

13. 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	Inborn errors of metabolism other than phenylketonuria 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 and 3rd toes
	Wide sutures

APPENDIX 3
MATERNAL COUNTRIES OF BIRTH AND COUNTRY OF BIRTH GROUPS

English speaking	Eastern Europe, Russia, Central Asian and Baltic States	Saudi Arabia	South East Asia
Australia	Bulgaria	Syria	Brunei
Christmas Island	Czechoslovakia	Turkey	Cambodia
Cocos (Keeling) Islands	Hungary	United Arab Emirates	Indonesia
Norfolk Island	Poland	West Bank	Laos
New Zealand	Romania	Yemen	Malaysia
United Kingdom	Armenia	Algeria	Burma (Myanmar)
Channel Islands	Azerbaijan	Egypt	Philippines
Isle of Man	Belarus (formerly Byelorussia)	Libya	Singapore
Ireland	Estonia	Mauritania	Thailand
Bermuda	Georgia	Morocco	Vietnam
Canada	Kazakhstan	Sudan	
United States of America	Kyrgyzstan (formerly Kirghizia)	Tunisia	Southern Asia
South Africa	Latvia	Cameroon	Afghanistan
	Lithuania	Central African Republic	Bangladesh
Central and South America	Moldova (formerly Moldavia)	Congo	Bhutan
Bahrain	Russian Federation	Cote d'Ivoire	India
Argentina	Ukraine	Gambia	Maldives
Bolivia	Uzbekistan	Ghana	Nepal
Brazil	Kazakhstan	Guinea-Bissau	Pakistan
Chile	Kyrgystan	Liberia	Sri Lanka
Colombia		Mali	
Ecuador	Melanesia, Micronesia and Polynesia	Nigeria	Southern Europe
Falkland Islands	New Caledonia	Senegal	Albania
French Guiana	Papua New Guinea	Sierra Leone	Andorra
Guyana	Solomon Islands	Zaire	Cyprus
Paraguay	Vanuatu	Angola	Gibraltar
Peru	Guam	Botswana	Greece
Surinam	Kiribati	Djibouti	Italy
Uruguay	Nauru	Ethiopia	Malta
Venezuela	Cook Islands	Kenya	Portugal
Belize	Fiji	Malawi	Spain
Costa Rica	French Polynesia (including Tahiti)	Mauritius	Bosnia-Herzegovina
El Salvador	Niue	Mozambique	Croatia
Guatemala	American Samoa	Namibia	Macedonia
Honduras	Western Samoa	Reunion	Slovenia
Mexico	Tokelau	Rwanda	Serbia and Montenegro
Nicaragua	Tonga	Seychelles	Former Yugoslavia (not otherwise defined)
Panama	Tuvalu	Somalia	
Antigua and Barbuda	Wallis and Fortuna	Swaziland	Western and Northern Europe
Bahamas		Tanzania	Austria
Barbados	Middle East and Africa	Uganda	Belgium
Cayman Islands	Bahrain	Zambia	France
Cuba	Gaza Strip	Zimbabwe	Germany (United)
Grenada	Iran		Luxembourg
Guadeloupe	Iraq	North East Asia	Netherlands
Jamaica	Israel	China (excluding Taiwan)	Switzerland
Netherlands Antilles	Jordan	Hong Kong	Denmark
Puerto Rico	Kuwait	Japan	Faeroe Islands
St Kitts-Nevis	Lebanon	North Korea	Finland
St Lucia	Qatar	South Korea	Iceland
St Vincent and the Grenadines		Macau	Norway
Trinidad and Tobago		Mongolia	Sweden
Turks and Caicos Islands		Taiwan	

NSW MIDWIVES DATA COLLECTION

Mother Unit Record No.

Hospital _____ **Code**

First Name _____ **Family Name** _____

Address _____ **Postcode**

Mother's birth date

Country of birth Australia Other

If other, specify

Indigenous status Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander None of the above

PREVIOUS PREGNANCIES

Previous pregnancy greater than 20 weeks? Yes No

If yes, No. previous pregnancies > 20 weeks

Was the last birth by caesarean section? Yes No

Total number of previous caesarean sections?

THIS PREGNANCY

Date of EDC

Was antenatal care received? Yes No

If yes, duration of pregnancy at first contact for care (weeks)

Medical conditions Diabetes mellitus Gestational diabetes Chronic hypertension Pregnancy-induced hypertension: - proteinuric - non-proteinuric

Did the mother smoke at all during pregnancy? Yes No

If yes, how many cigarettes each day on average in the second half of pregnancy?

None > 10 per day ≤ 10 per day Unknown

LABOUR AND DELIVERY

Onset of labour Spontaneous No labour Induced

If labour augmented/induced (tick 1 or more): Oxytocins ARM Prostaglandins Other

If labour induced, main indication: Diabetes Hypertensive disease Fetal distress Fetal death Chorioamnionitis Blood group isoimmunisation Prelabour rupture of membranes Prolonged pregnancy (41+ weeks) Suspected intrauterine growth restriction Other

Presentation at birth Vertex Brow Breech Shoulder/transverse Face Other

LABOUR AND DELIVERY (cont.)

Analgesia for labour (tick one or more) None Epidural/caudal Nitrous oxide Combined Systemic opioids spinal-epidural Spinal Other

Type of birth Normal vaginal Vacuum extr. Forceps Vaginal breech Caesarean section

If caesarean section, main indication: Failure to progress - Cx 3cm dilated or less - Cx dilated more than 3cm Fetal distress Elective repeat caesarean section Other clinical indication Non-clinical indication

Analgesia for delivery (tick one or more) None Epidural/caudal Local to perineum Combined Pudendal spinal+epidural Spinal General anaesthetic Other

Perineal status Intact 3rd deg. tear 1st deg. tear/graze 4th deg. tear 2nd deg. tear Other

Episiotomy Yes No

Surgical repair of the vagina or perineum? Yes No

Management of the 3rd stage Active Physiological

BABY

Unit Record No.

Birth date

Sex M F Indet.

Plurality Single Multiple

If multiple, total number

If multiple birth, specify baby number

Birthweight (grams)

Estimated gestational age

Apgar

Resuscitation of baby (tick 1 or more) None/minimal IPPR: bag + mask Suction Intubation + IPPR O₂ therapy External cardiac massage + ventilation

MATERNITY CARE

Model of care Antenatal care Birth (for shared care tick more than one box)

Private obstetrician Hospital-based medical General practitioner Hospital-based midwife/midwives Independent midwife Not applicable

Mother referred from another hospital? Yes No

If yes, specify hospital _____

Referral prior to onset of labour Referral after onset of labour

Baby place of birth Hospital theatre/delivery suite Birth centre Planned birth centre/delivery suite birth Planned homebirth Planned homebirth/hospital admission Born before arrival

POSTNATAL

Mother Postpartum haemorrhage Yes No requiring blood transfusion

Baby Birth defect? Yes No If yes, specify _____

Admitted to SCN/NICU Yes No If admitted to NICU: Was a birth defect the main reason for admission? Yes No

Vitamin K Oral IM None

Hepatitis B birth dose Yes No

DISCHARGE

Mother Discharged Transferred Died

Baby Discharged Transferred Stillbirth Died Transferred and died

Mother's date of discharge

Hospital mother transferred to _____

Infant feeding on hospital discharge Breast-feeding Expressed breast milk Infant formula

Baby's date of discharge

Hospital baby transferred to _____

Baby transferred by NETS Yes No

Signature of midwife at discharge _____

Public Health Act, 1991

MR44/PR16 606201 - Sept/05

Health Department Copy

Please complete and forward to: NSW Midwives Data Collection
Performance Analysis and Reporting Branch, Level 5, NSW Department of Health
Locked Bag 961, North Sydney, NSW 2059