

# 14. APPENDICES

## APPENDIX 1

### DESCRIPTION OF SELECTED BIRTH DEFECTS

The following include descriptions of some of the birth defects included in this report :

<i>Anencephaly</i>	Absence of the cranial vault, with the brain tissue completely missing or markedly reduced.
<i>Spina bifida</i>	Defective closure of the bony encasement of the spinal cord, through which the spinal cord may protrude.
<i>Encephalocele</i>	Protrusion of brain through a congenital opening in the skull
<i>Hydrocephalus</i>	Dilatation of the cerebral ventricles accompanied by an accumulation of cerebral fluid within the skull.
<i>Buphthalmos</i>	Enlargement and distension of the fibrous coats of the eye.
<i>Hypospadias</i>	The opening of the urethra lies on the underside of the penis or on the perineum.
<i>Epispadias</i>	Absence of the upper wall of the urethra. The opening of the urethra lies on the dorsum of the penis in males, and anterior to or onto the clitoris in females.
<i>Chordee</i>	Downward bowing of the penis.
<i>Talipes equinovarus</i>	A deformity of the foot in which the heel is elevated and turned outward.
<i>Polydactyly</i>	Presence of additional fingers or toes on hands or feet.
<i>Syndactyly</i>	Attachment of adjacent fingers or toes on hands or feet.
<i>Craniosynostosis</i>	Premature closure of the sutures of the skull.
<i>Exomphalos</i>	Herniation of the abdominal contents into the umbilical cord.
<i>Gastroschisis</i>	A defect in the abdominal wall not involving the umbilicus and through which the abdominal contents herniate.
<i>Cystic hygroma</i>	A sac, cyst or bursa distended with fluid.

## APPENDIX 2

### BIRTH DEFECT EXCLUSION LIST

The following is a general list of minor defects and non-structural disorders which are excluded from the NSW Birth Defects Register:

Abnormal palmar creases	and congenital hypothyroidism.
Accessory nipples	Intrauterine growth retardation
Balanced chromosomal translocation (unless occurring with structural defects)	Low birthweight
Birthmarks (single, < 4 cms diameter)	Meconium ileus
Bronchopulmonary dysplasia	Minor ear anomalies
Cerebral palsy	Minor finger/hand anomalies
Clicky hips	Minor toe/foot anomalies
Congenital infections (unless occurring with structural defects)	Muscular dystrophies & myopathies
Congenital neoplasms/tumours (exception: cystic hygroma)	Oesophageal reflux
Developmental disability	Patent ductus arteriosus (less than 37 weeks gestation)
Deviated nasal septum	Pilonidal sinus
Fetal alcohol syndrome	Sacral dimples
Glucose-6-phosphate dehydrogenase (G6PD) deficiency	Single umbilical artery (unless occurring with structural defects)
Haemophilia	Skin tag
Heart murmurs (functional)	Strabismus
Hernia (epigastric, hiatus, inguinal, umbilical)	Talipes (exception: those requiring surgery)
Hydrocele (testis)	Tongue tie
Hypoplastic lung (less than 37 weeks gestation)	Undescended testes (exception: those requiring surgery)
Imperforate hymen	Webbing of 2nd & 3rd toes
Inborn errors of metabolism other than phenylketonuria, galactosemia	Wide sutures

**APPENDIX 3****MATERNAL COUNTRIES OF BIRTH AND COUNTRY OF BIRTH GROUPS****English speaking**

Australia  
Christmas Island  
Cocos (Keeling) Islands  
Norfolk Island  
New Zealand  
United Kingdom  
Channel Islands  
Isle of Man  
Ireland  
Bermuda  
Canada  
United States of America  
South Africa

**Central and South America**

Bahrain  
Argentina  
Bolivia  
Brazil  
Chile  
Colombia  
Ecuador  
Falkland Islands  
French Guiana  
Guyana  
Paraguay  
Peru  
Surinam  
Uruguay  
Venezuela  
Belize  
Costa Rica  
El Salvador  
Guatemala  
Honduras  
Mexico  
Nicaragua  
Panama  
Antigua and Barbuda  
Bahamas  
Barbados  
Cayman Islands  
Cuba  
Grenada  
Guadeloupe  
Jamaica  
Netherlands Antilles  
Puerto Rico  
St Kitts-Nevis  
St Lucia  
St Vincent and the Grenadines  
Trinidad and Tobago  
Turks and Caicos Islands

**Eastern Europe, Russia,  
Central Asian and Baltic States**

Bulgaria  
Czechoslovakia  
Hungary  
Poland  
Romania  
Armenia  
Azerbaijan  
Belarus (formerly Byelorussia)  
Estonia  
Georgia  
Kazakhstan  
Kyrgyzstan (formerly Kirghizia)  
Latvia  
Lithuania  
Moldova (formerly Moldavia)  
Russian Federation  
Ukraine  
Uzbekistan  
Kazakhstan  
Kyrgyzstan

**Melanesia, Micronesia and Polynesia**

New Caledonia  
Papua New Guinea  
Solomon Islands  
Vanuatu  
Guam  
Kiribati  
Nauru  
Cook Islands  
Fiji  
French Polynesia (including  
Tahiti)  
Niue  
American Samoa  
Western Samoa  
Tokelau  
Tonga  
Tuvalu  
Wallis and Fortuna

**Middle East and Africa**

Bahrain  
Gaza Strip  
Iran  
Iraq  
Israel  
Jordan  
Kuwait  
Lebanon  
Qatar  
Saudi Arabia  
Syria  
Turkey  
United Arab Emirates  
West Bank  
Yemen  
Algeria  
Egypt  
Libya  
Mauritania  
Morocco  
Sudan  
Tunisia  
Cameroon  
Central African Republic  
Congo  
Cote d'Ivoire  
Gambia  
Ghana  
Guinea-Bissau  
Liberia  
Mali  
Nigeria  
Senegal  
Sierra Leone  
Zaire  
Angola  
Botswana  
Djibouti  
Ethiopia  
Kenya  
Malawi  
Mauritius  
Mozambique  
Namibia  
Reunion  
Rwanda  
Seychelles  
Somalia  
Swaziland  
Tanzania  
Uganda  
Zambia  
Zimbabwe  
Eritrea  
Ethiopia

**North East Asia**

China (excluding Taiwan)  
Hong Kong  
Japan  
North Korea  
South Korea  
Macau  
Mongolia  
Taiwan

**South East Asia**

Brunei  
Cambodia  
Indonesia  
Laos  
Malaysia  
Burma (Myanmar)  
Philippines  
Singapore  
Thailand  
Vietnam

**Southern Asia**

Afghanistan  
Bangladesh  
Bhutan  
India  
Maldives  
Nepal  
Pakistan  
Sri Lanka

**Southern Europe**

Albania  
Andorra  
Cyprus  
Gibraltar  
Greece  
Italy  
Malta  
Portugal  
Spain  
Bosnia-Herzegovina  
Croatia  
Macedonia  
Slovenia  
Serbia and Montenegro  
Former Yugoslavia  
(not otherwise defined)

**Western and Northern Europe**

Austria  
Belgium  
France  
Germany (United)  
Luxembourg  
Netherlands  
Switzerland  
Denmark  
Faeroe Islands  
Finland  
Iceland  
Norway  
Sweden

<b>NSW MIDWIVES DATA COLLECTION</b>			
Mother Unit Record No. <input type="text"/>	Hospital <input type="text"/>	City <input type="text"/>	
First Name <input type="text"/>	Family Name <input type="text"/>	Postcode <input type="text"/>	
Address <input type="text"/>			
Mother's birth date <input type="text"/>	<b>LABOUR AND DELIVERY</b>		
Country of birth Australia <input type="checkbox"/> 34 Other <input type="checkbox"/>	<i>If labour induced, main indication:</i>		
If other, specify <input type="text"/>	Disease <input type="checkbox"/> 1		
Indigeneity status: Aboriginal <input type="checkbox"/> 1	Hypertensive disease <input type="checkbox"/> 2		
Tasmanian Islander <input type="checkbox"/> 2	Fetal distress <input type="checkbox"/> 3		
Aboriginal and Tasmanian Islander <input type="checkbox"/> 3	Fetal death <input type="checkbox"/> 4		
None of the above <input type="checkbox"/> 4	Chromosomal <input type="checkbox"/> 5		
<b>PREVIOUS PREGNANCIES</b>			
Prolonged pregnancy (>41 weeks) <input type="checkbox"/> 6	Blood group incompatibility <input type="checkbox"/> 4		
Suspected intrauterine growth restriction <input type="checkbox"/> 9	Prolapsed rupture of membranes <input type="checkbox"/> 7		
Other <input type="checkbox"/> 10	Prolonged pregnancy (>41 weeks) <input type="checkbox"/> 6		
Pain relief/analgesia (tick 1 or more):	Pain relief/analgesia (tick 1 or more):		
None <input type="checkbox"/>	None <input type="checkbox"/>	Pudendal <input type="checkbox"/>	Pudendal <input type="checkbox"/>
Nitrous oxide <input type="checkbox"/>	Nitrous oxide <input type="checkbox"/>	Spinal <input type="checkbox"/>	Spinal <input type="checkbox"/>
Inhalation <input type="checkbox"/>	Inhalation <input type="checkbox"/>	General anaesthesia <input type="checkbox"/>	General anaesthesia <input type="checkbox"/>
Local to perineum <input type="checkbox"/>	Local to perineum <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>
Epidural/caudal <input type="checkbox"/>	Epidural/caudal <input type="checkbox"/>	<b>Place of birth</b>	
Presentation of birth:	Hospital (theatre/delivery suite) <input type="checkbox"/> 1		
Vertex <input type="checkbox"/> 1	Face <input type="checkbox"/> 3	Birth centre <input type="checkbox"/> 2	Planned birth centre/delivery suite birth <input type="checkbox"/> 3
Breech <input type="checkbox"/> 2	Brow <input type="checkbox"/> 4	Planned homebirth <input type="checkbox"/> 4	Planned homebirth/hospital admission <input type="checkbox"/> 5
Type of delivery:		Other <input type="checkbox"/> 5	Born before arrival <input type="checkbox"/> 6
Normal vaginal <input type="checkbox"/> 1	Vacuum extraction <input type="checkbox"/> 3	Unit Record No. <input type="text"/>	
Forceps <input type="checkbox"/> 2	Vaginal breech <input type="checkbox"/> 4	Birth date <input type="text"/>	Sex: M <input type="checkbox"/> 1 F <input type="checkbox"/> 2 Indet. <input type="checkbox"/> 3
If caesarean section, main indication:		Paralytic: Single <input type="checkbox"/> 1 Multiple <input type="checkbox"/> 2	If multiple birth, specify baby number <input type="text"/>
Failure to progress	Failure to progress	Birthweight (grams) <input type="text"/>	
- Cx dilation unknown <input type="checkbox"/> 1	- Cx dilation unknown <input type="checkbox"/> 1	Estimated gestational age <input type="text"/>	
- Cx 3cm dilated or less <input type="checkbox"/> 2	- Cx 3cm dilated or less <input type="checkbox"/> 2	Age <input type="text"/>	
- Cx dilated more than 3 cm <input type="checkbox"/> 3	- Cx dilated more than 3 cm <input type="checkbox"/> 3	Resuscitation of baby (tick 1 or more):	
Fetal distress <input type="checkbox"/> 4	Fetal distress <input type="checkbox"/> 4	None <input type="checkbox"/> 1	IPPV: bag + mask <input type="checkbox"/> 4
Other <input type="checkbox"/> 5	Other <input type="checkbox"/> 5	Suction <input type="checkbox"/> 2	Intubation + IPPV <input type="checkbox"/> 5
Parturient status:		O2 therapy <input type="checkbox"/> 3	External cardiac massage + ventilation <input type="checkbox"/> 6
1st deg. tear <input type="checkbox"/> 1	1st deg. tear <input type="checkbox"/> 1	Other <input type="checkbox"/> 7	
2nd deg. tear <input type="checkbox"/> 2	2nd deg. tear <input type="checkbox"/> 2	<b>POSTNATAL CARE - BABY</b>	
3rd deg. tear <input type="checkbox"/> 4	3rd deg. tear <input type="checkbox"/> 4	Birth defect? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	
Surgical repair of the vagina or perineum? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		If yes, specify: <input type="text"/>	
<b>DISCHARGE STATUS - MOTHER AND BABY</b>			
<b>LABOUR AND DELIVERY</b>		Baby's date of discharge or transfer <input type="text"/>	
Onset of labour:	Discharged <input type="checkbox"/> 1	Discharged <input type="checkbox"/> 1	Hospital transferred to: <input type="text"/>
Spontaneous <input type="checkbox"/> 1	Transferred <input type="checkbox"/> 2	Transferred <input type="checkbox"/> 2	If baby died, date of death <input type="text"/>
Induced <input type="checkbox"/> 2	Died <input type="checkbox"/> 3	Stillbirth <input type="checkbox"/> 3	Signature of midwife at discharge <input type="text"/>
No labour <input type="checkbox"/> 4	Neonatal death <input type="checkbox"/> 4		
<i>If labour suggested/induced (tick 1 or more):</i>		Transferred and died <input type="checkbox"/> 5	
Oxytocin <input type="checkbox"/>	ARM <input type="checkbox"/>		
Prostaglandin <input type="checkbox"/>	Other <input type="checkbox"/>		

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Please complete and forward to: NSW Midwives Data Collection  
Patient Data Management Unit, Level 4  
Locked Mail 601, North Sydney, NSW 2060