

MUSP OBSTETRIC DATA SHEET - A

PHASE:

NAME: _____

CODE NO: _____

U.R. NO:

PAST OBSTETRIC HISTORY:

1. (AN) Total No. of previous pregnancies

	<u>Yr</u>	<u>Gest'n</u>	<u>Bth Wt (gms)</u>	<u>Sex</u>	<u>Delivery</u>	<u>Outcome</u>
2.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CODE

SEX

1. Male
2. Female
3. Male - Twin
4. Female - Twin

DELIVERY

1. Normal
2. Forceps
3. Breech
4. Caesarean section

OUTCOME

1. Live (at present)
2. Miscarriage
3. T.O.P.
4. Ectopic
5. S.B.
6. N.N.D.
7. Death (1 mth-1 yr)
8. Death(1 yr)
9. Adoption,Fostered

Present Pregnancy

12	(AN)	Height (to nearest cms)	<input type="text"/>	<input type="text"/>	<input type="text"/>				
13		Height - patients estimate (cms)	<input type="text"/>	<input type="text"/>	<input type="text"/>				
14	(AN)	Pre-pregnant weight (to nearest tags)	<input type="text"/>	<input type="text"/>	<input type="text"/>				
15		Pre-pregnant weight - patients estimate (kgs)	<input type="text"/>	<input type="text"/>	<input type="text"/>				
16		Height of baby's father (cms)	<input type="text"/>	<input type="text"/>	<input type="text"/>				
17		Weight of baby's father (kgs)	<input type="text"/>	<input type="text"/>	<input type="text"/>				
18	(AN)	Date of 1st Antenatal visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19		Gestation at 1st Antenatal visit	<input type="text"/>	<input type="text"/>					
20	(AN)	Weight at 1st visit (to nearest kg)	<input type="text"/>	<input type="text"/>	<input type="text"/>				
21	(AN)	Date of maximum recorded weight	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22		Gestation at maximum recorded weight	<input type="text"/>	<input type="text"/>					
23	(AN)	Maximum recorded weight (to nearest kg)	<input type="text"/>	<input type="text"/>	<input type="text"/>				
24	(AN)	Date of last Antenatal visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25		Gestation at last Antenatal visit	<input type="text"/>	<input type="text"/>					
26	(AN)	Weight at last Antenatal visit (to nearest kg)	<input type="text"/>	<input type="text"/>	<input type="text"/>				
27	(AN)	Lowest recorded haemoglobin (gms)	<input type="text"/>	<input type="text"/>	<input type="text"/>				

Delivery

- 28 (HS) Hour of Delivery (to next o'clock)
- 12.01 a.m. -- 1.00 a.m. = 01
1.01 a.m. - 2.00 a.m. = 02
11.01 p.m. -12.00 midnight = 24
- 29 (HS) Duration of Labour
- 1st Stage (to nearest hour)
- 2nd Stage (in minutes)
- 30 (AD2) Insurance
- 31 (AD5) Date of birth of mother (month and year)
- 32 (AD6) Suburb/Local Authority Code
- 33 (AD7) H.M.O.
- 34 (AD47) Placental Weight (gms)
- 35 (AD51) Method of Induction
- 36 (AD52) Augmentation of Labour
- 37 (AD54) Number of Infants Delivered
- 38 (AD56) Anaesthesia (N₂O excluded)
- 39 (AD57) Fetal Distress
- 40 (AD60) Intravenous Infusion
- 41 (AD70) Date of Discharge after Delivery
- 42 (AD71) Number of Antenatal Admissions

43	(ND1)	Date of Delivery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
44	(ND2)	Birth Weight (gms)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
45	(ND3)	Sex						<input type="text"/>	
46	(ND4)	Baby in Multiple Pregnancy						<input type="text"/>	
47	(ND5)	Presentation at Delivery						<input type="text"/>	
48	(ND6)	Method of. Delivery	<input type="text"/>		<input type="text"/>				
49	(ND7)	Apgar at 1 minute						<input type="text"/>	
50	(ND8)	Apgar at 5 minutes						<input type="text"/>	
51	(ND9)	Time to establish respiration						<input type="text"/>	
52	(ND10a)	Resuscitation given – mechanical						<input type="text"/>	
53	(ND10b)	Resuscitation given – drug						<input type="text"/>	
54	(ND11)	Length of baby (crown - heel)						<input type="text"/>	
55	(ND15)	Head Circumference (cms)						<input type="text"/>	
56	(ND16)	Jaundice						<input type="text"/>	
57	(ND17)	Highest Bilirubin						<input type="text"/>	
58	(ND20)	Congenital Malformation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
59	(ND24)	Date of Discharge or Death of Baby	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
60	(ND26)	Infants Survival in Hospital						<input type="text"/>	
61	(ND27)	Disposal						<input type="text"/>	

OBSTETRIC DATA SHEET – B

PHASE:

5

NAME: _____

CODE NO: _____

U.R. NO:

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1 Coded by

2 Gestation at Delivery

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3 Dates - Not certain 1
 Certain 2

4 Date of 1st Contact with Mater Mothers' Hospital

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5. Booking - Apparent Date of 1st Visit Anywhere
 Gestation - 20 weeks or less 1
 Gestation - 21 - 30 weeks 2
 Gestation - 31 weeks or more 3
 Unbooked 4
 Not known 9

6. Attendance - Antenatal Care Anywhere
 Regular 1
 Irregular (< 50% of scheduled A/N visits) 2
 Nil 3
 Not applicable 4
 Not known 9

7. Information re Booking/Attendance
 Not certain 1
 Certain 2

8. Antenatal Admissions
 No. of antenatal admissions - < 3 days
 3 - 7 days
 > 7 days

9.	Complications this pregnancy	Gestation (1st diagnosed)		Severity
	(a) Essential Hypertension	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(b) Pre-eclampsia	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(c) Bleeding - abruption placenta	<input type="text"/>	<input type="text"/>	<input type="text"/>
	- antepartum haemorrhage	<input type="text"/>	<input type="text"/>	<input type="text"/>
	- placenta praevia	<input type="text"/>	<input type="text"/>	<input type="text"/>
	- unclassified	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	Diseases significant to pregnancy	Disease		Severity
	(a) Pre-existing – specify _____ _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(b) Newly developed – specify _____ _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	Number of admissions to Labour Ward at <37 completed weeks of pregnancy for premature labour			<input type="text"/>
12.	Analgesics	No. of Doses		
	Haloperidol, droperidol	<input type="text"/>		
	Morphine	<input type="text"/>		
	Omnopon	<input type="text"/>		
	Pethidine	<input type="text"/>		
	Stemetil	<input type="text"/>		
	Valium	<input type="text"/>		
	Others e.g. largactil, sparine etc.	<input type="text"/>		
13.	Fetal distress	<u>No</u>	<u>Yes</u>	
	As indication for operative delivery	1	2	<input type="text"/>
	Meconium	1	2	<input type="text"/>
	Fetal Heart Monitoring	1	2	<input type="text"/>
14.	Syntocinon			
	Total time (to nearest hour)	<input type="text"/>		
	Highest concentration - units	<input type="text"/>		
	- drops	<input type="text"/>		

15. Outcome at Delivery
- Alive..... 1
 - Dead (antepartum macerated) 2
 - (antepartum fresh) 3
 - (antepartum unknown) 4
 - (intrapartum) 5
 - (immediate postpartum
i.e. < 1hour) 6

16. No. of days in Intensive Care Nursery

17. Significant Neonatal Problems	<u>No</u>	<u>Yes</u>	
(a) Observation only (no other reason)	1	2	<input type="checkbox"/>
(b) Prematurity	1	2	<input type="checkbox"/>
(c) Small for gestational age	1	2	<input type="checkbox"/>
(d) Respiratory problems	1	2	<input type="checkbox"/>
(e) Central Nervous System Problems	1	2	<input type="checkbox"/>
(f) Blood Coagulation problems	1	2	<input type="checkbox"/>
(g) Feeding problems	1	2	<input type="checkbox"/>
(h) Trauma	1	2	<input type="checkbox"/>
(i) Jaundice	1	2	<input type="checkbox"/>
(j) Metabolic problems	1	2	<input type="checkbox"/>
(k) Congenital Abnormality	1	2	<input type="checkbox"/>
(l) Infection	1	2	<input type="checkbox"/>
(m) Cardiac	1	2	<input type="checkbox"/>
(n) Others - please specify _____ _____	1	2	<input type="checkbox"/>

18. Outcome
- Alive 1
 - Alive with obvious residual handicap 2
 - Dead 3

19. Age at Death

No. of days (<24 hours = 01)