



West Midlands Maternity Core Dataset

Version 1.9 – 04.11.2010

Data items: 114
Including Diabetes dataset: 139

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DATA ITEM	FIELD / OPTIONS	COMMENT
MATERNAL DETAILS		
1. NHS number	<ul style="list-style-type: none"> Number 	
2. Hospital Number	<ul style="list-style-type: none"> Number Undocumented 	
3. Hospital responsible for care at booking	<ul style="list-style-type: none"> List of hospitals within the region → Out of 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.
4. Maternal Date of Birth	<ul style="list-style-type: none"> dd/mm/yyyy Undocumented 	
5. Postcode of mother at booking	<ul style="list-style-type: none"> Postcode Undocumented 	- No fixed abode is obtained from housing status
6. Postcode of mother at time of birth	<ul style="list-style-type: none"> Postcode No fixed abode Undocumented 	
7. GP code at time of birth	<ul style="list-style-type: none"> Not registered with a GP GP Code Undocumented 	
8. Ethnic Origin	<ul style="list-style-type: none"> Africa: <ul style="list-style-type: none"> North/Sub Sahara/Other Asia: <ul style="list-style-type: none"> India/Pakistan/Bangladesh/China/ Far East/South East/Other/Undocumented Caribbean Europe: <ul style="list-style-type: none"> Britain/Ireland/Eastern/Northern/Western/Southern/ Other/Undocumented Middle East Mixed – African-European Mixed – Asian-European Mixed – Caribbean-European Mixed – Other Mixed - Undocumented Other - Freetext Declined to answer 	

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9. Was the woman born in the UK?
- Undocumented
 - No
 - Yes
 - Undocumented
10. If no:
- a) What country was the woman born in?
- Countries dropdown list
11. b) What year did the woman move to the UK?
- yyyy
 - Undocumented
12. c) Status of citizenship
- British citizen
 - Asylum seeker
 - Economic migrant (European Union)
 - Failed asylum seeker
 - Given refugee status with indefinite leave to remain
 - Spouse is British citizen
 - Student/work visa
 - Other – Freetext
 - Undocumented
13. Did the woman need an interpreter during the pregnancy?
- No
 - Yes
 - Undocumented
14. Highest educational level
- No qualificatios
 - GCSE/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
 - Undocumented
15. Marital status
- Single
 - Married / civil partnership
 - Divorced / civil partnership dissolved
 - Widowed
 - Separated
 - Undocumented

PARTNER / FATHER DETAILS

16. Did the woman have a partner at booking?
- No
 - Yes
 - Undocumented

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17. If yes, are they employed?
- No
 - Yes
 - Undocumented
18. Is the baby's father a blood relation?
- No
 - Yes - First cousin
 - Yes - Second cousin
 - Yes - Other
 - Yes - Undocumented
 - Undocumented
19. Father's Ethnic Origin
- Africa:
 - North/Sub Sahara/Other
 - Asia:
 - India/Pakistan/Bangladesh/China/Far East/South East/Other/Undocumented
 - Caribbean
 - Europe:
 - Britain/Ireland/Eastern/Northern/Western/Southern/ Other/Undocumented
 - Middle East
 - Mixed – African-European
 - Mixed – Asian-European
 - Mixed – Caribbean-European
 - Mixed – Other
 - Mixed - Undocumented
 - Other - Freetext
 - Declined to answer
 - Undocumented

SOCIAL CIRCUMSTANCES

20. Employment status of mother at booking
- Full-time employed
 - Part-time employed
 - Employed undocumented
 - Looking after home / family
 - Student
 - Permanently sick /disabled
 - Unemployed
 - Retired
 - Undocumented
21. Housing tenure at booking
- Owns
 - Rents
 - With family / friends
 - UKBA/NASS
 - No fixed abode
 - Care services

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- | | | | |
|-----|---|--|---------------|
| | | <ul style="list-style-type: none"> • Temporary accommodation • Other • Undocumented | |
| 22. | Support from partner/family/friend? | <ul style="list-style-type: none"> • No • Yes • Undocumented | |
| 23. | Was there any social factors identified during the pregnancy? | <ul style="list-style-type: none"> • No • Yes • Undocumented | |
| 24. | If yes, was there any referrals made? | <ul style="list-style-type: none"> • No • Yes | Non-exclusive |
| | <ul style="list-style-type: none"> a) Common Assessment Framework b) Housing officer c) Pregnancy Outreach Worker (POW) d) Psychiatrist e) Social worker f) Teenage pregnancy specialist g) Other support worker | | |
| 25. | Was the woman asked if she had a history of domestic abuse during this pregnancy? | <ul style="list-style-type: none"> • No • Yes | |
| 26. | If yes, was there a history of domestic abuse in this pregnancy? | <ul style="list-style-type: none"> • No • Yes • Undocumented | |

SMOKING, ALCOHOL, NON-MEDICINAL DRUGS

- | | | | |
|-----|--|---|--|
| 27. | Was the woman smoking at booking? | <ul style="list-style-type: none"> • No • Yes • Undocumented | |
| 28. | If yes: | | |
| | <ul style="list-style-type: none"> a) How many per day | <ul style="list-style-type: none"> • Number • Undocumented | |
| 29. | <ul style="list-style-type: none"> b) Was the woman offered smoking cessation support during the pregnancy? | <ul style="list-style-type: none"> • No • Yes • Undocumented | |
| 30. | If no, did the woman smoke during the 12 months prior to conception? | <ul style="list-style-type: none"> • No • Yes • Undocumented | |
| 31. | If yes, date stopped smoking | <ul style="list-style-type: none"> • MM/YYYY • Undocumented | |
| 32. | Was the woman smoking at the end of pregnancy? | <ul style="list-style-type: none"> • No • Yes • Undocumented | |

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|---|---|
| 33. If yes, how many per day | <ul style="list-style-type: none"> • Number • Undocumented |
| 34. Did anyone in the household smoke at booking? | <ul style="list-style-type: none"> • No • Yes • Undocumented |
| 35. Does the woman consume alcohol? | <ul style="list-style-type: none"> • No • Yes • Undocumented |
| 36. If yes:
a) How many units per week pre-pregnancy? | <ul style="list-style-type: none"> • Number • Undocumented |
| 37. b) How many units per week at booking? | <ul style="list-style-type: none"> • Number • Undocumented |
| 38. Was the woman taking non-medicinal drugs at booking? | <ul style="list-style-type: none"> • No • Yes • Undocumented |
| 39. If yes, was the woman referred to a substance misuse advisor? | <ul style="list-style-type: none"> • No • Yes • Undocumented |

MEDICAL HISTORY

- | | | |
|--|---|---------------|
| 40. Were there any previous medical problems identified during the pregnancy? | <ul style="list-style-type: none"> • No • Yes • Undocumented | |
| 41. If yes:
a) Diabetes
b) Heart problems
c) Hypertension | <ul style="list-style-type: none"> • No • Yes • Undocumented | Non-exclusive |
| 42. Were there any previous mental health problems identified during the pregnancy | <ul style="list-style-type: none"> • No • Yes • Undocumented | |
| 43. Were there any medical factors identified during the pregnancy? | <ul style="list-style-type: none"> • No • Yes • Undocumented | |
| 44. If yes, was the woman referred to a specialist antenatally? | <ul style="list-style-type: none"> • No • Yes • Undocumented | |

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OBSTETRIC HISTORY

- | | | |
|-----|---|---|
| 45. | Has the woman had any previous pregnancies? | <ul style="list-style-type: none">• No• Yes• Undocumented |
| 46. | If yes: | <ul style="list-style-type: none">• Number• Undocumented |
| | a) Previous pregnancies reaching 24 weeks gestation or more | |
| 47. | b) Previous pregnancies reaching less than 24 weeks gestation | <ul style="list-style-type: none">• Number• Undocumented |
| 48. | c) Previous live births | <ul style="list-style-type: none">• Number• Undocumented |
| 49. | d) Previous stillbirths | <ul style="list-style-type: none">• Number• Undocumented |
| 50. | e) Number of previous caesarean sections | <ul style="list-style-type: none">• Number• Undocumented |
| 51. | f) Number of previous small for gestational age babies | <ul style="list-style-type: none">• Number• Undocumented |
| 52. | Were there any obstetric factors identified during the pregnancy? | <ul style="list-style-type: none">• No• Yes• Undocumented |
| 53. | If yes, was the woman referred to a specialist antenatally? | <ul style="list-style-type: none">• No• Yes• Undocumented |

BOOKING AND SCREENING

- | | | |
|-----|--|---|
| 54. | Date of first appointment with the midwife/GP | <ul style="list-style-type: none">• dd/mm/yyyy• Undocumented |
| 55. | Date of second appointment with the midwife/GP | <ul style="list-style-type: none">• dd/mm/yyyy• Undocumented |
| 56. | Date of completed social and health assessment | <ul style="list-style-type: none">• dd/mm/yyyy• Undocumented |
| 57. | Maternal height at completed assessment | <ul style="list-style-type: none">• cm• Undocumented |
| 58. | Maternal weight at completed assessment | <ul style="list-style-type: none">• kg• Undocumented |
| 59. | Estimated date of delivery | <ul style="list-style-type: none">• dd/mm/yyyy |

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|-----|---|--|
| 60. | Method of calculation of estimated date of delivery | <ul style="list-style-type: none">• Ultrasound• LMP• Clinical estimate• Undocumented |
| 61. | Was folic acid taken? | <ul style="list-style-type: none">• No• Yes• Undocumented |
| 62. | If yes: | |
| | a) When was it commenced? | <ul style="list-style-type: none">• dd/mm/yyyy• Undocumented |
| 63. | b) What was the dose? | <ul style="list-style-type: none">• 400mcg• 5mg• Other• 400mcg changed to 5mg• Undocumented |
| 64. | c) If dose changed 400mcg to 5mg, date of change | <ul style="list-style-type: none">d) dd/mm/yyyye) Undocumented |
| 65. | Screening for Downs syndrome offered? | <ul style="list-style-type: none">• No• Yes• Too late• Undocumented |
| 66. | Data collection discussed? | <ul style="list-style-type: none">• No• Yes |
| 67. | Anomaly (Mid-T) Scan | <ul style="list-style-type: none">• Offered and accepted• Offered and undecided• Offered and declined• Not offered• Undocumented |
| 68. | Date of fetal anomaly scan | <ul style="list-style-type: none">• DD/MM/YYYY• Undocumented |

ANTENATAL VISITS

- | | | |
|-----|---|---|
| 69. | Number of antenatal visits with community midwifery service | <ul style="list-style-type: none">• Number• Undocumented |
| 70. | Number of antenatal visits with same midwife | <ul style="list-style-type: none">• Number• Undocumented |
| 71. | Name of the midwife | <ul style="list-style-type: none">• Freetext• Undocumented |

PREGNANCY COMPLICATIONS

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|-----|--|---|---------------|
| 72. | Was a growth scan conducted during the pregnancy? | <ul style="list-style-type: none"> • No • Yes • Undocumented | |
| 73. | <u>Ask for each scan:</u> | | |
| | i. Date | <ul style="list-style-type: none"> • dd/mm/yyyy • Undocumented | |
| 74. | ii. Estimated fetal weight | <ul style="list-style-type: none"> • g • Undocumented | |
| 75. | iii. What was the reason for the growth scan? | <ul style="list-style-type: none"> • No • Yes | Non-exclusive |
| | a) Risk identified at completed assessment | | |
| | b) Late booker | | |
| | c) Suspected IUGR | | |
| | d) DFM | | |
| | e) Pregnancy complications | | |
| | f) Other – Freetext | | |
| | g) Undocumented | | |
| 76. | iv. Was Intra-Uterine Growth Restriction diagnosed? | <ul style="list-style-type: none"> • No • Yes • Undocumented | |
| 77. | Did the woman report diminished fetal movements during the pregnancy? | <ul style="list-style-type: none"> • No • Yes | |
| 78. | a) If yes, date of first admission for DFM | <ul style="list-style-type: none"> • dd/mm/yyyy • Undocumented | |
| 79. | b) Number of admissions for DFM | <ul style="list-style-type: none"> • Number • Undocumented | |
| 80. | Did the woman have any pregnancy-related complications during the pregnancy? | <ul style="list-style-type: none"> • No • Yes • Undocumented | |
| 81. | If yes: | | Non-exclusive |
| | a) Antepartum haemorrhage | <ul style="list-style-type: none"> • No • Yes | |
| | b) Hypertension diseases: | | |
| | If yes, | | |
| | i. Pregnancy induced hypertension | | |
| | ii. Pre-eclampsia | | |
| | iii. HELLP | | |
| | c) Gestational diabetes | | |

LABOUR SUMMARY

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82. Was the labour induced?
- No
 - Yes
 - Undocumented
-
83. If yes, reason for induction
- Abnormal CTG/doppler
 - APH
 - Breech
 - Diabetes
 - Fetal abnormality
 - IUD
 - IUGR
 - Maternal request
 - Multiple pregnancy
 - Other – Fetal reason
 - Other – Maternal reason
 - Poor obstetric history
 - PIH/PET
 - Prolonged pregnancy
 - Prolonged ROM
 - Reduced fetal movements
 - Reduced liquor volume
 - Suspected fetal macrosomia
 - Undocumented
84. Did the woman have an episiotomy?
- No
 - Yes
 - Undocumented
85. Did the woman have a perineal tear
- No tear
 - 1st degree
 - 2nd degree
 - 3rd (a) degree
 - 3rd (b) degree
 - 3rd (c) degree
 - 3rd degree undocumented what grade
 - 4th degree
 - Undocumented

BABY BIRTH DETAILS (asked for each baby)

86. Number of babies
- Singleton
 - Twins
 - 3
 - 4
 - 5
 - 6
87. Date and time of delivery
- dd/mm/yyyy
 - hh:mm

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88. Place of delivery
- Home
 - Born before arrival
 - Hospital
 - Hospital midwife-led
 - Undocumented
89. Baby NHS number
- Number
90. Hospital responsible for care
- List of hospitals within the region →
91. Final mode of birth
- Spontaneous cephalic vaginal
 - Ventouse
 - Forceps
 - Vaginal Breech
 - Caesarean section
 - Undocumented
92. If caesarean section, what grade
- Emergency
 - Urgent
 - Scheduled
 - Elective
 - Undocumented
93. If forceps delivery, what type
- Wriggleys
 - Neville Barnes
 - Keillands
 - Other
 - Unspecified
94. Outcome?
- Livebirth
 - Stillbirth
95. If stillbirth:
- a) Date and time when the death was confirmed?
- dd/mm/yyyy hh:mm
 - Undocumented
- b) Date and time of start of labour?
- dd/mm/yyyy hh:mm
 - Undocumented
97. Was there a congenital anomaly at birth?
- No
 - Yes
 - Suspected
 - Undocumented

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.

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|--|--|
| 98. a) If yes or suspected, description of anomaly | <ul style="list-style-type: none">• Freetext |
| 99. Sex | <ul style="list-style-type: none">• Male• Female• Indeterminate• Undocumented• g |
| 100. Birth weight | |
| 101. Apgar at 1 minute | <ul style="list-style-type: none">• Number• Undocumented |
| 102. Apgar at 5 minutes | <ul style="list-style-type: none">• Number• Undocumented |

MATERNAL POSTNATAL

- | | |
|--|---|
| 103. Date of discharge to the health visitor | <ul style="list-style-type: none">• dd/mm/yyyy• Undocumented |
| 104. Number of postnatal visits with community midwifery service | <ul style="list-style-type: none">• Number• Undocumented |
| 105. Number of postnatal visits with the same midwife | <ul style="list-style-type: none">• Number• Undocumented |
| 106. Name of the midwife | <ul style="list-style-type: none">• Freetext• Undocumented |

BABY POSTNATAL

- | | |
|--|--|
| 107. Date of postnatal community discharge | <ul style="list-style-type: none">• dd/mm/yyyy• Undocumented |
| 108. Destination of discharge | <ul style="list-style-type: none">• Health visitor• Neonatal unit• Died• Undocumented |
| 109. Was the baby put to the breast or receive breastmilk at any stage? | <ul style="list-style-type: none">• No• Yes• Undocumented |
| 110. Date and time when the baby was put to the breast for the first time or given EBM | <ul style="list-style-type: none">• dd/mm/yyyy hh:mm• Undocumented |
| 111. Feeding at discharge from hospital (or at 48hrs) | <ul style="list-style-type: none">• Exclusively breast milk• Mixed breast and artificial milk• Exclusively artificial milk |

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- 112. Feeding at discharge from community care
 - Exclusively breast milk
 - Mixed breast and artificial milk
 - Exclusively artificial milk
- 113. Did baby die in the first 28 days
 - Yes
 - No
- 114. a) If yes, date of death
 - dd/mm/yyyy
 - Undocumented

MATERNAL PRE-EXISTING DIABETES PILOT

- 115. Diabetes type
 - Type 1
 - Type 2
 - Other
 - Unknown (while diagnosis is in progress)
 - Undocumented
- 116. Date of diagnosis of diabetes
 - MM/YYYY
- 117. Pre-conceptual HbA1c
 - Result mmols/mol
- 118. Date of pre-conceptual HbA1c
 - dd/mm/yyyy
- 119. Pre-conceptual microalbuminuria
 - Microalbuminuria (ACR >3.5)
 - Proteinuria (>300mg/mol)
 - None
 - Not available
- 120. Pre-conceptual retinopathy
 - No retinopathy
 - Background retinopathy
 - Proliferative retinopathy
 - Not available
- 121. Pre-conceptual maculopathy
 - No Maculopathy
 - Maculopathy
 - Not available
- 122. Pre-existing treated hypertension
 - Yes
 - No
 - Not known
- 123. Pre-existing ischemic heart disease
 - Yes
 - No
 - Not known
- 124. On statins prior to conception
 - Yes
 - No
 - Not known

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125. On ACE inhibitors prior to conception
- Yes
 - No
126. Treatment regimen at conception
- Not known
 - Metformin
 - Sulphonylureas
 - Glyptin
 - GLP - 1
 - Short acting insulin
 - Long acting insulin
 - BD Mix
 - Insulin pump
 - None
127. Last recorded treatment regimen in pregnancy
- Metformin
 - Sulphonylureas
 - Gliptin
 - GLP - 1
 - Short acting insulin
 - Long acting insulin
 - BD Mix
 - Insulin pump
 - None
128. Retinopathy status at 16 weeks
- No retinopathy
 - Background retinopathy
 - Proliferative retinopathy
 - Not available
129. Maculopathy status at 16 weeks
- No Maculopathy
 - Maculopathy
 - Not available
130. Retinopathy status at 28 weeks
- No retinopathy
 - Background retinopathy
 - Proliferative retinopathy
 - Not available
131. Maculopathy status at 28 weeks
- No Maculopathy
 - Maculopathy
 - Not available
132. Four chamber cardiac scan performed
- Carried out
 - Not carried out
 - Not available

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- | | | |
|---|--|-------------------------------|
| 133. Date of four chamber cardiac scan | <ul style="list-style-type: none">• DD/MM/YYYY | |
| 134. Number of growth scans | <ul style="list-style-type: none">• Number | |
| 135. Admitted to hospital for hypoglycaemia | <ul style="list-style-type: none">• Yes• No• Not known | |
| 136. Admitted to hospital for diabetic ketoacidosis | <ul style="list-style-type: none">• Yes• No• Not known | |
| 137. Admitted to hospital for raised blood pressure | <ul style="list-style-type: none">• Yes• No• Not known | |
| 138. Admitted to HDU/ICU | <ul style="list-style-type: none">• Yes• No• Not known | |
| 139. If yes, date of admission to HDU/ICU | <ul style="list-style-type: none">• DD/MM/YYYY | Up to 10 admissions collected |