

11. Appendices

Appendix 1. Description of selected congenital conditions

The following include descriptions of some of the congenital conditions 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. Congenital conditions exclusion list

The following is a general list of minor conditions and non-structural disorders that are excluded from the NSW Register of Congenital Conditions:

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

Appendix 3. Maternal countries of birth and country of birth groups

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

Appendix 4. NSW Midwives Data Collection Form

PLEASE PRESS FIRMLY WHEN COMPLETING THIS FORM

NSW MIDWIVES DATA COLLECTION

Mother Unit Record No.

Hospital _____ **Code**

First Name _____ **Family Name** _____

Address _____ **Postcode**

Mother's birth date

Country of birth Australia Torres Strait Islander 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 Induced No labour

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

Appgar

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 (for shared care tick more than one box)
 Antenatal care Birth 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 requiring blood transfusion Yes No

Baby
 Birth defect? 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 (tick one or more)
 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

