Directorate for Health Information and Research, Malta

NATIONAL OBSTETRIC INFORMATION SHEET (NOIS)

Hospital: _____ ....Code: |__|__|

Case identification code ....|__|__|__|__|__|__|__|__|__|

(A separate and unique code is to be given for each infant delivered, according to the agreed format)

Mother's details

Identity number .... |__|__|__|__|__|__|__|__| |__|

First name .... _____

Surname .... _____

Maiden surname .... _____

Address (1) .... _____

Address (2) and Post code .... _____

Infant ID _____   Infant C number _____

Infant Name _____   Infant DOB _____

Locality of residence .... _____

    Locality code (*office use*) ....|__|__|__|__|

Current Nationality _____............. |__|__|__|

Migrant (0 = No, 1 = Yes, 9 = UN) ....|__|

Resident (since 1 year) (0 = No, 1 = Yes, 9 = UN) ....|__|

Country of Birth _____ .... |__|__|

Date of birth (dd/mm/yyyy) *(only the year is mandatory)* .... |__|__| |__|__| |__|__|__|__|

Legal Marital status

(1 = Single (never married), 2 = Married 3 = Widowed / separated / divorced /annulled   9 = UN) ....|__|

Mother's education – highest completed level

(1 =None, 2 =Special School, 3 =Primary,4 =Secondary, 5 =Post secondary, 6 =Non-tertiary, 7 =Tertiary, 9 =UN) ....|__|

Mother's occupation in pregnancy _____

    (Office use: ISCO code) ....|__|__|__|__|

Father's Age (88 = Un-acknowledged Father, 99 = UN) .... |__|__|

Father's Nationality (if not Maltese) _____..... |__|__|__|

Father's occupation .... _____

    (Office use: ISCO code) ....|__|__|__|__|

Forms completed by _____ on _____ .

Data is collected in accordance with Data Protection Requirements

DHIR_NOIS_v.2019

Past History (before the present pregnancy/confinement)

Past Medical History of note prior to this pregnancy   (0 = No, 1 = Yes, 9 = UN) ....|__|

NIDDM – Pre-existing Non Insulin Dependant Diabetes Mellitus (0 = No, 1 = Yes, 9 = UN) ...|__|

IDDM – Pre-existing Insulin Dependant Diabetes Mellitus (0 = No, 1 = Yes, 9 = UN) ....|__|

Pre-existing Hypertension   (0 = No, 1 = Yes, 9 = UN) ....|__|

Cardiovascular disease   (0 = No, 1 = Yes, 9 = UN) ....|__|

Depression   (0 = No, 1 = Yes, 9 = UN) ....|__|

Asthma   (0 = No, 1 = Yes, 9 = UN) ....|__|

Epilepsy   (0 = No, 1 = Yes, 9 = UN) ....|__|

DVT – Deep Vein Thrombosis   (0 = No, 1 = Yes, 9 = UN) ....|__|

Thalassemia   (0 = No, 1 = Yes, 9 = UN) ....|__|

Sickle cell Anemia   (0 = No, 1 = Yes, 9 = UN) ....|__|

HIV   (0 = No, 1 = Yes, 9 = UN) ....|__|

Hepatitis (Hep A, B, or C)   (0 = No, 1 = Yes, 9 = UN) Specify _____ |__|

Other Infection including STD   (0 = No, 1 = Yes, 9 = UN)   Specify_____ |__|

Other Pathology (specify below)   (0 = No, 1 = Yes, 9 = UN) ....|__|

Rubella vaccination   (0 = No, 1 = Yes, 9 = UN) ....|__|

Past transfusion   (0 = No, 1 = Yes, 9 = UN) ....|__|

Pelvic fractures   (0 = No, 1 = Yes, 9 = UN) ....|__|

Past surgery   (0 = No, 1 = Yes, 9 = UN)   Specify _____.|__|

Pre-existing Thyroid problems
(0 = No, 1=Yes, NOS, 2=Hypothyroid, 3= Hyperthyroid, 4= Other, 9 = UN) ....|__|

Female Genital Mutilation
(0 = No, 1 = Yes, Type I, 2 = Yes, Type II, 3= Yes, Type III, 4= Yes, Type IV, 5 = Yes, NOS, 9 = UN)   .....|__|

Other Past Medical History of note - _____ ...|__|__|__|.|__|

      (*Office use: ICD-10 code*)   - _____... |__|__|__|.|__|

Past Gynae History of note prior to this pregnancy (0 = No, 1 = Yes, 9 = UN) ....|__|

Infertility   (0 = No, 1 = Yes, 9 = UN) ....|__|

Previous assisted conception/ infertility treatment (0 = No, 1 = Yes, 9 = UN) ....|__|

Pelvic inflammatory disease PID   (0 = No, 1 = Yes, 9 = UN) ....|__|

Postnatal depression   (0 = No, 1 = Yes, 9 = UN) ....|__|

Past Gynae Surgery (0 = No, 1 = Yes, 9 = UN) Specify _____..............|__|

Other Past Gynae History of note   (0 = No, 1 = Yes, 9 = UN) ....|__|

Specify_____..|__|__|__|.|__|

      _____..|__|__|__|.|__|

Case identification code .... |__|__|__|__|__|__|__|__|__|__|

Past Obstetric History

Spontaneous miscarriages (b.wt. under 500g and/or below 22 wks gestation) (number) .... |__|__|

Induced abortions (number) .... |__|__|

Ectopic pregnancies (number) .... |__|

Vaginal deliveries (number) .... |__|__|

Caesarean sections (number) .... |__|__|

Number of livebirths (in all) .... |__|__|

    Number of livebirths who died in 1st week of life (early neonatal dth) .... |__|__|

    Number of livebirths who died in 2nd, 3rd or 4th weeks of life (late neonatal dth) ...... |__|__|

Number of still births   (b.wt. 500g or more, or gestation 22 wks or more) .... |__|__|

Number of preterm deliveries (before completing 37 wks of gestation) .... |__|__|

Complications in previous pregnancies (eg. IGT, GDM, PIH, DVT, molar preg.) _____. |__|__|__|.|__|

              _____.... |__|__|__|.|__|

Present Obstetric History

Last menstrual period (dd/mm/yyyy) .... |__|__| |__|__| |__|__|__|__|

Certainty of LMP – Last Menstrual Period (0 = No, 1 = Yes, certain, 9 = UN) ....|__|

Regular menstrual cycle   (0 = No, 1 = Yes, 9 = UN) ....|__|

Expected date of delivery (EDD) by dates   (dd/mm/yyyy) .... |__|__| |__|__| |__|__|__|__|

Expected date of delivery (EDD) by ultrasound (dd/mm/yyyy) .... |__|__| |__|__| |__|__|__|__|

Planned Pregnancy   (0 = No, 1 = Yes, 9 = UN) ....|__|

Contraception at time of current conception (0 = No, 1 = Yes, 9 = UN) ....|__|

Assisted fertilisation   (0 = No, 1 = Yes, NOS, 2 = Induction of ovulation only, 3 = Artificial

  insemination , 4 = Implantation of ovum /ova (IVF) / ICSI, 9 = UN) _____ |__|

Cigarette smoking during pregnancy (0 = None, 1= Stopped in pregnancy, 2 = still smoking, 9 = UN) ..|__|

      No. of cigs per day ....|__|

Alcohol use during this pregnancy   (0 = None, 1= Stopped in pregnancy, 2 = still drinking, 9 = UN) ...|__|

      No. of units per week ....|__|

Illicit Drug abuse during pregnancy (0 = No, 1 = Yes, 9 = UN) Specify _____ ...|__|

Non prescribed medicinal drug **abuse** during pregnancy (0 = No, 1 = Yes, 9 = UN) ....|__|

Drugs or Medications Abused _____.....................|__|__|__|__|__|__|__|__|

  (*Office use: ATC - code*)   _____ ....|__|__|__|__|__|__|__|__|

Medications during 1st trimester of pregnancy

Folic Acid.   (0 = No, 1 = Yes NOS, 2 = Yes started before pregnancy, 3 = Yes started in 1st trimester, 4 = Yes started after 1st trimester, 9 = UN) ....|___|

Iron Supplements (0 = No, 1 = Yes NOS, 2 = Yes started before pregnancy, 3 = Yes started in 1st trimester, 4 = Yes started after 1st trimester, 9 = UN) ....|___|

Multivitamins   (0 = No, 1 = Yes NOS, 2 = Yes started before pregnancy, 3 = Yes started in 1st trimester, 4 = Yes started after 1st trimester, 9 = UN) ....|___|

Chronic Medication History of note in 1st trimester (0 = No, 1 = Yes, 9 = UN) ....|___|

Infertility treatment – (G03G) (0 = No, 1 = Yes, 9 = UN) ....|___|

Progestogens – (G03D)   (0 = No, 1 = Yes, 9 = UN) ....|___|

Aspirin – (B01AC06)   (0 = No, 1 = Yes, 9 = UN) ....|___|

Antiemetics – (A04)   (0 = No, 1 = Yes, 9 = UN) ....|___|

Antiasthmatics – (R03)   (0 = No, 1 = Yes, 9 = UN) ....|___|

Antihypertensives – (C02)   (0 = No, 1 = Yes, 9 = UN) ....|___|

Antidiabetics – (A10)   (0 = No, 1 = Yes, 9 = UN) ....|___|

Antiepileptics – (N03)   (0 = No, 1 = Yes, 9 = UN) ....|___|

Antidepressants – (N06A)   (0 = No, 1 = Yes, 9 = UN) ....|___|

Thyroxine – (H03AA01)   (0 = No, 1 = Yes, 9 = UN) ....|___|

Antibiotics – (J01)   (0 = No, 1 = Yes, 9 = UN) ....|___|

Other medication in 1st Trimester (0 = No, 1 = Yes, 9 = UN) ....|___|

          Specify   1 - _____ ....|___|___|___|___|___|___|___|

          (*Office use: ATC - code*)   2 - _____............|___|___|___|___|___|___|___|

Antenatal Examination:

Date of First antenatal visit   (dd/mm/yyyy) .... |___|___| |___|___| |___|___|___|___|

Gestation at First antenatal visit (week of gestation) 99 = UN ....|___|___|

Number of Antenatal visits   (if exact number is uncertain <4 = 33, >=4=44, UN=99) ....|___|___|

Height (nearest cm)   (999 = UN)...|___|___|___|

Weight before pregnancy (nearest kg)   (999 = UN)...|___|___|___|

Weight at delivery (nearest kg)   (999 = UN) ....|___|___|___|

Ultrasound scans during pregnancy

Number of scans   (if exact number is uncertain <4 = 33, >=4=44, UN=99)................................|___|___|

First recorded scan   (week of pregnancy) (99 = UN) ....|___|___|

Last recorded scan   (week of pregnancy) (99 = UN)...|___|___|

Detailed anomaly scan for malformations (0 = No, 1 = Yes, 9 = UN) ....|___|

Fetal Anomalies detected by US (0 = No, 1 = Yes, 9 = UN) Specify _____ ..|___|

          If yes – Date at first anomaly detection US (dd/mm/yyyy) .... |___|___| |___|___| |___|___|___|___|

                    Gestation at first anomaly detection by US (in weeks) ....|___|___|

Multiple gestation detected (0=No, 1=Yes, NOS, 2=Yes, monochorionic, 3=Yes, dichorionic, 9=UN) ....|___|___|

          If yes – Gestation at first diagnostic US (in weeks)...|___|___|

Screening in pregnancy:

Thalassemia   (0 = No, 1 = Yes, result +ve, 2 = Yes, result –ve, 3 = Yes, result nk, 9 = UN) ....|__|

Sickle cell   (0 = No, 1 = Yes, result +ve, 2 = Yes, result –ve, 3 = Yes, result nk, 9 = UN) ....|__|

Hepatitis B   (0 = No, 1 = Yes, result +ve, 2 = Yes, result –ve, 3 = Yes, result nk, 9 = UN) ....|__|

Hepatitis C   (0 = No, 1 = Yes, result +ve, 2 = Yes, result –ve, 3 = Yes, result nk, 9 = UN) ....|__|

HIV   (0 = No, 1 = Yes, result +ve, 2 = Yes, result –ve, 3 = Yes, result nk, 9 = UN) ....|__|

          If yes – Anti viral treatment given: (0 = No, 1 = Yes, 9 = UN) ....|__|

Syphilis   (0 = No, 1 = Yes, result +ve, 2 = Yes, result –ve, 3 = Yes, result nk, 9 = UN) ....|__|

          If yes – treatment given: (0 = No, 1 = Yes, 9 = UN) ....|__|

Grp B Strep   (0 = No, 1 = Yes, result +ve, 2 = Yes, result –ve, 3 = Yes, result nk, 9 = UN)...................|__|

          If yes – treatment given: (0 = No, 1 = Yes, 9 = UN) ....|__|

 Other Screening Specify: _____ ......|__|__|__|.|__|

Immunity Status in pregnancy:

  Rubella   IgG +ve |__|, -ve |__|;   IgM +ve |__|, -ve |__|;   UN |__|

  Varicella   IgG +ve |__|, -ve |__|;   IgM +ve |__|, -ve |__|;   UN |__|

  Other (eg toxoplasma) Specify: _____ |__|__|__|.|__|

Confirmed Pathology during pregnancy   (0 = No, 1 = Yes, 9 = UN) ....|__|

 Threatened abortion (before 22 wks gestation)   (0 = No, 1 = Yes, 9 = UN) ....|__|

 Premature spontaneous labour (22 - 37 wks.)   (0 = No, 1 = Yes, 9 = UN) ....|__|

 Antepartum haemorrhage (APH)   (0 = No, 1 = Yes, 9 = UN) ....|__|

 PIH (persistently > 140/90mmHg, no albuminuria)   (0 = No, 1 = Yes, 9 = UN) ....|__|

 Pre-eclampsia (hypertension with albuminuria)   (0 = No, 1 = Yes, 9 = UN) ....|__|

 Eclampsia (severe hypertension with seizures)   (0 = No, 1 = Yes, 9 = UN) ....|__|

 Placenta praevia   (0 = No, 1 = Yes, 9 = UN) ....|__|

 Abruption of placenta   (0 = No, 1 = Yes, 9 = UN) ....|__|

 Suspected IUGR –Intrauterine Growth Retardation (0 = No, 1 = Yes, 9 = UN) ....|__|

 Blood group immunisation   (0 = No, 1 = Yes, 9 = UN) ....|__|

 Anaemia requiring transfusion   (0 = No, 1 = Yes, 9 = UN) ....|__|

          Units transfused in pregnancy   (9 = UN) ....|__|

 Cardiovascular disease   (0 = No, 1 = Yes, 9 = UN) ....|__|

 Acute Hepatitis (0 = No, 1 = Hepatitis A, 2 = Hepatitis B, 3 =Hepatitis C, 4 = Other, 9 = UN) ....|__|

 Urinary Tract Infection (UTI)   (0 = No, 1 = Yes, 9 = UN) ....|__|

 Sexually Transmitted Disease (incl. Syphilis, HPV): (0 = No, 1 = Yes, 9 = UN) ....|__|__|__|.|__|

Hypothyroidism and Diabetes appearing during this pregnancy

Hypothyroidism diagnosed during this pregnancy   (0=No, 1=Yes, 9=UN) ....|__|

Gestational Diabetes / Impaired glucose tolerance   (0 =No, 1 =Yes, 9 =UN) ....|__|

Other pathology in pregnancy (specify below)   (0 =No, 1 =Yes, 9 =UN) ....|__|

If diabetic before or during pregnancy:

OGTT – Oral Glucose Tolerance Test done   (0 = No, 1 = Yes, 9 = UN) ....|__|

       If yes: OGTT level at 2 hours (mmol/l) ....|__|__|.|__|

HbA1c test done (0 = No, 1 = Yes, 9 = UN) ....|__|

       If yes: result in 1st trimester............................ |__|__|__| mmol/mol or |__|__| %

Insulin treatment given sometime during pregnancy (0 = No, 1 = Yes, 9 = UN) ....|__|

Other pathology complicating pregnancy:

    (*Office use: ICD-10 code*)   1 - _____   .....**O** |__|__|.|__|

                            2 - _____   ..... |__|__|__|.|__|

Details on Delivery

Date of delivery (dd/mm/yyyy) .... |__|__| |__|__| |__|__|__|__|

Site of delivery   (1 = Hospital/clinic, 2 = Home , 3 = Underwater, 4 = Other site, 9 = UN) ....|__|

Onset   (1= Induced, medical and/or surgical, 2 = Spontaneous onset, 3 = CS (Caesarean Section) elective / planned,

    4 = CS emergency for pathological condition eg APH, PET, fetal distress, 9 = UN) ....|__|

Any augmentation medical and/or surgical (0 = No, 1 = Yes, 9 = UN) ....|__|

Reason for Induction_____ ....|__|__|__|.|__|

Delivery (1 = Unassisted, vaginal, 2 = Forceps, 3 = Ventouse, 4 = Breech, 5 = Elective CS before labour,

    6 = Emergency CS before labour, 7 = Elective CS during labour, 8 = Emergency CS during labour, 9 = UN) .....|__|

Reason for Caesarean Section_____ ..... |__|__|__|.|__|

Presentation at Delivery (1 = Vertex, 2 = Breech, 3 = Transverse, 4 = Unstable, 5 = Other, 9= UN)...........|__|

Most senior attendant (0 = Unattended, 1 = Midwife/nurse, 2 = Foundation doctor, 3 = BST/HST,

    4 = Resident Specialist, 5 = Consultant, 6 = General Practitioner, 7 = Other, 9 = UN) ....|__|

Midwife in charge of delivery   (Reg No) (9999 = UN)..|__|__|__|__|

Consultant responsible for delivery (Med Reg No) (9999 = UN)...................................|__|__|__|__|

Corticosteroids given   (0 = No, 1 = Yes, 9 = UN) ....|__|

Analgesia (0 = None, 1 = Inhalation, 2 = Opioid, 3 = inhalation & opioid, 4 = Regional, 5 = inhalation & regional,

    6 = opiod & regional, 7 = inhalation, opiod and regional, 8 = Other, 9 = UN) ....|__|

Anaesthesia (0 = None, 1 = General (GA), 2 = Epidural/caudal, 3 = Spinal, 4 = epidural and spinal,

    5 = Epidural and general , 6 = Spinal and general, 8 = Other, 9 = UN) ....|__|

Rupture of membranes for more than 24 hours (0 = No, 1 = Yes, 9 = UN) ....|__|

Length of Stage 1 .... |__|__| hrs |__|__| mins

Length of Stage 2 .... |__|__| hrs |__|__| mins

Details on Delivery (cont.)

Perineal trauma /damage   (0 = No, 1 = Yes, 9 = UN) ....|__|

Episiotomy   (0 = No, 1 = Yes, 9 = UN) ....|__|

Tears (0 = No, 1 = 1st degree, 2 = 2nd degree, 3 = 3rd degree, 4 = 4th degree, 5 = Tear, not specified, 9 = UN) ......|__|

Damage to cervix   (0 = No, 1 = Yes, 9 = UN) ....|__|

Hysterectomy after less than 48 hours (0 = No, 1 = Yes, 9 = UN) ....|__|

Retained placenta /membranes   (0 = No, 1 = Yes, 9 = UN) ....|__|

Bleeding > 1000ml within 2 hrs   (0 = No, 1 = Yes, 9 = UN) ....|__|

Blood transfusion (units) ....|__|__|

      Haemoglobin level 7 g/dl or less   (0 = No, 1 = Yes, 8 = Not applicable, 9 = UN) ....|__|

Shoulder dystocia   (0 = No, 1 = Yes, 9 = UN) ....|__|

Maternal Eclamptic Seizures   (0 = No, 1 = Yes, 9 = UN) ....|__|

Surgery (exclude tubal ligation or CS) (0 = No, 1 = Yes, 9 = UN) ....|__|

Embolisation   (0 = No, 1 = Yes, 9 = UN) ....|__|

Transfer from Delivery Unit (1 = Postnatal, 2 = HDU/ITU, 3 = Gynae ward, 4 = Home, 5 = Other, 9 = UN) |__|

High Dependency Unit HDU / ITU required (0 = No, 1 = Yes, 9 = UN) ....|__|

Other special conditions during delivery ...... _____ |__|__|__|•|__|

      (*Office use: ICD-10 code*) .... _____|__|__|__|•|__|

Maternal discharge (1 = Home, 2 = Transferred to health facility, 3 = Dead, 4 = Other, 9 = UN) ....|__|

      Discharge days or hours after delivery   (99 = UN) ....|__|__| days |__|__| hours

Infant Details

Birth order number   (1 of 1, except in multiple gestation) .... |__| of |__|

Date of birth   (dd/mm/yyyy) .... |__|__| |__|__| |__|__|__|__|

Time of birth   (hh:mm, 24 hr clock) ....|__|__|:|__|__|

Sex   (1 = Male, 2 = Female, 3 = Indeterminate, 9 = UN) ....|__|

Birth weight (grams)   (9999 = UN) ....|__|__|__|__|

Best estimate of Gestation at delivery (in weeks; 99 = UN) ....|__|__|

Head circumference   (nearest cm; 99 = UN) ....|__|__|

Cord blood pH at delivery   (88 = not taken, 99 = UN)...|__|__|

Apgar score at 1 minute   (99 = UN)...|__|__|

Apgar score at 5 minutes   (99 = UN) ....|__|__|

Breast feeding at delivery unit (within first hour) (0 = No, 1 = Yes, 2 = Baby died, 9 = UN) ....|__|

Infant Details (Cont.)

Infant morbidity   (0 = No, 1 = Yes, 9 = UN) ....|__|

RDS/Hyaline membrane disease (0 = No, 1 = Yes, 9 = UN) ....|__|

Other respiratory conditions   (0 = No, 1 = Yes, 9 = UN) ....|__|

Seizure while at hospital   (0 = No, 1 = Yes, 9 = UN) ....|__|

Hyperbilirubinaemia (needing phototherapy) (0 = No, 1 = Yes, 9 = UN) ....|__|

Sepsis (confirmed - positive blood culture)   (0 = No, 1 = Yes, 9 = UN) ....|__|

Other infant morbidity (specify below)   (0 = No, 1 = Yes, 9 = UN) ....|__|

Transfer from Delivery unit (1 = Nursery, 2 = NIPCU, 3 = Other hospital, 4 = Died, 5 = Other, 9 = UN) ....|__|

Length of NPICU stay (days)   (88= not applicable, 99 = UN) ....|__|__|

    Use of surfactant   (0 = No, 1 = Yes, 9 = UN) ....|__|

    Mechanical Ventilation or CPAP   (0 = No, 1 = Yes, 9 = UN) ....|__|

Congenital malformations (most serious)............_____ **Q** |__|__|.|__|

    (*Office use: ICD-10 code*) .... _____ |__|__|__|.|__|

Other perinatal pathology (incl. infections).........._____ **P** |__|__|.|__|

    (*Office use: ICD-10 code*) .... _____ |__|__|__|.|__|

Feeding method at discharge (1 = Breast only, 2 = Bottle only, 3 = Mixed, 4 = Died, 8 = Other, 9=UN) ..|__|

Discharge days after birth   (99 = UN) ....|__|__|

Method of infant discharge   (1 = Home/Crèche, 2 = Transferred to health facility, 3 = Dead,

  4 = Still in hospital after 28 days, 9 = UN) ....|__|

Outcome (1 = Born alive and lived at least 4 weeks, 2 = Antepartum stillbirth (no heart beat on admission),

3 = Intrapartum stillbirth (heart beat heard on admission), 4 = Stillbirth, not known whether AP or IP, 5 = Died in 1st week

of life, 6 = Died in 2nd, 3rd or 4th week of life)..|__|

Date of death   (if applicable - dd/mm/yyyy) .... |__|__| |__|__| |__|__|__|__|

Cause of death (1 = Congenital malformations, 2 = Pregnancy-related disorders, 3 = Birth asphyxia/trauma,

  4 = Immaturity-related disorder, 5 = Infection, 6 = Other, 8 = Baby alive, 9 = UN) ....|__|

    (*Office use: Underlying cause of death (UCD) ICD-10 code*) ....|__|__|__|.|__|

Hours lived before death ....|__|__|__| hours |__|__| mins

COMMENTS

_____

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