

OBSTETRICS AUDIT FORM - HKCOG 2019

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

Resident Status Resident / Non-Resident

Chinese Ethnic Yes / No

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

- Ovarian cyst Abnormal and/or persistent ovarian cyst during pregnancy with or without surgery in the antenatal period
- Fibroids Presence of uterine fibroids during pregnancy
- 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

IVF Pregnancy Pregnancy from IVF procedure

Previous CS Including lower segment and classical Caesarean section

Other Uterine scar Including open or laparoscopic 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

Classification :
 4. Gestational proteinuria (proteinuria \geq 300 mg/24 hours; or 2 MSU / CSU collected \geq 4 hours apart with 1 g/L; 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 with bleeding
4. Accidental haemorrhage – including those with no revealed bleeding
5. Other causes

Placenta praevia
ECV

Including those with or without bleeding

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
Use of tocolytics	Use of tocolytic agent(s) to suppress preterm labour
Use of steroid	Use of antenatal steroid to enhance fetal lung maturity
Down's screening	Down's screening in first trimester (OSCAR) or second trimester (Biochemical) or combined
Fetal DNA screening	Non-invasive fetal DNA testing for trisomy
Fetal reduction	Fetal reduction for high multiple pregnancy

Information About Labour

Onset of labour	Definition - a retrospective diagnosis - regular contractions with cervix at least 3cm dilated or there is progressive cervical effacement or dilatation over 4 hours
Induction of labour	An obstetric procedure designed to pre-empt the natural process of labour by initiating its onset artificially before this occurs spontaneously Indications : 1. Maternal diseases / conditions

- (I) DM / GDM
- (II) Maternal medical / surgical condition
- 2. Bad obstetric history
- 3. Antenatal / obstetric complications
 - (I) Prolonged pregnancy
 - (II) Hypertensive disease
 - (III) PROM / intrauterine infection
 - (IV) Antepartum haemorrhage
 - (V) Multiple pregnancy
- 4. Fetal and cord conditions
 - (I) Suspected IUGR / IUGR
 - (II) Intrauterine death
 - (III) Severe fetal abnormality
 - (IV) Suboptimal antepartum cardiotocography
- 5. Others

Augmentation of labour	The use of synthetic oxytocin to accelerate labour process after it is already begun and that its quality of progress is unsatisfactory – use of amniotomy is NOT counted as augmentation
Duration of labour	Summation of first stage and second stage (if any) of labour to the closest number of hours. Enter 1 if duration <1 hour

Postnatal Complications

PPH (choose at most 3)	Blood loss of > 500 ml following vaginal delivery or > 1000 ml following Caesarean delivery Causes 1. Uterine atony 2. Retained POG 3. Injuries to genital tract <ul style="list-style-type: none">- ruptured uterus- cervical tear- vaginal tear- perineal wound 4. Genital haematoma 5. Uterine inversion 6. DIC 7. Placenta praevia/accreta/percreta 8. Others
Amniotic fluid	Status of the amniotic fluid during labour 1. Clear 2. Meconium stained 3. Blood stained 4. No liquor seen
Perineal tear	1. 1st degree tear - where the fourchette and vaginal mucosa are damaged and the underlying muscles are exposed, but not torn 2. 2nd degree tear - the posterior vaginal walls and perineal muscles, but the anal sphincter is intact. 3. 3rd degree tear - extend to the anal sphincter that is torn, but the rectal mucosa is intact

Uterine rupture / scar dehiscence	4. 4th degree tear - where the anal canal is opened, and the tear may spread to the rectum Includes dehiscence of previous scar with no PPH
Hysterectomy	Include those performed up to 6 weeks postpartum
Puerperal pyrexia	Temperature >38 degree C within 14 days of delivery
Maternal collapse	An acute event involving the cardiorespiratory systems and/or brain, resulting in a reduced or absent conscious level (and potentially death), at any stage in pregnancy and up to six weeks after delivery.
Maternal death	The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

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
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Second stage CS	Caesarean section performed at second stage of labour	section (maximum 3 indications)	- maternal disorders
BBA	Birth before arrival		2. Past obstetrical history
Presentation / lie at delivery	<ol style="list-style-type: none"> 1. Vertex 2. Breech 3. Brow 4. Face 5. Oblique lie 6. Transverse lie 7. Compound presentation 8. Others 		<ul style="list-style-type: none"> - previous sections / uterine scar - bad obstetrical history
Indications for instrumental delivery (maximum 3 indications)	<ol style="list-style-type: none"> 2. Maternal diseases / conditions <ul style="list-style-type: none"> - maternal disease complicating pregnancy - maternal distress 3. Past obstetrical history <ul style="list-style-type: none"> - previous Caesarean section 4. Antenatal / obstetric complications e.g. hypertension 5. Fetal and cord conditions <ul style="list-style-type: none"> - fetal distress (except cord prolapse) - cord prolapse / presentation 6. Labour and delivery problems <ul style="list-style-type: none"> - prolonged second stage - after-coming head of breech is <p>EXCLUDED</p> <ol style="list-style-type: none"> 7. Others 		<ol style="list-style-type: none"> 3. Antenatal / obstetric complications <ul style="list-style-type: none"> - antepartum haemorrhage - hypertensive disorders - multiple pregnancy 4. Fetal and cord conditions <ul style="list-style-type: none"> - fetal distress - cord prolapse / presentation - suspected IUGR / IUGR - suspected macrosomia 5. Labour and delivery problems <ul style="list-style-type: none"> - 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
Indications for Caesarean	<ol style="list-style-type: none"> 1. Maternal disease / conditions <ul style="list-style-type: none"> - GDM / DM 		<ol style="list-style-type: none"> 6. Others <ul style="list-style-type: none"> - elderly mother / infertility - social reason - others

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

1. Alive and no neonatal death
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 uncertain)
 - antepartum
 - intrapartum
 - undetermined – mother is already in labour on admission and fetal heart not detected (evidence of fetal viability is accepted only if obtained by a medical / midwifery staff)
3. Neonatal death
 - early (up to 6 days 23 hours 59 minutes)
 - later (from 7 days to 27 days 23 hours 59 minutes)
4. Abortion - for multiple pregnancy with IUD

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

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

