

14. APPENDICES

APPENDIX 1

DESCRIPTION OF SELECTED BIRTH DEFECTS

The following include descriptions of some of the birth defects 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

BIRTH DEFECT EXCLUSION LIST

The following is a general list of minor defects and non-structural disorders which are excluded from the NSW Birth Defects Register:

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

APPENDIX 3**MATERNAL COUNTRIES OF BIRTH AND COUNTRY OF BIRTH GROUPS****English speaking**

Australia
Christmas Island
Cocos (Keeling) Islands
Norfolk Island
New Zealand
United Kingdom
Channel Islands
Isle of Man
Ireland
Bermuda
Canada
United States of America
South Africa

Central and South America

Argentina
Bolivia
Brazil
Chile
Colombia
Ecuador
Falkland Islands
French Guiana
Guyana
Paraguay
Peru
Surinam
Uruguay
Venezuela
Belize
Costa Rica
El Salvador
Guatemala
Honduras
Mexico
Nicaragua
Panama
Antigua and Barbuda
Bahamas
Barbados
Cayman Islands
Cuba
Grenada
Guadeloupe
Jamaica
Netherlands Antilles
Puerto Rico
St Kitts-Nevis
St Lucia
St Vincent and the Grenadines
Trinidad and Tobago
Turks and Caicos Islands

**Eastern Europe, Russia,
Central Asian and Baltic States**

Bulgaria
Czechoslovakia
Hungary
Poland
Romania
Armenia
Azerbaijan
Belarus (formerly Byelorussia)
Estonia
Georgia
Kazakhstan
Kyrgyzstan (formerly Kirghizia)
Latvia
Lithuania
Moldova (formerly Moldavia)
Russian Federation
Ukraine
Uzbekistan

Melanesia, Micronesia and Polynesia

New Caledonia
Papua New Guinea
Solomon Islands
Vanuatu
Guam
Kiribati
Nauru
Cook Islands
Fiji
French Polynesia (including
Tahiti)
Niue
American Samoa
Western Samoa
Tokelau
Tonga
Tuvalu
Wallis and Fortuna

Middle East and Africa

Bahrain
Gaza Strip
Iran
Iraq
Israel
Jordan
Kuwait
Lebanon
Qatar
Saudi Arabia
Syria
Turkey
United Arab Emirates
West Bank
Yemen
Algeria
Egypt
Libya
Mauritania
Morocco
Sudan
Tunisia
Cameroon
Central African Republic
Congo
Cote d'Ivoire
Gambia
Ghana
Guinea-Bissau
Liberia
Mali
Nigeria
Senegal
Sierra Leone
Zaire
Angola
Botswana
Djibouti
Ethiopia
Kenya
Malawi
Mauritius
Mozambique
Namibia
Reunion
Rwanda
Seychelles
Somalia
Swaziland
Tanzania
Uganda
Zambia
Zimbabwe

North East Asia

China (excluding Taiwan)
Hong Kong
Japan
North Korea
South Korea
Macau
Mongolia
Taiwan

South East Asia

Brunei
Cambodia
Indonesia
Laos
Malaysia
Burma (Myanmar)
Philippines
Singapore
Thailand
Vietnam

Southern Asia

Afghanistan
Bangladesh
Bhutan
India
Maldives
Nepal
Pakistan
Sri Lanka

Southern Europe

Albania
Andorra
Cyprus
Gibraltar
Greece
Italy
Malta
Portugal
Spain
Former Yugoslavia
(not otherwise defined)
Croatia
Slovenia

Western and Northern Europe

Austria
Belgium
France
Germany (United)
Luxembourg
Netherlands
Switzerland
Denmark
Faeroe Islands
Finland
Iceland
Norway
Sweden

NSW MIDWIVES DATA COLLECTION FORM

NSW MIDWIVES DATA COLLECTION			
Mother Unit Record No.	<input type="text"/>	Hospital	Code <input type="text"/>
First Name	<input type="text"/>	Family Name	<input type="text"/>
Address		Postcode <input type="text"/>	
Mother's birth date	<input type="text"/>	LABOUR AND DELIVERY	BABY
Country of birth	Australia <input type="checkbox"/> 36 Other <input type="checkbox"/>	If labour induced, main indication:	Place of birth
If other, specify	<input type="text"/>	Diabetes <input type="checkbox"/> 1 Hypertensive disease <input type="checkbox"/> 2 Fetal distress <input type="checkbox"/> 3 Fetal death <input type="checkbox"/> 4 Chorioamnionitis <input type="checkbox"/> 5 Blood group isoimmunisation <input type="checkbox"/> 6 Prelabour rupture of membranes <input type="checkbox"/> 7 Prolonged pregnancy (41+ weeks) <input type="checkbox"/> 8 Suspected intrauterine growth restriction <input type="checkbox"/> 9 Other <input type="checkbox"/> 10	Hospital theatre/delivery suite <input type="checkbox"/> 1 Birth centre <input type="checkbox"/> 2 Planned birth centre/delivery suite birth <input type="checkbox"/> 3 Planned homebirth <input type="checkbox"/> 4 Planned homebirth/hospital admission <input type="checkbox"/> 5 Born before arrival <input type="checkbox"/> 6
Indigenous status:	Aboriginal <input type="checkbox"/> 1 Torres Strait Islander <input type="checkbox"/> 2 Aboriginal and Torres Strait Islander <input type="checkbox"/> 3 None of the above <input type="checkbox"/> 4	Pain relief/ anaesthetics (tick 1 or more)	Unit Record No.
PREVIOUS PREGNANCIES		None <input type="checkbox"/> Pudendal <input type="checkbox"/> Nitrous oxide <input type="checkbox"/> Spinal <input type="checkbox"/> IM narcotics <input type="checkbox"/> General anaesthetic <input type="checkbox"/> Local to perineum <input type="checkbox"/> Epidural/caudal <input type="checkbox"/> Other <input type="checkbox"/>	Birth date: <input type="text"/>
Previous pregnancy greater than 20 weeks?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Presentation at birth	Sex: M <input type="checkbox"/> 1 F <input type="checkbox"/> 2 Indet. <input type="checkbox"/> 3
If no, go to next section.		Vertex <input type="checkbox"/> 1 Face <input type="checkbox"/> 3 Breech <input type="checkbox"/> 2 Brow <input type="checkbox"/> 4 Other <input type="checkbox"/> 5	Plurality: Single <input type="checkbox"/> 1 Multiple <input type="checkbox"/> 2
If yes:		Type of delivery	If multiple, total number <input type="text"/>
Specify the number of previous pregnancies > 20 weeks	<input type="text"/>	Normal vaginal <input type="checkbox"/> 1 Vacuum extr. <input type="checkbox"/> 3 Forceps <input type="checkbox"/> 2 Vaginal breech <input type="checkbox"/> 4 Caesarean section <input type="checkbox"/> 5	If multiple birth, specify baby number <input type="text"/>
Was the last birth by caesarean	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	If caesarean section, main indication:	Birthweight (grams) <input type="text"/>
Total number of previous caesarean sections?	<input type="text"/>	Failure to progress	Estimated gestational age <input type="text"/>
THIS PREGNANCY		- Cx dilatation unknown <input type="checkbox"/> 1 - Cx 3cm dilated or less <input type="checkbox"/> 2 - Cx dilated more than 3 cm <input type="checkbox"/> 3	Appgar <input type="text"/>
Date of LMP	<input type="text"/>	Fetal distress <input type="checkbox"/> 4 Other <input type="checkbox"/> 5	1 min 5 min
Prenatal diagnosis (< 20 weeks gestation)	CVS <input type="checkbox"/> Amniocentesis <input type="checkbox"/>	Perineal status	Resuscitation of baby (tick 1 or more)
Antenatal care	Duration of pregnancy at first visit (weeks) <input type="text"/> Not booked <input type="checkbox"/>	Intact <input type="checkbox"/> 1 4th deg. tear <input type="checkbox"/> 5 1st deg. tear/graze <input type="checkbox"/> 2 Episiotomy <input type="checkbox"/> 6 2nd deg. tear <input type="checkbox"/> 3 Both tear and episiotomy <input type="checkbox"/> 7 3rd deg. tear <input type="checkbox"/> 4 Other <input type="checkbox"/> 8	None <input type="checkbox"/> 1 IPPR : bag + mask <input type="checkbox"/> 4 Suction <input type="checkbox"/> 2 Intubation + IPPR <input type="checkbox"/> 5 O2 therapy <input type="checkbox"/> 3 External cardiac massage + ventilation <input type="checkbox"/> 6 Other <input type="checkbox"/> 7
Medical conditions	Diabetes mellitus <input type="checkbox"/> Gestational diabetes <input type="checkbox"/> Chronic hypertension <input type="checkbox"/> Pre-eclampsia <input type="checkbox"/>	Surgical repair of the vagina or perineum?	POSTNATAL CARE - BABY
Smoking	Did the mother smoke at all during pregnancy? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Birth defect? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
	If yes, how many cigarettes each day on average in the second half of pregnancy?	If yes, specify:	
	None <input type="checkbox"/> 1 > 10 per day <input type="checkbox"/> 2 ≤ 10 per day <input type="checkbox"/> 3 Unknown <input type="checkbox"/> 4	Admitted to NICU? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	
LABOUR AND DELIVERY	Onset of labour	Mother	Admitted to SCN? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
	Spontaneous <input type="checkbox"/> 1 Induced <input type="checkbox"/> 2 No labour <input type="checkbox"/> 3	Discharged <input type="checkbox"/> 1 Transferred <input type="checkbox"/> 2 Died <input type="checkbox"/> 3	If yes, observation only? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
	If labour augmented/ induced (tick 1 or more):	Baby	If admitted to SCN/NICU:
	Oxytocins <input type="checkbox"/> ARM <input type="checkbox"/> Prostaglandins <input type="checkbox"/> Other <input type="checkbox"/>	Discharged <input type="checkbox"/> 1 Transferred <input type="checkbox"/> 2 Stillbirth <input type="checkbox"/> 3 Neonatal death <input type="checkbox"/> 4 Transferred and died <input type="checkbox"/> 5	Was a birth defect the main reason for admission? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0
DISCHARGE STATUS - MOTHER AND BABY			
		Baby's date of discharge or transfer	Signature of midwife at discharge
		<input type="text"/>	<input type="text"/>
		Hospital transferred to:	
		<input type="text"/>	
		If baby died, date of death	
		<input type="text"/>	