

**Patient name**

**Hospital record number**

1 **MOTHER'S DATE OF BIRTH**        
D D M M Y Y

2 **PREVIOUS PREGNANCIES ≥ 22 WEEKS**  
 Yes  No  unknown

3 **MOTHER'S WEIGHT** at gestational age  
 kgs   weeks  unknown

4 **MOTHER'S HEIGHT**  
 cms  unknown

5 **PRETERM PRELABOUR RUPTURE OF THE MEMBRANES**  
 Yes  No  unknown  
**If yes, antibiotics given:**  Yes  No  u/k  
**If yes, specify drugs given:** (tick all that apply)  
 amoxicillin / ampicillin  
 erythromycin  
 gentamycin  
 other, please specify \_\_\_\_\_

6 **BABY BREECH PRESENTATION ≥ 37 WEEKS**  
 Yes  No  unknown  
**If yes, ECV offered:**  Yes  No  u/k  
**If yes, ECV performed:**  Yes  No  u/k

7 **SHAVING OF THE PUBIC HAIR**  
 Yes  No  unknown

8 **ENEMA USE**  
 Yes  No  unknown

10 **MODE OF BIRTH**  
 normal vaginal delivery  forceps  
 vaginal breech  caesarean section  
 vacuum extraction

11 **EPISIOTOMY PERFORMED**  
 Yes  No  unknown

12 **LEVEL OF PERINEAL TRAUMA**  
 None  Level 2  Level 4  
 Level 1  Level 3  unknown

13 **PERINEUM SUTURED**  
 Yes  No  unknown  
**If yes, suture material used was:** (tick all that apply)  
 polyglycolic acid  plain or chromic catgut  
 silk  other \_\_\_\_\_  unknown  
**Technique used for skin closure:** (tick all that apply)  
 continuous  interrupted  unknown

14 **IF CAESAREAN SECTION**  
**What was the main indication for caesarean:** (tick one only)  
 breech presentation  CPD cephalopelvic disproportion  
 fetal distress  previous caesarean  
 placenta praevia  other \_\_\_\_\_  
**Were antibiotics given at caesarean:**  
 Yes  No  unknown  
**If yes, when were the antibiotics administered:**  
 before operation  
 after cord clamped  
 only post-operatively  unknown  
**If administered, specify drugs given:** (tick all that apply)  
 ampicillin  gentamycin  
 cephalosporin  other \_\_\_\_\_  
**Antibiotic dosage:**  single  multiple  u/k

9 **SUPPORT DURING LABOUR**  
**Who provided support and how much time did they spend with the mother:**

	all/most of the time	some/little of the time	none of the time	unknown
skilled birth attendant _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
husband _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mother _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sister _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other family member _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stranger _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friend _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
doula _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
childbirth educator _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15 **BABY RESUSCITATION**  
 Yes  No **If yes, (tick all that apply)**  
 oxygen alone  bag and mask  
 IPPV via ETT  drugs given

16 **SKILLED RESUSCITATOR PRESENT AT BIRTH**  
 Yes  No  unknown

17 **1 minute APGAR score**   
 unknown

18 **5 minute APGAR score**   
 unknown

19 **BIRTHWEIGHT (grams)**  gms  
 unknown

20 **GESTATIONAL AGE AT BIRTH**  weeks  
 unknown

21 **ESTIMATED BLOOD LOSS**  
 mls  unknown

22 **PROPHYLACTIC OXYTOCIC DRUG GIVEN FOR 3rd STAGE**  
 Yes  No  unknown  
**If yes, when given:**  
 anterior shoulder  after placental delivery  
 after birth  other \_\_\_\_\_  
**Specify drug given:**  
 ergometrine  
 misoprostol  
 oxytocin / syntocin  
 syntometrine  
 other \_\_\_\_\_

23 **EARLY CORD CLAMPING AND CUTTING**  
 Yes  No  unknown

24 **CONTROLLED CORD TRACTION USED**  
 Yes  No  unknown

25 **POSTPARTUM HAEMORRHAGE**  
 Yes  No  
**If yes, were oxytocic drugs given:**  
 Yes  No  unknown  
**If yes, specify drug(s):**  ergometrine  
(tick all that apply)  misoprostol  
 oxytocin / syntocin  
 syntometrine  
 other \_\_\_\_\_

26 **POSTPARTUM BLOOD TRANSFUSION GIVEN**  
 Yes  No  unknown

27 **DEVELOPED PRE-ECLAMPSIA**  
 Yes  No  unknown  
If yes, when first observed:  
 antenatally  in labour  postpartum

28 **GIVEN MAGNESIUM SULPHATE FOR PRE-ECLAMPSIA**  
 Yes  No  unknown  
If yes, when first administered:  
 antenatally  in labour  postpartum

29 **HAD AN ECLAMPTIC FIT**  
 Yes  No  unknown  
If yes, when first observed:  
 antenatally  in labour  postpartum

30 **GIVEN MAGNESIUM SULPHATE FOR ECLAMPSIA**  
 Yes  No  unknown  
If yes, when first administered:  
 antenatally  in labour  postpartum

31 **GIVEN ANTENATAL CORTICOSTEROIDS (ANC)**  
 Yes  No  u/k **If yes, at GA:**  weeks  
(most recent dose)

**If yes, was the course of ANC repeated:**  
 Yes  No  unknown

32 **IMMUNISATION OF NEWBORN AGAINST HEPATITIS B**  
 Yes  No  unknown

33 **OTHER MATERNAL POSTNATAL DETAILS**  
Puerperal pyrexia ( $\geq 38C$ )  Yes  No  u/k  
Antibiotics postpartum  Yes  No  u/k  
**If yes, why prescribed: (tick all that apply)**  
 endometritis  URTI  
 puerperal infection  chorioamnionitis  
 wound infection  perineal infection  
 mastitis  PPROM  
 UTI  prophylaxis  
 unknown  other \_\_\_\_\_

34 **MATERNAL DEATH BEFORE DISCHARGE**  
 Yes  No  
Cause of death: \_\_\_\_\_

35 **STILLBIRTH**  
 Yes  No  
Cause of death: \_\_\_\_\_

36 **BORN ALIVE BUT DEATH BEFORE DISCHARGE**  
 Yes  No  
Cause of death: \_\_\_\_\_

<input type="checkbox"/> Entered online	Date entered __ / __ / 2005	Initials
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