

OBSTETRICS AUDIT FORM - 2024

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 live births and stillbirths after 24 weeks or over 500 grams

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 < 110 mmHg 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

Including those with or without bleeding

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
Use of tocolytics	Use of tocolytic agent(s) to suppress preterm labour
Use of steroid	Use of antenatal steroid to enhance fetal lung maturity
PET screening	First Trimester Pre-eclampsia Screening
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) Big baby / Macrosomia
 - (III) Intrauterine death
 - (IV) Severe fetal abnormality
 - (V) 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

Labour Complications

Amniotic fluid	Status of the amniotic fluid during labour <ol style="list-style-type: none"> 1. Clear 2. Meconium stained 3. Blood stained 4. No liquor seen
Oxytocics for 3rd stage of labour	Use of oxytocic agents for the prevention and treatment of post-partum haemorrhage

- 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
 4. 4th degree tear - where the anal canal is opened, and the tear may spread to the rectum

Postnatal Complications

- PPH
(choose at most 3)
- Blood loss \geq 500 ml following delivery regardless of the mode of delivery (in line with HA O&G COC agreed definition)
- Causes
1. Uterine atony
 2. Retained POG
 3. Injuries to genital tract
 - ruptured uterus
 - uterine tear
 - uterine wound
 - cervical tear
 - vaginal tear
 - perineal wound
 4. Genital haematoma
 5. Uterine inversion
 6. DIC
 7. Placenta praevia/accreta/percreta

8. Others

- Uterine rupture / scar dehiscence Includes dehiscence of previous scar with no PPH
- Hysterectomy Include those performed up to 6 weeks postpartum
- Puerperal pyrexia Temperature $>38^{\circ}\text{C}$ 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

Second stage
CS
BBA
Presentation /
lie at delivery

Caesarean section performed at second stage of labour
Birth before arrival

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)

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

Indications for
Caesarean
section
(maximum 3
indications)

1. Maternal disease / conditions
 - GDM / DM
 - 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
 - maternal request
 - 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 grams 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)
 - late (from 7 days to 27 days 23 hours 59 minutes)
4. Abortion – intrauterine fetal death < 24 weeks (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

Contributory factor to NND

8. Unexplained
9. Uninvestigated
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. Cephalohaematoma
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