ₁ Obstetric unit ₂ Other
If Other, please specify _____
- D10. Mode of birth:** *Please tick one box only*
If caesarean section after failed forceps/ventouse, tick caesarean section
 ₁ Spontaneous vertex birth ₂ Vaginal breech
 ₃ Ventouse ₄ Forceps ₅ Caesarean section
Primary reason for instrumental or caesarean delivery _____
- D11. Did this woman have active management of the 3rd stage?** Yes No
- D12. Did this woman have an episiotomy?** Yes No
- D13. Was there any perineal trauma involving the anal sphincter? (3rd/4th degree tear)** Yes No
- D14. Birth outcome:** ₁ Live birth ₂ Stillbirth
- D15. Sex of baby:** ₁ Male ₂ Female ₃ Unknown
- D16. Birthweight:** g
- D17. Apgar at 5 minutes:**
- D18. 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 unit type _____

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

E3. Date and time woman discharged home: DD / MM / YY h : mm

Not yet discharged

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: DD / MM / YY

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

Neonatal encephalopathy

Brachial plexus injury

Fractured humerus

Fractured clavicle

Fractured skull

Neonatal sepsis

No morbidity identified

Cephalohaematoma

Cerebral haemorrhage

Kernicterus

Seizures

Admission to neonatal unit within 48 hrs of birth for at least 48 hrs with evidence of feeding difficulties or respiratory distress

Other morbidity

Please specify _____

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

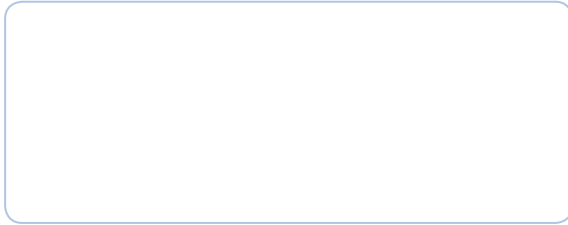
E8. Section E completed by: Please print full name _____

E9. Date and time Section E completed: DD / MM / YY h : mm

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

D18.

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.

The OU data collection form had four extra eligibility questions, A1–A4, which were used to exclude women with a caesarean section before the onset of labour, a multiple pregnancy, a gestation of < 37 weeks and 0 days, and unbooked women (i.e. women who did not have any antenatal care). In addition, the OU form did not have a section to collect detailed information about transfers during labour or immediately after the birth.

Both data collection forms have previously been published^{7,8} and are reproduced here with the permission of the Birthplace co-investigator group and under the terms of the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) licence that applies to the published paper.