## Supplementary files

Implementation of an individual-patient prospective database of hospital births in Sri Lanka and its use for improving quality of care

### List of files

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# Appendix 1. YELLOW FORM Complete this chart AT DELIVERY (white part) and AT DISCHARGE (dotted part ) Soysa Other

If other hosp, add r	name:					,	
Adm (dd/mm/yy)		Deliv 🗌 🔲 🔲 🖺	☐ ☐ Disc	ch 🗌 🗎 🗎	□□□ вн	Т 15- 🗌 🔲 🔲 🛭	
Age (years) ☐ ☐ Edu Working status ☐ No data		No schooling □P □ Housewife	• '		• '	6-10) □Higher □ Unmarried living	g togethe
GA at delivery (wks/days)			GA es	stimated with	n US □N □Y □	∃Missing	
Gravida (pregnancies)¹ ☐ BMI at booking ☐ Underwe	eight (< 18.4	,	5 - 22.9) 🗆 C	• ,	3 - 27.4) □ Obe	alive – exclude current prese ( > 27.5)	regnancy)
	(R	isk factors at					
Multiple pregn	□N □Y	<b>PreGes Hyperte</b>	n³	□N□Y		n³ no proteinur	□N □Y
Pre-ecl NOT SEV	□N □Y	Pre-ecl SEV		□N□Y	Eclampsia <sub>_</sub>		□N □Y
Chorioamnionitis	□N □Y	Major fetal malfo	ormation/s	□N□Y	IUGR/SGA⁴		□N □Y
Pregeste Diab		GDM in diet		□N□Y	GDM, in drug		□N □Y
Maternal-cardiac disease <sup>2</sup>		Maternal hypoth		□N□Y	Polihydramni		□N □Y
Olidramnion	□N □Y	APH/major plac	previa/accre	t □N □Y	Severe Anaer	nia (Hb<7)	□N □Y
Other	□N □Y						
If Other maternal condition							
If Other fetal conditions, sp	ecify						
If Other, specify							
5			<u>)ne tick on</u>				
Steroids <sup>5</sup>	□ N		mplete		omplete	□ dose ui	
Previous CS	□ N	□ Y		□ Mis	ssing	Number_	
If prev CS, trial of labour		evious CS 🗆 N	t	□ Y		B.411	
Presentation	□ Cepha		reech	□ Ot	•	□ Missing	•
Labour onset	□ Spont	□ IN 6	duc (even if fa	alled) 🗆 Pr	eLabCS <sup>6</sup>	□ Missing	j
Delivery mode	□ Vag s	pont 🗆 Va	ag forcep/ven	tuse 🗆 CS	3	□ Missing	j
If CS, type		5 □ Er	merg	□ Ele	ect	□ Missing	J
		OL, <u>main</u> indi	cation give	en ( <u>one ticl</u>	k only)		
□ 1 No IOL	□ 2 I	Post-term Macrosomy at US	7	3 Prelab rupt	ure memb 🗆	4 Diabetes on o	
<ul><li>□ 5 Diabet on insulin/metfor</li><li>□ 9 Maternal Age &gt; 40 y</li></ul>	rm □ 6 i □ 10	งเลcrosomy at บร Hypert/Preecl/Ecl	. □ lam □	7 IUGR/SGA 11 Cardiac d		<ul><li>8 Multiple pregr</li><li>12 Oligoidramn</li></ul>	
<ul><li>9 Maternal Age &gt; 40 y</li><li>13 Other add</li></ul>		Prolonged latent pl				□ 0 Missing	
_ 10 0 mor ada		rolongou latom pi	naco, pannar		iot iii iaboai	_ 0 141100m1g	
	If	IOL, mode of	induction	(one tick o	nlv) <sup>8</sup>		
□ 1 No IOL	□ 2 PGE			3 Oxytocin		4 Foley	
□ 5 ARM		+ oxytocin ± ARM		7 Foley+ARM	=	8 Foley + PGE	
□ 9 ARM + oxytocin		er add: ative delivery,		action (one		0 Missing	
□ 1 No operative del		2 CTG anom/su				ed induction	
□ 4 Distocya 1st		5 Distocya 2nd	stage <sup>10</sup>	41011000	□ 6 Past		
<ul> <li>7 Breech/abnormal lie</li> </ul>		8 History of sub	fertility			l/major placenta pi	evia
□ 10 Cardiac disease		11 Prelab diagn 14 Pre term	CPD/short m	other		Itiple pregnancies	
<ul><li>□ 13 IUGR</li><li>□ 16 Hypert/Precl/Eclam</li></ul>		17 Maternal req	uest		□ 15 Dia □ 18 Oth		
□ 0 Missing							
If other fetal cause specify							
If other maternal specify							
other oddoo							
Episiotomy DN		□ Y	□ Missing	01	N 4°	O41	
Analges in labour <sup>9</sup> □ N If CS, anaestesia □ No	CS	<ul><li>□ Petidine</li><li>□ Spinal/epid</li></ul>	□ Epid □ General	□ Spin	□ Mix	□ Other	
	tive	□ No active □ Manual	□ General □ Missing				
Removal placenta	OTIL	- Mariaai	□ ERPC	□ Missing		_	
Operator del	rse	□ MW	□ НО	□ SHO	□ Reg	□ Con □	Missing
						PTO	

Complications (one tick)						
Perineal tears	□ N/I-II d	□ IĪĪ d	□IVd	□ Missing		
PPH- <sup>11</sup>	□N	□ Minor	□ Severe	☐ Massive		
Blood transfusion	□ N	□Y	Units (#)			
Cord prolapse	□ N	□ <b>Y</b>	Abruptio placentae	□ N □ Y		
Jterine rupture	□N	□ Y	Amn fluid embol	□ N □ Y		
Admission to ICU/HDO	□ N · · · ·	- □ <b>Y</b>	Major organ dys <sup>12</sup>	□N □Y		
OT after deliv	□N	. □ Y	Hysterectomy	□ N □ Y		
Sepsis/sev infect	□ N	□ <b>Y</b>	DVT/PE	□ N □ Y		
Other Complications	□N	□ Y	Other infections	□ N □ Y		

Near I	harged □ Disc with disab due to Miss <sup>14</sup> □ N □ Y		
□ 4 F □ 7 A □ 10 0	re-exist cardiac dis Hypertension	□ 2 Other pre-existin □ 5 Preeclampsia/Ec □ 8 Sepsis/infection □ 11 Other	lg medic con ☐ 3 Suicide clampsia ☐ 6 PPH ☐ 9 DVT/PE ☐ 0 Missing
140103_			
	Post deliv	very duration stay (days	s) <sup>15</sup>
	-	ernal □ newborn □ both [ <b>NEWBORN (N1)</b> -	□ hospital regulations □ Missing
Born	□ Alive <sup>1</sup> □ Dead <sup>2</sup>	If stillbirth <sup>3</sup> □ noSB □ M	lacerated □ Fresh □ Intrapartum □ Missing
Sex	□ Female □ Male □ Missing	BW (gr) 4	☐ Apgar1/5 /10 ☐ ☐ / ☐ ☐ / ☐ ☐
Ve	ntilated in delivery room <sup>5</sup> □ N	□ Y □ Missing	<b>Asphyxia</b> <sup>6</sup> □ N □ Y □ Missing
	Other Infect(incl NEC) □N □Y N	COMPLICATIONS Jaundice with ET □N i lajor birth trauma <sup>8</sup> □N i	⊐Y Major malformation⁰□N □Y
Fi	RDS 7	COMPLICATIONS  Jaundice with ET □N I  lajor birth trauma <sup>8</sup> □N I  hototherapy > 24 h□N I	□Y Major malformation⁰□N □Y □Y Other □N □Y
Fi	RDS <sup>7</sup> □N □Y • Other Infect(incl NEC) □N □Y N Neurol (seizure,IVH,HIE) □N □Y P If other, add nal □ Discharged □Disc with	COMPLICATIONS  Jaundice with ET	□Y Major malformation □N □Y □Y Other □N □Y □ Referred □ LAMA
Born	RDS <sup>7</sup>	COMPLICATIONS Jaundice with ET	□ Y Major malformation □ N □ Y □ Y Other □ N □ Y □ Referred □ LAMA  ) accerated □ Fresh □ Intrapartum □ Missing
Born Sex	RDS 7	COMPLICATIONS  Jaundice with ET	□Y Major malformation □N □Y □Y Other □N □Y □ Referred □ LAMA  ) acerated □ Fresh □ Intrapartum □ Missing □ Apgar1/5 /10 □ □/□ □/□□
Born Sex	RDS <sup>7</sup>	COMPLICATIONS  Jaundice with ET	□Y Major malformation □N □Y □Y Other □N □Y □ Referred □ LAMA  ) accerated □ Fresh □ Intrapartum □ Missing

#### \*DEFINITIONS (WOMAN)

- <sup>1</sup> Gravida /Para/ Born alive: fill this excluding current pregnancy/delivery (example: 3 pregnancies, 2 children, 1 stillbirth will be gravida 3, para 2, born alive 1)
- Risk factors at time of delivery: consider here the risk factors present at time of delivery and that can affect the delivery outcome. Examples:
  - If the mother had severe anaemia but this was corrected before delivery, do not tick the severe anaemia box).
  - If the mother had hypertension, pre-eclampsia, eclampsia, or hypothyroidism during current pregnancy, still tick the box even if the situation is under control
  - If relevant cardiac problems present or even in the past, still tick the box.
- <sup>3</sup> **Hypertension:** this is defined with a BP > 140/90
- <sup>4</sup>IUGR/SGA: defined as weight < 10 centile of estimated weight-for-GA or < 10 centile for abdominal circumference (Bangladesh growth chart). IUGR/SGA is based on US estimate (if there was an indication for US, such as clinical signs suggesting IUGR, but US was not performed or uncertain, collect this information under "other or uncertain".
- Steroids: Complete dose is Dexametason 8 mg /12 hrs for 3 doses –can you double if this is you national standard? (last GL 6mg/ 12 h 48 h)
- Induction: as labour onset should be selected even in the case of failed IOL and subsequent CS, not "prelabour caesarean section" (note that this is accordingly to Robson classification)
- Macrosomy at US: defined as weight > 3500 grams or 90 Centile weight-for-GA
- <sup>8</sup> If IOL, mode of induction: record here only procedures for IOL,i.e. until 4 cm dilatation
- <sup>9</sup> Analg: record only drugs actually given (not just prescribed). Record paracetamol under "other"
- <sup>10</sup> **Distocya 2nd stage**: CS at full dilatation
- <sup>11</sup> **PPH** Minor (not severe not massive) Severe PPH (≥ 1000 ml *or* any bleeding with hypotension or tachycardia *or* blood transfusion) Massive (lost of ≥40% of blood volume, blood volume= body weight(kg)/12)
- Major organ dysfunction: as for Near miss definition -do not consider diabetes as major organ dysfunction (see following ANNEX 1)
- Disabilities from pregnancy complications: include here stroke, anaemia, post partum depression or other psychiatric disorders and other disabilities (not include preexisting problems such as GDM, hypertension, or hysterectomy)
- Near Miss= A maternal near-miss case is defined as "a woman who nearly died but survived a complication that occurred during pregnancy, childbirth or within 42 days of termination of pregnancy" (WHO 2011). This implies either severe disease (severe PPH, severe pre-eclampsia, Eclampsia, sepsis, uterine rupture, severe complications of abortion), or critical interventions (admission UTI, intervention radiology, lapartotomy, blood transfusion) or organ dysfunction (see ANNEX 1)
- Post delivery duration stay: count this in days. If admitted on 2 April and out day 3 April count this as 1 day if it is less than 24 h. If more than 24h, count this as 2 days

#### **DEFINITIONS (NEWBORN)**

- <sup>1</sup> Born alive= fetus/baby of any GA and any birth weight showing any sign of vital activity (breath, cardiac, movements)
- <sup>2</sup> Born dead= when not born alive; it includes stillbirth
- <sup>3</sup> Stillbirth = macerated are fresh are based on clinical evaluation; intrapartum is a fetus where heart rate was perceived before delivery (and than lost after delivery)
- Birth weight=avoid approximation (use weight in grams)
- <sup>5</sup> **Ventilated in delivery room=** not just stimulated, but ventilated (with bag or CPAP) for more than *10 seconds*
- <sup>6</sup> Asphyxia= no spontaneous start of breathing, ventilation for at least 30 sec and/or thoracic compressions as in international guidelines or any drug
- RDS (Respiratory Distress Syndrome)= tick this box for a baby with respiratory distress lasting more than 24 hours <sup>8</sup> Major birth trauma= include here brachial plexus injury/arm palsy, fractures at any site, sub-aponeurotic (subgaleal) hemorrhage. Do NOT include here cephaloaematoma and caput succedaneum
- Major Malformation = do not include here minor malformation such as skin tags and pits, syndactyly, polydactyly, additional finger, PDA even if persistent.

  10 Day of death= for still birth use day zero

#### 12 ANNEX 1 DEFINITIONS ORGAN DISFUNCTION (SOURCE: WHO MANUAL)

Organ dysfunction / life-threatening conditions
C0 Cardiovascular dysfunction
[shock, use of continuous vasoactive drugs, cardiac arrest, cardio-pul monary
resuscitation, severe hypoperfusion (lactate >5 mmol/L or >45mg/dL) or
severe acidosis (pH<7.1)]
C1 Respiratory dysfunction
[acute cyanosis, gasping, severe tachypnea (respiratory rate>40 bpm), severe
bradypnea (respiratory rate<6 bpm), severe hypoxemia (PAO2/FiO2<200
O2 saturation <90% for ≥60min) or intubation and ventilation not related
to anaesthesia]
C2 Renal dysfunction
[oliguria non responsive to fluids or diuretics, dialysis for acute renal failure
or severe acute azotemia (creatinine ≥300umol/ml or ≥3.5mg/dL)]
C3 Coagulation/hematologic dysfunction
[failure to form clots, massive transfusion of blood or red cells (≥ 5 units) or
severe acute thrombocytopenia (<50,000 platelets/ml)]
C4 Hepatic dysfunction
[jaundice in the presence of pre-eclampsia, severe acute hyperbilirubinemia
(bilirubin>100umol/L or >6.0mg/dL)]
C5 Neurologic dysfunction
[prolonged unconsciousness / coma (lasting >12 hours), stroke, status
epilepticus / uncontrollable fits, total paralysis]
C6 Uterine dysfunction / Hysterectomy
[haemorrhage or infection leading to hysterectomy]

## **Appendix 2. Missing variables**

	Total	Missing	% Missing
Maternal variables			1
Age	7504	34	0.4
Work	7504	38	0.5
Education	7504	37	0.4
Para (number of children)	7504	34	0.4
Marital status	7504	38	0.5
Gravidas (pregnancies, including the ongoing)	7504	34	0.4
Born alive	7504	34	0.4
Gestational age at delivery	7504	47	0.6
Gestational age estimated with ultrasounds	7504	53	0.7
ВМІ	7504	53	0.7
Discharge	7504	35	0.4
Delivery	7504	32	0.4
Multiple pregnancies	7504	34	0.4
Pregestetional hypertension	7504	33	0.4
Gestetional hypertension (no proteinuria)	7504	35	0.4
Pre-eclampsia not severe	7504	35	0.4
Pre-eclampsia severe	7504	35	0.4
Eclampsia	7504	34	0.4
Chorionamnionitis	7504	36	0.4
Major fetal malformation	7504	36	0.4
IUGR/SGA	7504	36	0.4
Pregestetional diabetes	7504	35	0.4
Gestetional diabetes mellitus in diet	7504	35	0.4
Gestetional diabetes mellitus in drug therapy	7504	36	0.4
Maternal cardiac disease	7504	34	0.4
Maternal hypothiroidism	7504	37	0.4
Polihydramnios	7504	36	0.4
Oligohydramnios	7504	38	0.4
APH/major placentia previa	7504	37	0.4
Severe anaemia	7504	38	0.5
Other (risk factors)	7504	63	0.8
Steroids	7504	37	0.4
		1	1

Previous CS	7504	38	0.5
If previous CS, trial of labour	7504	39	0.4
Presentation	7504	37	0.4
Labour onset	7504	36	0.4
Delivery mode	7504	37	0.4
If CS, type	7504	37	0.4
Indication of labour	7504	36	0.4
Mode of induction	7504	42	0.5
If operative delivery, indication	7504	38	0.5
Episiotomy	7504	43	0.5
Analgesia in labour	7504	43	0.5
3 <sup>rd</sup> stage management	7504	39	0.5
Removal of placenta	7504	39	0.5
Operator delivery	7504	41	0.5
Perineal tears	7504	36	0.4
PPH	7504	38	0.5
Blood transfusion	7504	36	0.4
Cord collapse	7504	42	0.5
Uterine rupture	7504	42	0.5
Admission to ICU	7504	22	0.2
OT after delivery	7504	43	0.5
Sepsis/several infections	7504	44	0.5
Other complications	7504	45	0.6
Abruption placentae	7504	42	0.5
Amniotic fluid embolism	7504	42	0.5
Major organ dysfunction	7504	37	0.4
Hysterectomy	7504	36	0.4
DVT	7504	46	0.6
Final outcome	7504	42	0.5
Near miss	7504	20	0.2
Newborn variables ¶			
Born	7504	43	0.5
If stillbirth, fresh or macerated	7504	75	1.0

Sex	7504	51	0.6
Birth weight	7504	68	0.9
Apgar at 1'	7504	168	2.2
Apgar at 5'	7504	168	2.2
Apgar at 10'	7504	166	2.2
Ventilated in delivery room	7504	119	1.5
Asphyxia	7504	124	1.6
Post-delivery	7504	44	0.5
Respiratory distress syndrome	7504	114	1.5
Other infections	7504	110	1.4
Neurological complications (seizure, IVH, HIE)	7504	114	1.5
Jaundice with ET	7504	112	1.4
Major birth trauma	7504	120	1.6
Phototherapy for over 24 hours	7504	121	1.6
Sepsis	7504	113	1.5
Major malformation	7504	120	1.6
Other complications	7504	172	2.3
Final	7504	108	1.4

Abbreviations: APH= ante-partum haemorrhage; BMI= body Mass index; CS= caesarian section; DVT= deep vein thrombosis; ET= exchange transfusion; HIE= Hypoxic Ischemic Encephalopathy; ICU= Intensive care unit; IUGR=Intra-uterine growth restriction; IVH= intra-ventricular haemorrhage; OT=operating theatre; PPH= post-partum haemorrhage; SGA= small for gestational age.

<sup>¶</sup> For multiple pregnancies, only data on the first newborn provided