

## **GUIDELINES ON OBSTETRICS AUDIT HKCOG 2004**

### **EXPLANATORY NOTES ON DATA ENTRY**

#### **Patient Identification**

Name

I.D. No

Date of Delivery dd/mm/yy

Age Number with 2 digits in completed years

Status Resident / Non-Resident

Maternal death From conception up to 1 year after delivery

#### **Antenatal, Medical / Surgical Complications**

- Cardiac disease
1. No disease
  2. Rheumatic valvular disease
  3. Congenital heart disease
  4. Mitral valve prolapse
  5. Arrhythmia requiring treatment or regular cardiac treatment
  6. Others
- Diabetes mellitus
1. No disease
  2. Pre-existing DM – known DM before the indexed pregnancy disregarding treatment was instituted or not
  3. Gestational DM – DM diagnosed during pregnancy or postpartum by an OGTT
  4. Impaired glucose tolerance – IGT diagnosed

during pregnancy or postpartum according to OGTT criteria used

- Anaemia Hb level <10g/dl at any time of gestation (thalassaemia without anaemia is EXCLUDED)
- Renal disease Disease of the urinary tract during pregnancy either
- a. with symptoms or
  - b. with impaired renal function or
  - c. requiring treatment
  - d. asymptomatic bacteriuria is EXCLUDED
- Liver disease Liver diseases during pregnancy with impaired liver function
- Respiratory disease Only those requiring treatment during pregnancy or with impaired respiratory function  
Upper respiratory tract infection is EXCLUDED
- Gastrointestinal biliary disease Include only those requiring hospitalization and treatment
- Epilepsy Only those requiring treatment during pregnancy
- Psychiatric disease Only those requiring treatment during pregnancy
- Immunological disease Only those requiring treatment during pregnancy
- Thyroid disease Only those requiring treatment during pregnancy
- Surgical disease Major surgical conditions / laparotomy or major operations that require general anaesthesia during pregnancy or puerperium (except PPS)

## Obstetric History & Complications

Parity Including liveborns and stillbirths after 24 weeks or over 500gm

Previous scar Including previous Caesarean section / myomectomy / hysterotomy / plastic operation / perforation of uterus requiring repair

Hypertension / eclampsia

Severity :

1. No
2. Mild-DBP < 110mmHg AND no proteinuria
3. Severe-DBP  $\geq$  110 mmHg AND / OR proteinuria

Classification :

1. Irrelevant
2. Eclampsia
3. Gestational hypertension
  - BP normal before 20 weeks and no previous history of hypertension
  - DBP  $\geq$ 110mmHg on any 1 occasion or  $\geq$ 90mmHg on 2 or more occasions at 4 hours apart
4. Gestational proteinuria (proteinuria  $\geq$ 300 mg/24 hours; or 2 MSU / CSU collected  $\geq$ 4 hours apart with 1 g/1; or 2+ or more on reagent strips

5. Gestational proteinuric hypertension

6. Chronic hypertension with proteinuria

7. Chronic hypertension with superimposed preeclampsia – proteinuria developing for the first time during pregnancy

8. Unclassified – BP unknown before 20 weeks

Antepartum haemorrhage Bleeding per vaginum from the 24th week to the time of delivery

1. No
2. APH of unknown origin – including those with “show” but not going into labour within 72 hours
3. Placenta praevia – including those who do not bleed
4. Accidental haemorrhage – including those with no revealed bleeding
5. Other causes

ECV Performance of external cephalic version

Threatened preterm labour Diagnosed or suspected to have labour before 37 weeks of gestation which does not proceed to delivery either spontaneously or after tocolytic therapy



Uterine rupture / Includes dehiscence of previous scar with no scar dehiscence PPH

Hysterectomy Include those performed up to 6 weeks postpartum

Puerperal pyrexia Temperature >38 degree C within 14 days of delivery

### Information About Delivery

Mode of delivery

1. Spontaneous vertex delivery
2. Ventouse extraction
3. Forceps delivery
4. Breech delivery
5. Lower segment Caesarean section
6. Classical Caesarean section
7. Unknown
8. Others

BBA Birth before arrival

Presentation / lie at delivery

1. Vertex
2. Breech
3. Brow
4. Face
5. Oblique lie
6. Transverse lie
7. Compound presentation
8. Others

Indications for instrumental delivery (maximum 3 indications)

2. Maternal diseases / conditions
  - maternal disease complicating pregnancy
  - maternal distress
3. Past obstetrical history
  - previous Caesarean section
4. Antenatal / obstetric complications e.g. hypertension
5. Fetal and cord conditions
  - fetal distress (except cord prolapse)
  - cord prolapse / presentation
6. Labour and delivery problems
  - prolonged second stage
  - after-coming head of breech is EXCLUDED
7. Others

Indications for Caesarean section (maximum 3 indications)

1. Maternal disease / conditions
  - GDM / DM / IGT
  - maternal disorders
2. Past obstetrical history
  - previous sections / uterine scar
  - bad obstetrical history
3. Antenatal / obstetric complications
  - antepartum haemorrhage
  - hypertensive disorders
  - multiple pregnancy
4. Fetal and cord conditions
  - fetal distress

- cord prolapse / presentation
- suspected IUGR / IUGR
- suspected macrosomia
- 5. Labour and delivery problems
  - abnormal lie / presentation
  - failure to progress
  - cephalopelvic disproportion
  - contracted / unfavourable pelvis
  - failed instrumental delivery
  - tumour / congenital anomaly of genital tract
  - failed induction – cervix fails to reach 3cm
- 6. Others
  - elderly mother / infertility
  - social reason
  - others

Cause of stillbirth / NND

Choose only one of the following

1. Congenital anomaly
2. Isoimmunisation
3. Pregnancy-induced hypertension
4. Antepartum haemorrhage
5. Mechanical
6. Maternal disorder
7. Others
8. Unexplained
9. Uninvestigated

### **Information About the Baby**

Gestation	In completed weeks according to best estimate
Birth weight	Weight in grams
Apgar score	Range 0 – 10, or unknown
Fetal outcome	<ol style="list-style-type: none"> <li>1. Alive and no neonatal death</li> <li>2. Stillbirth (fetus born without sign of life at or after 24 weeks of gestation, or with birth weight over 500 gm when gestation is</li> </ol>

Contributory factor to NND

1. Congenital anomaly
2. Haemolytic disease of newborn
3. Intrauterine hypoxia / birth asphyxia
4. Birth trauma
5. Respiratory distress / conditions
6. Intracranial haemorrhage

- 7. Infection
- 8. Miscellaneous
- 9. Unclassifiable

Congenital anomalies      Only include those significant ones detected before discharge

- Birth trauma (choose at most 3)
- 1. Cephalhaematoma
  - 2. Soft tissue trauma e.g. laceration
  - 3. Subaponeurotic haemorrhage
  - 4. Intracranial haemorrhage
  - 5. Fractures
  - 6. Nerve injuries
  - 7. Visceral injuries

- Major infections
- 1. Meningitis
  - 2. Pneumonia
  - 3. Septicaemia
  - 4. Other major infections

RDS      Respiratory distress syndrome

IVH      Intraventricular haemorrhage

NEC      Necrotising enterocolitis