## midwifery standards review data sheet

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 fromto

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 Pl A O) Complementary Practices:Yes															
Total prescriptions given by you to the woman	1														
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 S W) Breech															
Multiple Birth															
Malpresentation															
Baby Caught by: (M B O)															
Water birth Forceps/Ventouse (F or V)															
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															
Postnatal – Woman															
Consultation (T Ob M L) Transfer of LMC (T Ob M)															
Infection (Br U W 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 P A)															
Feeding at discharge (E F P A)															
	1	1	1	1	ı	1	1	I			1	1	1	I	
Admitted to Paed ward – PN period															
Admitted to Paed ward – PN period Babys age – discharge check Trsfr to Well Child Provider (G P O)															