



# West Midlands Maternity Core Dataset

Version 1.7 – 07.05.2009

Data items: 87

## WM Core Maternity Dataset

DATA ITEM	FIELD / OPTIONS	COMMENT (FV- Future version)
<b>MATERNAL DETAILS</b>		
1. NHS number	<ul style="list-style-type: none"> <li>• Number</li> </ul>	
2. Hospital Number	<ul style="list-style-type: none"> <li>• Number</li> </ul>	
3. Maternal Date of Birth	<ul style="list-style-type: none"> <li>• dd/mm/yyyy</li> <li>• Not known</li> </ul>	
4. Postcode of mother at time of birth	<ul style="list-style-type: none"> <li>• Postcode</li> <li>• No fixed abode</li> </ul>	
5. GP code at time of birth	<ul style="list-style-type: none"> <li>• Not registered with a GP</li> <li>• GP Code</li> </ul>	
6. Ethnic Origin	<ul style="list-style-type: none"> <li>• Africa:               <ul style="list-style-type: none"> <li>➢ North/Sub/Sahara/Other</li> </ul> </li> <li>• Asia:               <ul style="list-style-type: none"> <li>➢ India/Pakistan/Bangladesh/China/Far East/South East/Other</li> </ul> </li> <li>• Caribbean</li> <li>• Europe:               <ul style="list-style-type: none"> <li>➢ British/Ireland/Northern/Western/Eastern/Southern/ Other</li> </ul> </li> <li>• Middle East</li> <li>• Other - Freetext</li> <li>• Mixed</li> </ul>	
7. Was the woman born in the UK?	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul>	
8. If no:	<ul style="list-style-type: none"> <li>• Countries dropdown list</li> </ul>	
9.       a) What country was the woman born in?		
9.       b) What year did the woman move to the UK?	<ul style="list-style-type: none"> <li>• yyyy</li> </ul>	
10.       c) Status of citizenship	<ul style="list-style-type: none"> <li>• British citizen</li> <li>• Asylum seeker</li> <li>• Economic migrant (European Union)</li> <li>• Failed asylum seeker</li> <li>• Given refugee status with indefinite leave to remain</li> <li>• Spouse is British citizen</li> <li>• Student/work visa</li> <li>• Other – Freetext</li> </ul>	

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11. Did the woman need an interpreter during the pregnancy?
- No
  - Yes
12. Highest educational level
- No qualificatios
  - GSCE/O level
  - A level
  - First degree
  - Higher degree (PgD,Msc, Mphil, PhD)
  - NVQ level1/2/3/4/5
  - Other qualifications (City&Guilds, RCA/OCR,BTE/EdExcel
  - Professional qualifications
  - Not documented
13. Marital status
- Single
  - Married / civil partnership
  - Divorced / civil partnership dissolved
  - Widowed
  - Separated
  - Not disclosed
  - Other - Freetext

### PARTNER / FATHER DETAILS

14. Did the woman have a partner at booking?
- No
  - Yes
15. If yes, are they employed?
- No
  - Yes
16. Is the baby's father a blood relation?
- No
  - Yes
17. If Yes, how is he related?
- First cousin
  - Second cousin
  - Other – Freetext
18. Father's Ethnic Origin
- Africa:
    - North/Sub/Sahara/Other
  - Asia:
    - India/Pakistan/Bangladesh/China/Far East/South East/Other
  - Caribbean
  - Europe:
    - British/Ireland/Northern/Western/Eastern/Southern/ Other
  - Middle East
  - Other - Freetext
  - Mixed

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SOCIAL CIRCUMSTANCES			
19.	Employment status of mother at booking	<ul style="list-style-type: none"> <li>• Full-time – job title</li> <li>• Part-time – job title</li> <li>• Retired</li> <li>• Student</li> <li>• Looking after home / family</li> <li>• Permanently sick /disabled</li> <li>• Unemployed</li> </ul>	FV: Income
20.	Housing tenure at booking	<ul style="list-style-type: none"> <li>• Owns</li> <li>• Rents</li> <li>• No fixed abode</li> <li>• With family / friends</li> <li>• Care services</li> <li>• UKBA/NASS</li> <li>• Temporary accommodation</li> <li>• Other- Freetext</li> </ul>	
21.	Support from partner/family/friend?	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul>	
22.	Was there any social factors identified during the pregnancy?	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul>	
23.	If yes, was there any referrals made?	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul>	Non-exclusive
	<ul style="list-style-type: none"> <li>a) Teenage pregnancy specialist</li> <li>b) Psychiatrist</li> <li>c) Social worker</li> <li>d) Housing officer</li> <li>e) Pregnancy Outreach Worker (POW)</li> <li>f) Substance misuse advisor (alcohol)</li> <li>g) Substance misuse advisor (drugs)</li> <li>h) CAF</li> <li>i) Other support worker - details</li> </ul>		
24.	Was the woman asked if she had a history of domestic abuse during this pregnancy?	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul>	Info from clinic held notes
25.	If yes, was there a history of domestic abuse in this pregnancy?	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul>	Info from clinic held notes
SMOKING, ALCOHOL, NON-MEDICINAL DRUGS			
26.	Was the woman smoking at booking?	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul>	FV: Chewing tobacco at booking?
27.	If yes:	<ul style="list-style-type: none"> <li>a) How many per day</li> </ul>	<ul style="list-style-type: none"> <li>• Number</li> </ul>
28.	b) Was the woman offered smoking cessation support during the pregnancy?	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul>	

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- |     |   |  |  |
|-----|---|--|--|
| 29. | c) What was the consequence?                                  | <ul style="list-style-type: none"> <li>• Declined</li> <li>• Accepted</li> </ul>           |  |
| 30. | Did the woman smoke during the 12 months prior to conception? | <ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul>                      |  |
| 31. | Was the woman smoking at the end of pregnancy?                | <ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul>                      |  |
| 32. | If yes, how many per day                                      | <ul style="list-style-type: none"> <li>• Number</li> </ul>                                 |  |
| 33. | Did anyone in the household smoke at booking?                 | <ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul>                      |  |
| 34. | Was the woman consuming alcohol at booking?                   | <ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul>                      |  |
| 35. | If yes:<br>a) How many units per week?                        | <ul style="list-style-type: none"> <li>• Number</li> </ul>                                 |  |
| 36. | Was the woman taking non-medicinal drugs at booking?          | <ul style="list-style-type: none"> <li>• No</li> <li>• Yes – Freetext (details)</li> </ul> |  |

### MEDICAL HISTORY

- |     |   |   |               |
|-----|---|---|---------------|
| 37. | Were there any previous medical factors identified during the pregnancy?  | <ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul> |               |
| 38. | If yes:<br>a) Diabetes<br>b) Heart problems<br>c) Hypertension<br>d) Mental health problems<br>e) Other - details | <ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul> | Non-exclusive |
| 39. | If yes to any of 38, was the woman referred to a specialist antenatally?  | <ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul> |               |

### PAST OBSTETRIC HISTORY

- |     |  |   |  |
|-----|--|---|--|
| 40. | Has the woman had any previous pregnancies?                            | <ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul> |  |
| 41. | If yes:<br>a) Previous pregnancies reaching 24 weeks gestation or more | <ul style="list-style-type: none"> <li>• Number</li> </ul>            |  |

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- |     |   |  |
|-----|---|--|
| 42. | b) Previous pregnancies reaching less than 24 weeks gestation     | <ul style="list-style-type: none"><li>• Number</li></ul>           |
| 43. | c) Previous live births   | <ul style="list-style-type: none"><li>• Number</li></ul>           |
| 44. | d) Previous stillbirths   | <ul style="list-style-type: none"><li>• Number</li></ul>           |
| 45. | Were there any obstetric factors identified during the pregnancy? | <ul style="list-style-type: none"><li>• No</li><li>• Yes</li></ul> |
| 46. | If yes, was the woman referred to a specialist antenatally?       | <ul style="list-style-type: none"><li>• No</li><li>• Yes</li></ul> |

### BOOKING AND SCREENING

- |     |   |  |
|-----|---|--|
| 47. | Date of first appointment with the midwife/GP   | <ul style="list-style-type: none"><li>• dd/mm/yyyy</li><li>• Not seen before labour</li></ul>          |
| 48. | Date of first completed social and health assessment  | <ul style="list-style-type: none"><li>• dd/mm/yyyy</li><li>• Not seen before labour</li></ul>          |
| 49. | If the date for questions 47 and 48 are the same; Date of second appointment with the midwife/healthcare professional | <ul style="list-style-type: none"><li>• dd/mm/yyyy</li><li>• Not seen again before labour</li></ul>    |
| 50. | Maternal height at booking  | <ul style="list-style-type: none"><li>• cm</li></ul>   |
| 51. | Maternal weight at booking  | <ul style="list-style-type: none"><li>• kg</li></ul>   |
| 52. | Estimated date of delivery  | <ul style="list-style-type: none"><li>• dd/mm/yyyy</li></ul>   |
| 53. | Method of calculation of estimated date of delivery   | <ul style="list-style-type: none"><li>• Ultrasound</li><li>• LMP</li><li>• Clinical estimate</li></ul> |
| 54. | Was folic acid taken antenatally?   | <ul style="list-style-type: none"><li>• No</li><li>• Yes</li></ul>                                     |
| 55. | If yes:<br>a) When was it commenced?  | <ul style="list-style-type: none"><li>• dd/mm/yyyy</li></ul>   |
| 56. | b) What was the dose?   | <ul style="list-style-type: none"><li>• 400mcg</li><li>• 5mg</li><li>• Other – Freetext</li></ul>      |

### ANTENATAL VISITS

## WM Core Maternity Dataset

- |     |   |   |
|-----|---|---|
| 57. | Number of antenatal visits with community midwifery service | <ul style="list-style-type: none"><li>• Number</li></ul>                |
| 58. | Number of antenatal visits with same midwife                | <ul style="list-style-type: none"><li>• Number</li><li>• Name</li></ul> |

### PREGNANCY COMPLICATIONS

- |     |  |  |                           |
|-----|--|--|---------------------------|
| 59. | Was a growth scan conducted during the pregnancy?                            | <ul style="list-style-type: none"><li>• No</li><li>• Yes</li></ul> | FV: No of antenatal scans |
| 60. | If yes, how many?  | <ul style="list-style-type: none"><li>• Number</li></ul>           |                           |
| 61. | <u>Ask for each scan:</u>  |  |                           |
|     | i. Date  | <ul style="list-style-type: none"><li>• dd/mm/yyyy</li></ul>       |                           |
| 62. | ii. Estimated fetal weight   | <ul style="list-style-type: none"><li>• g</li></ul>                |                           |
| 63. | iii. Was Intra-Uterine Growth Restriction diagnosed?                         | <ul style="list-style-type: none"><li>• No</li><li>• Yes</li></ul> |                           |
| 64. | iv. What was the reason for the growth scan?                                 | <ul style="list-style-type: none"><li>• No</li><li>• Yes</li></ul> |                           |
|     | a) Referral for suspected IUGR   |  |                           |
|     | b) Referral for DFM  |  |                           |
|     | c) Serial growth scan for high risk pregnancy                                |  |                           |
|     | d) Late booker   |  |                           |
|     | e) Other - Freetext  |  |                           |
| 65. | Did the woman report diminished fetal movements during the pregnancy?        | <ul style="list-style-type: none"><li>• No</li><li>• Yes</li></ul> |                           |
| 66. | Did the woman have any pregnancy-related complications during the pregnancy? | <ul style="list-style-type: none"><li>• No</li><li>• Yes</li></ul> |                           |
| 67. | If yes:  |  |                           |
|     | a) Antepartum haemorrhage  | <ul style="list-style-type: none"><li>• No</li><li>• Yes</li></ul> |                           |
|     | b) Hypertension:   |  |                           |
|     | If yes,  |  |                           |
|     | i. Essential hypertension  |  |                           |
|     | ii. Pregnancy induced hypertension   |  |                           |
|     | iii. Pre-eclampsia   |  |                           |
|     | iv. HELLP  |  |                           |
|     | c) Gestational diabetes  |  |                           |
|     | d) Other - Freetext  |  |                           |

### LABOUR SUMMARY

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68. Was the labour induced?
- No
  - Yes

### BABY BIRTH DETAILS

69. Date and time of delivery
- dd/mm/yyyy
  - hh:mm
70. Place of delivery
- Hospital / birth centre within the region → Hospitals in the region: Alexandra, Bridgenorth, Burton, BWH-birth centre, BWH- acute, City, George Elliot, Good Hope, Heartlands, Hereford, Lichfield, Ludlow, New Cross, Oswestry, Royal Shrewsbury, Russell's Hall, Sandwell, Solihull, Stafford, UHNS, Walsall Manor, Walsgrave, Warwick, Worcester, Wrekin.
  - Home
  - Born before arrival
  - Hospital outside the region
71. Baby NHS number
- Number
72. Final mode of birth
- Spontaneous cephalic vaginal
  - Ventouse
  - Forceps
  - Vaginal Breech
  - Caesarean section
    - Emergency
    - Urgent
    - Scheduled
    - Elective
73. Outcome?
- Livebirth
  - Stillbirth
74. If stillbirth:
- a) Date and time when the death was confirmed?
- dd/mm/yyyy hh:mm
- b) Date and time of start of labour?
- dd/mm/yyyy hh:mm
76. Was there a congenital anomaly at birth (suspected or confirmed)?
- No
  - Yes
77. If yes:
- a) Description
- Freetext
78. Sex
- Male
  - Female
  - Indeterminate
79. Birth weight
- grams



## WM Core Maternity Dataset

- |     |                    |  |                                |
|-----|--------------------|--|--------------------------------|
| 80. | Apgar at 1 minute  | <ul style="list-style-type: none"><li>• Number</li></ul> |                                |
| 81. | Apgar at 5 minutes | <ul style="list-style-type: none"><li>• Number</li></ul> | FV: Cord ph - Arterial, Venous |

### MATERNAL POSTNATAL

- |     |   |   |  |
|-----|---|---|--|
| 82. | Date of discharge to the health visitor                     | <ul style="list-style-type: none"><li>• dd/mm/yyyy</li></ul>            |  |
| 83. | Number of postnatal visits with community midwifery service | <ul style="list-style-type: none"><li>• Number</li></ul>                |  |
| 84. | Number of postnatal visits with the same midwife            | <ul style="list-style-type: none"><li>• Number</li><li>• Name</li></ul> |  |

### BABY POSTNATAL

- |     |   |  |  |
|-----|---|--|--|
| 85. | Date of postnatal discharge   | <ul style="list-style-type: none"><li>• dd/mm/yyyy</li></ul>   |  |
| 86. | Destination of discharge  | <ul style="list-style-type: none"><li>• Health visitor</li><li>• Neonatal unit</li><li>• Died</li></ul>                                  |  |
| 87. | Date and time when the baby was put to the breast for the first time or given EBM | <ul style="list-style-type: none"><li>• dd/mm/yyyy hh:mm</li><li>• Artificially fed from birth</li><li>• Died prior to feeding</li></ul> |  |