

OBSTETRICS AUDIT FORM – HKCOG 2004

NAME : _____ (initials)	Date of Delivery : _____ (dd/mm/yy)
AGE : _____	Status : * HK Resident / Non-HK Resident
ID. No : _____ X(X) (at least 5 digits)	Maternal Death : * No / Yes

ANTENATAL COMPLICATIONS	INFORMATION ABOUT LABOUR
<p>Cardiac Disease * 1. No 2. Rheumatic heart disease 3. Congenital heart disease 4. MVP 5. Arrhythmia 6. Others</p> <p>Diabetes * 1. No 2. Pre-existing DM 3. Gestational DM 4. Impaired glucose tolerance (IGT)</p> <p>Anaemia * No / Yes</p> <p>Renal Disease * No / Yes</p> <p>Liver Disease * No / Yes</p> <p>Respiratory Disease * No / Yes</p> <p>GI / Biliary Disease * No / Yes</p> <p>Epilepsy * No / Yes</p> <p>Psychiatric Disease * No / Yes</p> <p>Immunological Disease * No / Yes</p> <p>Thyroid Disease * No / Yes</p> <p>Surgical Disease * No / Yes</p>	<p>Onset of Labour * Spontaneous / Induced / No Labour</p> <p>Duration of Labour _____ hours</p> <p>Indication for Induction (at most 3) * 1. No / irrelevant 2. DM / GDM / IGT 3. Maternal disease 4. Bad obstetrical history 5. Prolonged pregnancy / Post- date (= 41 weeks) 6. Hypertension 7. PROM ± intraut. Infection 8. APH 9. Multiple pregnancy 10. Suspected IUGR / IUGR 11. IUD 12. Fetal anomaly 13. Suboptimal CTG / fetal distress 14. Others _____</p> <p>Syntocinon Augmentation * No / Yes</p> <p>Epidural Anaesthesia * No / Yes</p> <p>Episiotomy * No / Yes</p>
OBSTETRIC HISTORY & COMPLICATIONS	POSTNATAL COMPLICATIONS
<p>Parity * 0 / 1 / 2 / 3 / 4 / 5 / 5+</p> <p>Multiple Pregnancy * Singleton/Twins/Triples/Higher</p> <p>Previous Uterine Scar * No / Yes</p> <p>Hypertension Severity * No / Mild / Severe</p> <p>Classification * 1. Irrelevant 2. Eclampsia 3. Gestational hypertension 4. Gestational proteinuria 5. Gest. Proteinuric HT (PET) 6. Chr. HT – no proteinuria 7. Chr. HT – with PET 8. Unclassified</p> <p>Antepartum Haemorrhage * 1. No 2. APH of ? origin 3. Placenta praevia 4. Placental abruption 5. Others</p> <p>ECV * 1. Irrelevant 2. No ECV 3. Successful ECV 4. Failed ECV</p> <p>Threatened Preterm Labour * No / Yes</p> <p>Use of tocolytic * No / Yes</p> <p>Use of steroid * No / Yes</p>	<p>Postpartum Haemorrhage (at most 3) * 1. No 2. Uterine atony 3. Retained POG 4. Rupture of uterus 5. Cervical tear 6. Vaginal tear 7. Perineal wound 8. Genital haematoma 9. Acute inversion of uterus 10. DIC 11. Others</p> <p>Puerperal Pyrexia * No / Yes</p> <p>Mastitis / Breast Abscess * No / Yes</p> <p>UTI * No / Yes</p> <p>Genital Tract Infection * No / Yes</p> <p>Wound Problem requiring Intervention * No / Yes</p> <p>Third Degree Tear * No / Yes</p> <p>Uterine Rupture / Scar Dehiscence * No / Yes</p> <p>MROP * No / Yes</p> <p>Hysterectomy * No / Yes</p> <p>Internal iliac artery ligation * No / Yes</p> <p>Uterine artery embolisation * No / Yes</p>

* represents the default value

INFORMATION ABOUT DELIVERY – BABY *1 / 2 / 3

<p>Mode of Delivery * 1. NSD 2. V/E 3. Forceps 4. Breech 5. LSCS 6. Classical CS 7. Others 8. Unknown</p> <p>Presentation / Lie at Birth * 1. Vertex 2. Breech 3. Brow 4. Face 5. Oblique 6. Transverse 7. Compound 8. Others _____</p>	<p>BBA * No / Yes</p> <p>Indication for VE / Forceps (at most 3) *1. No / irrelevant 2. Maternal disease 3. Maternal distress 4. Previous CS 5. Obs complication 6. Fetal distress 7. Cord prolapse 8. Prolonged 2nd stage 9. Others _____</p>	<p>Indication for C/S (at most 3) *1. No / irrelevant 2. DM / GDM / IGT 3. Maternal disease 4. Previous uterine scar 5. Bad obs. History 6. APH / placenta praevia 7. Hypertension 8. Multiple pregnancy 9. Fetal distress 10. Cord prolapse / presentation 11. Suspected IUGR / IUGR 12. Malpresentation / lie 13. No progress 14. CPD 15. Contracted / unfavourable pelvis 16. Failed instrumental delivery 17. Genital tumour / anomaly 18. Failed induction 19. Elderly / infertility 20. Suspected macrosomia 21. Social reason 22. Others</p>
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INFORMATION ABOUT BABY – BABY *1 / 2 / 3

<p>Gestation _____ weeks</p> <p>Birth Weight _____ gm</p> <p>Apgar Score at 1 min _____</p> <p>Apgar Score at 5 min _____</p> <p>Admission to NICU * No / Yes</p> <p>Congenital Anomalies * No / Yes</p> <p>Birth Trauma (at most 3) *1. No 2. Cephalhaematoma 3. Soft tissue trauma 4. Subaponeurotic haemorrhage 5. Intracranial haemorrhage 6. Fractures 7. Nerve injury 8. Visceral injury</p> <p>Gestational / Congenital Infection * No / Yes</p> <p>Major Infections * No / Yes</p> <p>RDS * No / Yes</p> <p>IVH * No / Yes</p> <p>NEC * No / Yes</p>	<p>Fetal Outcome * 1. Alive 2. SB – antepartum 3. SB – intrapartum 4. SB – unknown 5. NND – first week 6. NND – 2 to 4 week</p> <p>Cause of *Stillbirth (circle 1 only) * 1. Irrelevant 2. Congenital anomaly 3. Isoimmunisation 4. PIH 5. APH 6. Mechanical 7. Maternal disorder 8. Others 9. Unexplained 10. Uninvestigated</p>	<p>Cause of NND (circle 1 only) * 1. Irrelevant 2. Congenital anomaly 3. Isoimmunisation 4. PIH 5. APH 6. Mechanical 7. Maternal disorder 8. Others 9. Unexplained 10. Uninvestigated</p> <p>Contributory Factor to NND</p> <p>Congenital anomaly * None / major / attributable</p> <p>Haemolytic disease * None / major / attributable</p> <p>Hypoxia * None / major / attributable</p> <p>Birth trauma * None / major / attributable</p> <p>RDS * None / major / attributable</p> <p>Intracranial haemorrhage * None / major / attributable</p> <p>Infection * None / major / attributable</p> <p>Miscellaneous * None / major / attributable</p> <p>Unclassifiable * None / major / attributable</p>
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