

13. 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. |

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. For further details, please contact the NSW Birth Defects Register (see Further Information, p.17).

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

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

APPENDIX 4

NSW MIDWIVES DATA COLLECTION FORM

| NSW MIDWIVES DATA COLLECTION | | | |
|--|---|-------------------------------|--|
| Mother Unit Record No. <input type="text"/> | Hospital <input type="text"/> | Code <input type="text"/> | |
| First Name <input type="text"/> | Family Name <input type="text"/> | | |
| Address <input type="text"/> | | Postcode <input type="text"/> | |
| Mother's birth date <input type="text"/> | LABOUR AND DELIVERY | | |
| Country of birth Australia <input type="checkbox"/> 36 Other <input type="checkbox"/> If other, specify <input type="text"/> | If labour induced, main indication: 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 | | |
| 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 | BABY Place of birth 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 | | |
| PREVIOUS PREGNANCIES | | | |
| Previous pregnancy greater than 20 weeks? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 If no, go to next section. If yes: Specify the number of previous pregnancies > 20 weeks <input type="text"/> Was the last birth by caesarean Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 Total number of previous caesarean sections? <input type="text"/> | | | |
| THIS PREGNANCY | | | |
| Date of LMP <input type="text"/> | | | |
| Prenatal diagnosis (< 20 weeks gestation) CVS <input type="checkbox"/> Amniocentesis <input type="checkbox"/> | | | |
| Antenatal care Duration of pregnancy at first visit (weeks) <input type="text"/> Not booked <input type="checkbox"/> | | | |
| Medical conditions Diabetes mellitus <input type="checkbox"/> Gestational diabetes <input type="checkbox"/> Chronic hypertension <input type="checkbox"/> Pre-eclampsia <input type="checkbox"/> | | | |
| Smoking Did the mother smoke at all during pregnancy? 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? None <input type="checkbox"/> 1 > 10 per day <input type="checkbox"/> 2 ≤ 10 per day <input type="checkbox"/> 3 Unknown <input type="checkbox"/> 4 | | | |
| Type of delivery 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 caesarean section, main indication: Failure to progress - 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 Fetal distress <input type="checkbox"/> 4 Other <input type="checkbox"/> 5 | | | |
| Presentation at birth 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 | | | |
| Perineal status 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 | | | |
| Surgical repair of the vagina or perineum? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0 | | | |
| POSTNATAL CARE - BABY | | | |
| Birth date: <input type="text"/> | | | |
| Sex: M <input type="checkbox"/> 1 F <input type="checkbox"/> 2 Indet. <input type="checkbox"/> 3 Plurality: Single <input type="checkbox"/> 1 Multiple <input type="checkbox"/> 2 If multiple, total number <input type="text"/> If multiple birth, specify baby number <input type="text"/> | | | |
| Birthweight (grams) <input type="text"/> | | | |
| Estimated gestational age <input type="text"/> | | | |
| Apgar <input type="text"/> 1 min <input type="text"/> 5 min | | | |
| Resuscitation of baby (tick 1 or more) 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 | | | |
| DISCHARGE STATUS - MOTHER AND BABY | | | |
| Mother Discharged <input type="checkbox"/> 1 Transferred <input type="checkbox"/> 2 Died <input type="checkbox"/> 3 | | | |
| Baby 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 | | | |
| Baby's date of discharge or transfer <input type="text"/> | | | |
| Hospital transferred to: <input type="text"/> | | | |
| If baby died, date of death <input type="text"/> | | | |
| Signature of midwife at discharge <input type="text"/> | | | |

Health Department Copy

Please complete and forward to: NSW Midwives Data Collection
Patient Data Management Unit, Level 6
Locked Bag 961, North Sydney, NSW 2059