midwifery standards review data sheet

NZ COLLEGE OF MIDWIVES (INC)

NB Includes all women you have been LMC for whether or not this has been for the entire maternity episode

Please refer to the Code Sheet and definitions when completing this form

Midwife's name .....

Region of NZCOM .....

Data collected from..... to.....

Midwife's code for this case																										Total / percentage
Maternity Units (P ST)																										
Homebirth																										
Transfer from homebirth or small unit																										
Age of woman at booking																										
Primip																										
Multip																										
Ethnic Group (P M PlA O)																										
Complementary PracticesYes																										
Total prescriptions given by you to the woman																										
Antenatal																										
Consult number/ with whom (T Ob M P)																										
Previous caesarean																										
Gestation at first antenatal visit																										
Ultrasound (total no./at your request)																										
Amniocentesis/CVS (A or C)																										
Polycose (P or G)																										
Infections (U S O)																										
Pre-existing medical cond at booking																										
Smoking total at onset of pregnancy																										
Total No.of antenatal visits by you																										
Total number of antenatal visits																										
Labour and Birth																										
Gestation at onset of labour																										
Consultation (T Ob M P)																										
Transfer of LMC (T Ob M P)																										
Induction of labour																										
Augmentation of labour																										
Meconium																										
ARM in labour (cms)																										
SVD																										
Length of first stage																										
Length of second stage																										
Length of third stage																										
Pain relief (T G P E SW)																										
Breech																										
Multiple Birth																										
Malpresentation																										
Baby Caught by:(M B O)																										
Water birth																										
Forceps/Ventouse (F orV)																										
Elective caesarean (G E S)																										
Emergency caesarean (G E S)																										
Perineum:Intact																										
Laceration:not sutured																										
Laceration:Sutured (1 2 3 degree)																										
Episiotomy																										
Laceration/Epis Sutured by (M B O)																										
Birth Position (K Sq L R S St)																										
Ecbolic (AT)																										
PPH (mls)																										
Manual removal																										
Placenta kept by woman (Y / N)																										
Postnatal – Woman																										
Consultation (T Ob M L)																										
Transfer of LMC (T Ob M)																										
Infection (Br UW P O)																										
Smoking number at completion of care																										
Diagnosed PN depression/psychosis																										
Number of days in hospital																										
Number of home visits by you																										
Total number postnatal visits																										
Admitted/readmitted secondary causes																										
Maternal discharge check by MW																										
Baby																										
Apgars at 1 and 5 mins (write in)																										
Resus: Suction																										
Oxygen																										
Bag and mask																										
Other																										
Consultation (CT O)																										
Transfer (N M)																										
Infection (E S U C O)																										
Prescriptions given by you for baby																										
Congenital abnormality																										
Still birth,NND,SIDS,miscarriage																										
Birth weight (only if <2.5kg or >4.5kg)																										
Vitamin K:Nil,IM or O (oral)																										
Feeding at 2 weeks (E F PA)																										
Feeding at discharge (E F PA)																										
Admitted to Paed ward – PN period																										
Babys age – discharge check																										
Trsfr toWell Child Provider (G P O)																										
Case to be Discussed																										