

**SWS Obstetric data. Please note that these data were extracted directly onto computer on an old system. This is the screen dump from that system. Not all data collected have been cleaned but could be made available if necessary for a particular use**

File: X Maxrec: 0 Rec: 1 Page: 1 of 20 REPLACING

MRC Number [ ] Hospital Number [ ]  
 Mother's Surname [ ]  
 Address [ ]  
 [ ]  
 [ ]  
 Postcode [ ]  
 Telephone number [ ]  
 Data abstracted by [ ] Julia 04  
 Lyn 07  
 Valerie 08  
 Jane 09  
 Postnatal assessment sheet data  
 -----

Date of delivery [ ]

Time of delivery [ ]

Neonatal hypoglycaemia Yes / No [ ]

F1: Help F3: Prev F4: Next F5: Goto F6: Search F10: Save Alt-F10: Exit

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Abnormalities Yes / No [ ]

If YES, enter code if on Details 1 [ ] [ ]  
 coding guide or description Details 2 [ ] [ ]  
 if not Details 3 [ ] [ ]

Were you in paid employment when we saw you at 34 weeks Yes / No [ ]  
 If YES, on what date did you last work [ ]

(if stopped more than 1 working day previously) & was this planned,  
 or was it because of a health problem [ ]

1 Planned  
 2 Health problem

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Since we saw you at 34 weeks have you been taking any pills, tonics or tablets  
 to supplement your diet Yes / No [ ]

| Supplement name | Suppl code | Amount<br>(over last 6 weeks (42 days)) * |
|-----------------|------------|---|
| <               | > [ ]      | [ ]                                       |
| <               | > [ ]      | [ ] * irrespective                        |
| <               | > [ ]      | [ ] of gest age                           |
| <               | > [ ]      | [ ] at birth                              |
| <               | > [ ]      | [ ]                                       |

Did you have any antibiotic tablets for a kidney, bladder or urine infection  
 at any stage in the pregnancy [ ] Yes / No

Have you ever had treatment for vaginal candidiasis or thrush [ ] Yes / No

Was the baby delivered directly onto your abdomen [ ] Yes / No / Don't know

Have you decided on the baby's [ ] Forenames  
 name (Enter X if not decided) [ ] Surname

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What time did the baby's last feed finish [ ]

How has the baby been fed since delivery [ ]

1 Breast 2 Bottle 3 Both 4 NGT - br milk 5 NGT formula  
6 NG formula + IVI 7 IVI 8 Oral formulation 0 NGT+Breast+IVI 9 Not Known

Bottle type [ ], [ ]

A Farley's First B Wyeth SMA Gold C C&G Premium D Other  
[ ]

How do you intend to feed the baby when you go home [ ] 1 Breast / 2 Bottle

Brand if bottle [ ]

-----  
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Date of measurement [ ] (To sick / prem to measure enter 888888)  
Time of measurement [ ] 24 hr clock

Occipito-frontal [ ] [ ] [ ]  
Left mid-upper arm [ ] [ ] [ ]  
Upper abdominal [ ] [ ] [ ]  
Lower abdominal [ ] [ ] [ ]

Triceps skinfold [ ] [ ] [ ]  
Subscapular skinfold [ ] [ ] [ ]  
Thigh skinfold [ ] [ ] [ ]

#### HIP STABILITY

Crown - rump [ ] [ ] [ ]  
Crown - heel [ ] [ ] [ ]

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Measurer [ ] Helper [ ] - 1. Parent 2. KG  
3. Midwife 4. Julia  
5. Sue Beare  
6. Auxillary  
7. Lyn 8. Valerie  
9. Student Midwife

Hair colour [ ] \* \* 1 Blond 2 Pale brown/blond  
3 Medium brown 4 Dark brown  
5 Black 6 Redhead

hair extent [ ]

Anthropometer used [ ]  
Min carriage reading [ ]

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Link card data

| Preg | Date | Place | a Dur. | b Onset | c S.D. | Bld loss | d Sex | e BWt | f I/M | g Status |
|------|------|-------|--------|---------|--------|----------|-------|-------|-------|----------|
| 1.   | [ ]  | [ ]   | [ ]    | [ ]     | [ ]    | [ ]      | [ ]   | [ ]   | [ ]   | [ ]      |
| 2.   | [ ]  | [ ]   | [ ]    | [ ]     | [ ]    | [ ]      | [ ]   | [ ]   | [ ]   | [ ]      |
| 3.   | [ ]  | [ ]   | [ ]    | [ ]     | [ ]    | [ ]      | [ ]   | [ ]   | [ ]   | [ ]      |
| 4.   | [ ]  | [ ]   | [ ]    | [ ]     | [ ]    | [ ]      | [ ]   | [ ]   | [ ]   | [ ]      |
| 5.   | [ ]  | [ ]   | [ ]    | [ ]     | [ ]    | [ ]      | [ ]   | [ ]   | [ ]   | [ ]      |

\* if year only recorded code as midpoint i.e. 1506xx

|            |          |                 |           |               |
|------------|----------|-----------------|-----------|---------------|
| a wks.days | c 1 S.D. | e Fractions of  | g 1 LB    | 7 Miscarriage |
|            | 2 Inst   | oz coded as     | 2 SB      | 8 TOP         |
| b 1 Normal | 3 C.S.   | decimal         | 3 PND     |               |
| 2 Induced  |          |                 | 5 Ectopic |               |
| 3 Emerg CS | d M Male | f I Imp (lb.oz) | 6 Mole    |               |
|            | F Female | M Met (Grams)   |           |               |

F1: Help F3: Prev F4: Next F5: Goto F6: Search F10: Save Alt-F10: Exit

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| Preg | Date | Place | a Dur. | b Onset | c S.D. | Bld loss | d Sex | e BWt | f I/M | g Status |
|------|------|-------|--------|---------|--------|----------|-------|-------|-------|----------|
| 6.   | [ ]  | [ ]   | [ ]    | [ ]     | [ ]    | [ ]      | [ ]   | [ ]   | [ ]   | [ ]      |
| 7.   | [ ]  | [ ]   | [ ]    | [ ]     | [ ]    | [ ]      | [ ]   | [ ]   | [ ]   | [ ]      |
| 8.   | [ ]  | [ ]   | [ ]    | [ ]     | [ ]    | [ ]      | [ ]   | [ ]   | [ ]   | [ ]      |
| 9.   | [ ]  | [ ]   | [ ]    | [ ]     | [ ]    | [ ]      | [ ]   | [ ]   | [ ]   | [ ]      |
| 10.  | [ ]  | [ ]   | [ ]    | [ ]     | [ ]    | [ ]      | [ ]   | [ ]   | [ ]   | [ ]      |

\* if year only recorded code as midpoint i.e. 1506xx

|            |          |                 |           |               |
|------------|----------|-----------------|-----------|---------------|
| a wks.days | c 1 S.D. | e Fractions of  | g 1 LB    | 7 Miscarriage |
|            | 2 Inst   | oz coded as     | 2 SB      | 8 TOP         |
| b 1 Normal | 3 C.S.   | decimal         | 3 PND     |               |
| 2 Induced  | d M Male | f I Imp (lb.oz) | 5 Ectopic |               |
| 3 Emerg CS | F Female | M Met (Grams)   | 6 Mole    |               |

Previous history UTI/cystitis No / Yes [ ]  
 Previous infertility investigations No / Yes [ ]  
 Family history of hypertension No / Yes / Adopted [ ]  
 Family history of diabetes No / Yes / Adopted [ ]

F1: Help F3: Prev F4: Next F5: Goto F6: Search F10: Save Alt-F10: Exit

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| Ultra sound | Date | CRL | BPD | FL  | AC  | HC  |
|-------------|------|-----|-----|-----|-----|-----|
| 1.          | [ ]  | [ ] | [ ] | [ ] | [ ] | [ ] |
| 2.          | [ ]  | [ ] | [ ] | [ ] | [ ] | [ ] |
| 3.          | [ ]  | [ ] | [ ] | [ ] | [ ] | [ ] |
| 4.          | [ ]  | [ ] | [ ] | [ ] | [ ] | [ ] |
| 5.          | [ ]  | [ ] | [ ] | [ ] | [ ] | [ ] |

Placental Position [ ] 0 Not low 1 Low

Anterior/Posterior [ ] 0 Anterior 1 Posterior 2 Fundal 3 Lateral  
 4 posterior + fundal 5 Posterior + lateral

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-----  
Data from patient held white notes/ green hospital notes  
-----

Urine 0 Nil 1 Trace 2 + 3 ++ 4 +++ 5 ++++ 9 No specimin  
Oedema 0 Nil 1 Minimal/slight 2 Present 3 Marked

|     | Date | Weight | Imp/Metric | Urine alb. | Urine Sug. | B.P.    | Oedema |
|-----|------|--------|------------|------------|------------|---------|--------|
| 1.  | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 2.  | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 3.  | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 4.  | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 5.  | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 6.  | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 7.  | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 8.  | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 9.  | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 10. | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |

-----  
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|     | Date | Weight | Imp/metric | Urine alb. | Urine Sug. | B.P.    | Oedema |
|-----|------|--------|------------|------------|------------|---------|--------|
| 11. | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 12. | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 13. | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 14. | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 15. | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 16. | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 17. | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 18. | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 19. | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 20. | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 21. | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 22. | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 23. | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 24. | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |
| 25. | [ ]  | [ ]    | [ ]        | [ ]        | [ ]        | [ ] [ ] | [ ]    |

Urine 0 Nil 1 Trace 2 + 3 ++ 4 +++ 5 ++++ 9 No specimin  
Oedema 0 Nil 1 Minimal/slight 2 Present 3 Marked

-----  
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-----  
A/N complications from patient held white notes/green hosp notes  
-----

Threatened abortion No / Yes / Loss of co-twin [ ]  
(vag. bleeding <28 weeks)

Antepartum haemorrhage No / Yes [ ]

Amniocentesis performed No / Yes [ ]

Chorconic villus sampling No / Yes [ ]

Clinical suspicion of growth retardation No / Yes [ ]  
(SFD / light for dates / placental deficiency)

-----  
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```
MSU          0 <10          0 <10,000/skin flora
---          1 10-20        1 10,000-100,000
              2 >20         2 >100,000
```

```
Date          Pus Cells      Bacteria
[ ]           [ ]           [ ]
[ ]           [ ]           [ ]
[ ]           [ ]           [ ]
[ ]           [ ]           [ ]
[ ]           [ ]           [ ]
[ ]           [ ]           [ ]
[ ]           [ ]           [ ]
[ ]           [ ]           [ ]
```

```
Serum AFP    [ ]          date    [ ]
2nd AFP      [ ]          2nd date [ ]
```

```
Mum's blood group [ ] A / B / AB / O
Rhesus Pos/Neg   [ ]
```

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```
Pregnancy outcome [ ] 1 Loss <28 wks Reason if 2/3 < >
                   2 SB
                   3 NN Death
                   4 LB
                   5 Delivered elsewhere ? outcome
                   6 Delivered elsewhere liveborn
```

```
Mode of delivery [ ] Reasons [ ] [ ] < >
1 Normal/spont 2 Forceps 3 LSCS (See coding guide)
4 Ventouse
```

```
Presentation [ ]
1 Vx/cephalic 2 Breech 3 Other
```

```
Duration of labour - length 1st [ ] hrs [ ] mins
                             2nd [ ] hrs [ ] mins
                             3rd [ ] hrs [ ] mins
```

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```
Fetal distress [ ] No / Yes
```

```
Evidence [ ] 1 CTG only 2 CTG + FBS 3 CTG + CBpH
```

```
Meconium [ ] No / Yes
```

```
Other Complications [ ] [ ]
of labour - see coding guide
```

```
Retroplacental clot [ ] No / Yes
Calcification [ ]
Infarction [ ] No / Yes
```

```
Other 1 [ ] Other 2 [ ] 1 Gritty 3 Clot between membranes 7 looked
                        2 Succ lobe 4 Pale 5 Thin 6 Grey unhealthy
```

```
Placenta weight [ ]
```

```
Membranes [ ] 0 Complete 1 Doubtful 2 Incomplete 9 Not charted
```

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No of Vessels [ ]  
 Insertion type [ ] 0 Central 1 Lateral 2 Battledore 3 Velamentous  
 8 Not recorded

Blood loss (ml) [ ]

INFANT

Infant sex [ ] Male / Female  
 Birthweight [ ]  
 Head circumference [ ]

Apgar 1 [ ]  
 Apgar 5 [ ]

Admitted to SCBU [ ] No / Yes Reason(s) [ ] [ ] See coding guide  
 [ ] [ ]  
 [ ] [ ]

Temperature [ ]

F1: Help F3: Prev F4: Next F5: Goto F6: Search F10: Save Alt-F10: Exit

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Labour onset [ ] 0 Spont / Normal  
 1 Elective CS  
 2 ARM / Other surgical  
 3 IV oxytoin  
 4 Im / Nasal / buccal oxytocin  
 5 Other oxytocin agent  
 6 ARM and oxytocin  
 7 Other induction  
 8 Prostin  
 9 ARM, prostin & oxytocin  
 A Emergency CS

Tear [ ] 0 Nil  
 1 1st degree 2 2nd degree 3 3rd degree  
 4 Episiotomy 8 CSection

Placental delivery [ ] 1 Simple 2 CCT 3 Manual

Placenta [ ] 1 Complete 2 Incomplete 3 Uncertain

F1: Help F3: Prev F4: Next F5: Goto F6: Search F10: Save Alt-F10: Exit

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Amniotic fluid samples taken [ ] No / Yes

Date placental samples taken [ ] Time [ ]

Date cord blood separated [ ] Time [ ]

Umbilical cord [ ] see coding Comment 1 [ ] < >  
 No / Yes guide Comment 2 [ ] < >  
 Comment 3 [ ] < >

F1: Help F3: Prev F4: Next F5: Goto F6: Search F10: Save Alt-F10: Exit

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-----  
Admitted before labour No / Yes [ ] (exclude labour induction for post maturity)

|    | Date | Main indication | 2nd indication | 3rd indication |
|----|------|-----------------|----------------|----------------|
| 1. | [ ]  | [ ]             | [ ]            | [ ]            |
| 2. | [ ]  | [ ]             | [ ]            | [ ]            |
| 3. | [ ]  | [ ]             | [ ]            | [ ]            |
| 4. | [ ]  | [ ]             | [ ]            | [ ]            |
| 5. | [ ]  | [ ]             | [ ]            | [ ]            |

Clinical evidence of hypertension No / Yes [ ]  
(diastolic BP>90 x 2 >4 hrs apart +/- proteinuria)

Max severity BP [ ] 1 91-99 2 100-109 3 >110

Max proteinuria [ ] 0 None 1 Trace 2 + 3 ++ 4 +++ 5 ++++

Date of onset

Raised BP [ ]  
Proteinuria [ ]

-----  
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-----  
Maximum 24 hour proteinnuria [ ]

Eclamptic fit [ ] No / Yes

Fetal distress [ ]

0 CTG normal 1 CTG suspicious 2 CTG abnormal 3 2nd stage abnormality only

Lowest scalp Ph [ ]

Cord pH if taken [ ]

-----  
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