

A Survey under the joint auspices of the National Birthday Trust Fund and the Royal College of Obstetricians and Gynaecologists

Please complete the enquiry for all babies born (alive or dead) after the **24th week** of gestation from 00.01 hours on Sunday 5th April, 1970 to 24.00 hours on Saturday 11th April, 1970 whether born in hospital, at home or elsewhere.

Part I relates to information not usually included in the clinical records. It will be necessary to interview the mother as soon as possible after the birth.

Part II is concerned with antenatal care and with the delivery. Complete soon after birth using all the available records, discussing with the doctor or anyone else concerned with the care of the mother and baby.

Part III relates to the first seven days after the birth. Keep it up-to-date daily, if possible, so that it is immediately available if the mother moves. If the mother and baby are separated, complete the form for the mother first and then forward it for the baby section to be completed.

Most questions are pre-coded and except where otherwise stated should be answered by ringing one or more numbers as appropriate. Please complete one section at least in each question. Do not leave a question blank.

For Multiple Births, please complete the whole form for the first baby. For each of the other babies, question 1 of Part I should be filled in and then question 25 of Part II onwards, on a separate form.

When the form is complete it should normally be returned to the supervisor of midwives, the superintendent midwife, or the matron of the hospital unless other arrangements have been made locally.

PART I

With this form there is a letter for the mother. Please hand it to her before starting the questionnaire.

1-5	6

Questions 1-11 should be filled in by interviewing the mother. If you are unable to do this, please use the records.

MULTIPLICITY CODE = ACC02

1 Name and Address: Hospital number.....

Full name of the mother.....

Mother's maiden name.....

Address of mother's normal place of residence ACC040.....

County or County Borough.....

Address where this delivery occurred.....

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1
7

8-11

<p>2 Date of birth of mother:</p> <p><u>ACC05A</u> / / 19.....</p> <p>day month</p>	<p>For Office Use Only</p> <p>(12-17)</p>	<p>4 Age at which full-time education was completed (including college or university)</p> <p>Mother of baby <u>ACC09</u> years</p> <p>Father of baby <u>ACC10</u> years</p>		
			<p>3 Town and Country of birth:</p> <p>Mother of baby <u>ACC06A</u></p> <p>Father of baby <u>ACC07A</u></p> <p>Mother's mother <u>ACC08A</u></p>	<p>5 Date of present marriage:</p> <p><u>ACC11Y</u> / / 19.....</p>
			<p>6 Present marital status: <u>ACC12</u></p> <p>Single 1</p> <p>Married 2</p> <p>Widowed 3</p> <p>Divorced 4</p> <p>Separated 5</p> <p>Not known 0</p> <p>PREMARITAL CONCEPTION = <u>ACC12A</u></p>	<p>(24-27)</p> <p>(28-33)</p> <p>(34)</p>

<p>7</p> <p>Occupation Actual job.....</p> <p>Description of job.....</p> <p>Self-employed Employing 25 or more persons</p> <p>Employing fewer than 25 persons</p> <p>Not self employed Supervising others e.g. foreman, manager etc.....</p> <p>Not supervising others.....</p> <p>Employed at present.....</p> <p>Unemployed at present.....</p>	<p>Husband</p> <p><u>ACC13</u></p>	<p>Mother of baby (Before this pregnancy)</p> <p><u>ACC17</u></p>
	<p><u>ACC14</u></p>	<p><u>ACC18</u></p>
	<p><u>ACC15</u> 1</p> <p>2</p>	<p><u>ACC19</u> 1</p> <p>2</p>
	<p>3</p> <p>4</p>	<p>3</p> <p>4</p>
	<p>1</p> <p>2</p>	<p>1</p> <p>2</p>

35-38

39

40-43

8 Does the mother care for children at home (including adopted and foster children)?

Yes ACC201
No2
Not known0

(44)

If YES: give details of who is looking after them now.

SEE PAGE 2a

Living at home

Looked after by Home Help
With child minder
At a day nursery
Other
Not known

Number of children

Table with 1 column for 'Number of children' and 10 rows for different living arrangements.

45-48

Living away from home

With friends and relatives
With foster parents
In residential nursery
In residential school
Other

49-52

9 Since January, 1968 was any form of contraception used?

Yes ACC29A1
No2
Not known0

(53)

If YES: what method was used

Pill

Alone ACC29B1
With other method2
Other methods3
Not known0

(54)

If the Pill was used:

How many different brands have been used?

ACC29C

(55)

Name(s) of Pills used and period taken

ACC29E to
ACC29G to
ACC29I to
ACC29K to
ACC29M to

56-59

SEE PAGE 2a to

Brands not known1

60-63

10 What type of antenatal preparation did the mother receive during this pregnancy?

a) In mothercraft (e.g. care of the baby)

None ACC371
Individual instruction2
Class instruction
L.H.A. Clinic3
Hospital4
Other (specify)5
Not known0

(64)

b) In preparation for labour (e.g. exercises, relaxation, etc.)

None ACC381
Individual instruction2
Class instruction
L.H.A. Clinic3
Hospital4
Other (specify)5
Not known0

(65)

11 Smoking: ACC43B

a) Does the mother smoke now?

Yes1
No2
Not known0

(66)

b) If NO to 11a, did she ever smoke?

Yes1
No2
Not known0

(67)

c) If YES to 11b how long ago did she stop?

.....yearsmonths

(68-70)

d) How much does/did she smoke?

Cigarettes per day
1-41
5-142
15-243
25 or more4
Not known0

(71)

e) Has she smoked during this pregnancy?

Yes1
No2
Not known0

(72)

12 Part I was completed by:

Interviewing the mother ACC44B,1
Using records
Hospital ACC44C 2
G.P. ACC44D 3
Midwife ACC44E 4
Co-operation Card ACC44F 5
Other (specify) ACC44G 6
NO INDICATION: ACC44A

(73)

Q8. Does the mother care for children at home (including adopted and foster children)?

Details of who cares 1st instance= A0021
No. children 1st instance= A0022
Details of who cares 2nd instance= A0023
No. children 2nd instance= A0024
Details of who cares 3rd instance= A0025
No. children 3rd instance= A0026
Details of who cares 4th instance= A0027
No. children 4th instance= A0028

Q9. Since January, 1968 was any form of contraception used?

Month stopped Pill= A0029D
Months on Pill 1= A0029F
Months on Pill 2= A0029H
Months on Pill 3= A0029J
Months on Pill 4= A0029L
Months on Pill 5= A0029N
Any gaps between contraceptive use= A0029P

PART II

To be completed from the records or personal communication where necessary.

13 Previous pregnancies

Give details of all previous pregnancies (include miscarriages and ectopics) in the order of occurrence (the earliest first)

	Date		Sex	Birth Weight	Livebirths		S.B.	Mis.	Ect.	Method of Delivery	Record any of the following which occurred : Pre-eclamptic toxæmia, A.P.H., P.P.H., Surgical Induction or a congenital abnormality of the baby.
					Alive Now	Age at Death					
	Month	Year	Under 7 days	7 days & over							
1	AC052	AC053	AC054	AC055						AC056	
2	AC058	AC059	AC060	AC061						AC062	
3	AC064	AC065	AC066	AC067						AC068	
4	AC070	AC071	AC072	AC073						AC074	
5	AC076	AC077	AC078	AC079						AC080	
6	AC082	AC083	AC084	AC085						AC086	
7	AC088	AC089	AC090	AC091						AC092	
8	AC099	AC100	AC101	AC102						AC103	
9	AC105	AC106	AC107	AC108						AC109	
10	AC111	AC112	AC113	AC114						AC115	
11	AC117	AC118	AC119	AC120						AC121	
12	AC123	AC124	AC125	AC126						AC127	
13	AC129	AC130	AC131	AC132						AC133	
14	AC135	AC136	AC137	AC138						AC139	
15	AC146	AC147	AC148	AC149						AC150	
16	AC152	AC153	AC154	AC155						AC156	
17	AC158	AC159	AC160	AC161						AC162	

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7

14 Total number of recorded antenatal visits

..... A0190 (8-9)

Date of first visit A0191 /19..... (10-13)

Date of last visit A0192 /19..... (14-17)

Who undertook the antenatal care?

Hospital medical staff A0193A 1

L.H.A. M.O. A0193B 2

G.P. A0193C 3

Midwife (18)

Hospital A0193D 4

G.P. Unit A0193E 5

Domiciliary A0193F 6

Other (specify) A0193H 7

CONSULTANT A0193G

If mother delivered in hospital and the antenatal care shared, was this

By previous arrangement 1

Because of some abnormality which arose during pregnancy 2 (19)

Some other reason 3

Not known 0

15 What was the first day of the last normal menstrual period?

..... / /1969 (20-23)

Was this date recorded as being

Certain A0196 1 (24)

Uncertain 2

Not known 0

16 Standing height of the mother

..... ft. ins or A0197 cms. (25-27)

17 Mother's blood group

O A0198 1

A 2

B 3 (28)

AB 4

Not known 0

Rh factor

Positive A0199 1

Negative 2 (29)

Not known 0

Rh antibodies

Present A0200 1

Absent 2 (30)

Not known 0

Were haemoglobin estimations done?

Yes A0201 1

No 2 (31)

Not known 0

If YES:—Number of times estimated A0202 (32-33)

Highest value A0203A Date A0203B /19..... (34-37)

Lowest value A0204A Date A0204B /19..... (38-41)

W.R. or similar test

Negative A0206 1

Positive 2

Not done 3

Not known 0

42-43

Q13. Previous pregnancies

No. previous pregnancies= A0163
No. Previous pregnancies (entries on file)= A0164
No. twinned pregnancies= A0165
Parity= A0166
No. previous miscarriages= A0167
No. previous pregnancies miscarried= A0168
No. previous stillbirths= A0169
No. previous deaths <7 days= A0170
No. previous deaths 7 days+= A0171

Q15. What was the first day of the last normal menstrual period?

Gestational age in days= A0195A
Gestational age in months= A0195B
Is the last normal menstrual period date believable?= A0196A

Q17. Were haemoglobin estimations done?

Highest haemoglobin estimation= A0205A
Lowest haemoglobin estimation= A0205B

Blood pressures during antenatal period	Reading	Date
First (or only)	/	
Highest systolic	/	
Highest diastolic	/	
Last before labour	/	
Not recorded	1	
Not known	2	

Was there any non-infective proteinuria?

Yes AC226 1
 No 2
 Not known 0

Was pitting oedema present?

Yes AC227 1
 No 2
 Not known 0

Were there any eclamptic fits prior to labour?

Yes AC228 1
 No 2
 Not known 0

21 Has the mother clinical diabetes?

Yes AC229 1
 No 2
 Not known 0

20 Was there any bleeding from the genital tract after the last period and before the onset of labour?

Yes AC230 1
 No 2
 Not known 0

If **YES**:—Number of bleeds AC231 (13-14)

Date of first (or only) bleed AC232 /19 (15-18)

Date of last bleed AC233 /19 (19-22)

Cause

Placenta Praevia AC234 1
 Accidental Haemorrhage (Abruptio Placentae) 2
 Threatened Abortion 3
 Other (Specify) 4

21 X-rays taken of the mother during pregnancy

None 1
 Chest AC235A 2
 Abdomen AC235B 3
 Pelvis AC235C 4
 Other (specify) AC235D 5
 Not known 0

22 Did the mother have any inpatient care during the antenatal period (excluding admissions in labour or false labour?)

Yes AC236 1
 No 2
 Not known 0

If **YES**:—Give date(s) of admission(s)

SEE PAGE 4a

Place of admission

N.H.S. Consultant Hospital
 Consultant bed 1
 G.P. bed 2
 N.H.S. G.P. Maternity Unit without resident medical officer 3
 Private 4
 Other (specify) 5
 Not known 0

If discharged prior to labour date(s) of discharge(s)

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(45-53)
(54-62)
(63-71)
(72-80)

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(13-14)

(15-18)

(19-22)

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(24)

(25)

26-29

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39-42

43-46

47-50

23 Where was the mother delivered?

At home AC242 1
 In an N.H.S. Consultant Hospital
 Consultant bed 2
 G.P. bed 3
 N.H.S. G.P. Maternity Unit without resident medical officer 4
 Private 5
 Other (specify) 6

Was the mother booked for delivery at the place where her confinement occurred?

Yes AC243 1
 No 2
 Not known 0

If YES, give the date of booking

AC244A / AC244B /19 (53-56)

24 Did labour start

Spontaneously AC245 1
 Induced 2
 Not known 0

If INDUCED, what methods were used?

Oxytocic Drugs

Intravenous Drip AC246A 1
 Buccal AC246B 2
 Other AC246C 3

Artificial rupture of membranes AC246D

Other (specify) OBE/ OESTROGENS - AC246E

BY MEMBRANE SWEEP - AC246F

Not known 0

BY OXYTONIC DRUG - AC246G

What was the time interval between the rupture of the membranes and the delivery?

Less than 24 hours AC247 1
 24-47 hours 2
 48 hours or more 3
 Not known 0

25 Was the birth

Single AC248 1
 Twin 2
 Triplet 3
 Other (specify) 4

(NOTE: A separate form is required for each baby. For babies other than the first complete question 1 (Part I) and then the remainder of the form from this question onward).

Date of birth /April/1970

Hour of birth AC253 a.m. p.m.

What was the outcome of the delivery?

Prior to 28 weeks of gestation
 Abortion AC254 1
 Livebirth 2
 28 weeks or more gestation
 Stillbirth 3
 Livebirth 4

Sex

Male AC255 1
 Female 2
 Not known 0

26 Give the length of each stage of labour

Stage	Hours	Minutes
First	<u>AC256</u>	
Second	<u>AC257</u>	
Third	<u>AC258</u>	

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(53-56)

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(59)

(60)

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7	8

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(11-14)

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(16)

(17-20)

(21-22)

(23-24)

Q18.

Blood pressures during antenatal period	Reading		Date	
	Systolic	Diastolic	Day	Month
First (or only)	A0207	A0208	A0209	A0210
Highest systolic	A0211		A0213	A0214
Highest diastolic		A0216	A0217	A0218
Last before labour	A0219	A0220	A0221	A0222
Not recorded	1			
Not known	2			

Diastolic at time of highest systolic= A0212

Systolic at time of highest diastolic= A0215

Q22. Did the mother have any inpatient care during the antenatal period (excluding admissions in labour or false labour?)

No. times mother discharged= A0237

Date of 1st/Only admission (days)= A0238A

Date of 1st/Only admission (months)= A0238B

Date discharged from 1st admission (days)= A0239A

Date discharged from 1st admission (months)= A0239B

Date of last admission (days)= A0240A

Date of last admission (months)= A0240B

Date of last discharge (days)= A0241A

Date of last discharge (months)= A0241B

27 During labour did the fetal heart rate

- Remain between 120 and 160.....1
- Rise above 160 *AO259*.....2
- Fall below 120.....3
- Not known.....0

Other recordings made on the fetus

- None.....1
- Fetal E.C.G. *AO260*.....2
- Scalp blood sampling.....3
- Sonar records.....4
- Other (specify).....5

Was there passage of meconium?

- Yes *AO261A*.....1
- No.....2
- Not known.....0

PROLAPSED CORD = AO261B

28 Delivery

- Spontaneous cephalic
 - anterior *AO262*.....1
 - posterior.....2
- Spontaneous breech.....3
- Operative delivery
 - Forceps
 - Cephalic.....4
 - With Breech.....5
 - Other (specify).....6
 - Caesarean Section.....7
 - Vacuum Extraction.....8
 - Other (specify).....0

29 Relief of pain during labour

- Analgesics
 - Inhalation
 - Gas/Oxygen *AO263*.....1
 - Gas/Air.....2
 - Trilene.....3
 - Drugs
 - Pethidine *AO264*.....1
 - Pethilorfan.....2
 - Morphia.....3
 - Fortral.....4
 - Psychoprophylaxis.....1
 - Hypnosis.....2
 - Decompression.....3
 - Other (specify) *AO265*.....4

Anaesthetics during and after labour

	Before baby born	After baby born
General	<i>AO266A1</i>	<i>AO266B1</i>
Caudal	2	2
Epidural	<i>AO266AB3</i>	<i>AO266B3</i>
Local	<i>AO266AC4</i>	<i>AO266BC4</i>
Other	<i>AO266AD5</i>	5

B. NARY WEIGHT AO266A AO266B

30 Did a postpartum haemorrhage of 500 ml. or more occur?

- Yes *AO267*.....1
- No.....2
- Not known.....0

Was a blood transfusion given?

- Yes *AO268*.....1
- No.....2
- Not known.....0

Did the mother have a manual removal of the placenta?

- Yes *AO269*.....1
- No.....2
- Not known.....0

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(31)

(32-33)

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(35)

(36)

31 When was regular respiration established?

- Less than 1 minute *AO270*.....1
- 1-3 minutes.....2
- More than 3 minutes.....3
- Not known.....0

Administration of oxygen

- None *AO271*.....1
- Face funnel *AO271A*.....2
- Face mask *AO271B*.....3
- Nasal tube *AO271C*.....4
- Endotracheal tube *AO271D*.....5
- Incubator *AO271E*.....6
- Other (specify) *AO271F*.....7
- Not known.....0

Other methods of resuscitation

- None *AO272*.....1
- Mouth to mouth resuscitation *AO272A*.....2
- Mucus extraction *AO272B*.....3
- Stomach aspiration *AO272C*.....4
- Other (specify) *ESOPHAGEAL TUBE = AO272D*
EXT. CARDIAC MASSAGE = AO272E.....5
- Not known.....0

Was Vitamin K (e.g. Synkavit, Konakion) given?

- Yes *AO273*.....1
- No.....2
- Not known.....0

Were eye drops used prophylactically?

- None *AO274*.....1
- Albucid.....2
- Silver Nitrate.....3
- Other (specify).....4
- Not known.....0

Did the baby have:

- Lethidrone (Nalorphine)
 - Yes *AO275*.....1
 - No.....2
 - Not known.....0
- Vanillic Acid (Vandid)
 - Yes *AO276*.....1
 - No.....2
 - Not known.....0

Other treatments given to baby

- None *AO277*.....1
- Yes (specify).....2
- Not known.....0

32 Birthweight of baby

..... lbs. ozs. or *AO278* gm (45-48)

Age of baby when weighed

- Under 12 hours *AO279*.....1
- 12-23 hours.....2
- 24-35 hours.....3
- 36 hours or more.....4
- Not known.....0

Lowest recorded weight of baby

..... lbs. ozs. or *AO280* gm (50-53)

Date of this weighing *AO281* April 1970 (54-55)

33 Was there an episiotomy or tear?

- Episiotomy *AO282*.....1
- Third degree tear.....2
- Other tear.....3
- None.....4
- Not known.....0

34 Who undertook the delivery ?

Midwife
 Domiciliary *AC283A* 1
 Hospital *AC283B* 2
 Pupil Midwife *AC283C* 3
 Consultant Obstetrician *AC283D* 4
 Registrar *AC283E* 5
 House Officer *AC283F* 6
 G.P. *AC283G* 7
 Medical Student *AC283H* 8
 Other (specify) *AC283I* 9

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35 Part II was completed by

Using records
 Hospital *AC284A* 1
 G.P. *AC284B* 2
 Midwife *AC284C* 3
 Co-operation Card *AC284D* 4
 Personal Communication
 Hospital Doctor *AC284E* 5
 G.P. *AC284F* 6
 Midwife *AC284G* 7
 Other (specify) *AC284I* 8
MOTHER *AC284H*

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PART III

36 Did the mother have any evidence of eclampsia occurring for the first time in labour or the puerperium ?

Yes *AC288* 1
 No 2
 Not known 0

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37 During the first seven days after the delivery did the mother:

Have any urinary infection?
 Yes *AC289* 1
 No 2
 Not known 0

Have any genital tract infection?
 Yes *AC290* 1
 No 2
 Not known 0

Have any venous complication of the legs?
 None *AC291* 1
 In superficial veins 2
 In deep veins 3
 Not known 0

Have any operations in puerperium?
 None *AC292* 1
 Sterilisation 2
 Other (specify) 3
 Not known 0

Have any other morbidity or illness?
 No *AC293* 1
 Yes (specify) 2
 Not known 0

Have a haemoglobin estimation done?
 Yes *AC294* 1
 No 2
 Not known 0

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(14)

38 Was the baby medically examined within the first 24 hours ?

Yes *AC295* 1
 No 2
 Not known 0

If YES, by whom?

Consultant Obstetrician *AC296A* 1
 Obstetric Registrar *AC296B* 2
 Obstetric House Officer *AC296C* 3
 Consultant Paediatrician *AC296D* 4
 Paediatric Registrar *AC296E* 5
 Paediatric House Officer *AC296F* 6
 G.P. *AC296G* 7
 Other (specify) *AC296H* 8
 Not known 0

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(15)

(16)

39 Was lactation

Attempted *AC297* 1
 Not attempted 2
 Not known 0

Was it

Suppressed *AC298* 1
 Not suppressed 2
 Not known 0

If SUPPRESSED, was oestrogen used?

No *AC299* 1
 Yes (specify type) 2
 Not known 0

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(18)

(19)

40 What type of feed did the baby have during each of the 24 hour periods after birth ?

	1st	2nd	3rd	4th	5th	6th	7th
None	1	1	1	1	1	1	1
Water	2	2	2	2	2	2	2
Sugar solution	3	3	3	3	3	3	3
Breast Milk	4	4	4	4	4	4	4
Dried milk							
Full Cream	5	5	5	5	5	5	5
Half Cream	6	6	6	6	6	6	6
Humanised	7	7	7	7	7	7	7
Evaporated milk	8	8	8	8	8	8	8
Other Specify	9	9	9	9	9	9	9
Not known	0	0	0	0	0	0	0

20-23
24-27
28-31
32-33

41 Congenital Abnormalities of the baby:

No abnormality *AC307* 1
 Anencephaly 2
 Spina bifida with hydrocephalus 3
 Spina bifida without hydrocephalus 4
 Hydrocephalus only 5
 Cleft lip and/or palate 6
 Down's syndrome (Mongolism) 7
 Talipes 8
 Abnormalities of the hip 9
 Extra digits 1
 Naevi 2
 Other (specify) *AC308* 3

34-35

DEGREE OF CONGENITAL ABN = AC309

42 What was the lowest recorded rectal temperature?
LOWEST RECORDED = A0310
 Date/April/1970
 Less than 24 hours of life **A0311** 1
 24 hours or later 2
 Not recorded 3
TIME RECORDED = A0312
 Was a low reading thermometer i.e. recording 85°F (30°C) or lower used?
 Yes **A0313** 1
 No 2
 Not known 0

Was the baby examined for congenital dislocation of the hip?
 Yes **A0314** 1
 No 2
 Not known 0
 Had it been recorded on the case notes?
 Yes 1
 No 2
 Not known 0

Was the baby tested for phenylketonuria?
 Yes (specify method used) 1
A0315
 No 2
 Not known 0

Date **A0316** /April/1970
 Was the baby jaundiced?
 Yes
 Less than 24 hours of life **A0317** 1
 24 hours or later 2
 No 3
 Not known 0

Maximum serum bilirubin level **A0318**
 Date **A0319** /April/1970
 Cause (if known) **A0320**

Was the baby's blood sugar level taken?
 Yes **A0321** 1
 No 2
 Not known 0

Minimum level **A0322**
 Date **A0323** /April/1970
 Age of baby if less than 24 hours **A0324**

Did the baby develop any breathing difficulties, including respiratory distress syndrome?
 Yes (specify) **A0325** 1
 No 2
 Not known 0

Did the baby have cyanotic attacks?
 Yes **A0326** 1
 No 2
 Not known 0

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 (58-59)
 (60)
 (61)

Did the baby have any fits or convulsions?
 Yes **A0327** 1
 No 2
 Not known 0

Did the baby have any "cerebral" signs?
 Yes (specify) **A0328** 1
 No 2
 Not known 0

Did the baby have any fractures?
 Yes (specify) **A0329** 1
 No 2
 Not known 0

Did the baby have a cephalhaematoma?
 Yes **A0330** 1
 No 2
 Not known 0

Did the baby have "sticky" eyes?
 Yes **A0331** 1
 No 2
 Not known 0

Did the baby have a discharge from the umbilicus?
 Yes **A0332** 1
 No 2
 Not known 0

Were exchange transfusions given?
 Yes **A0333** 1
 No 2
 Not known 0

Were any operations performed?
 Yes (specify) **A0334** 1
 No 2
 Not known 0

Were there any other illnesses or conditions of the baby?
 Yes **A0335** 1
 No 2
 Not known 0

43 If the baby was discharged during the first seven days, what was the date of the last medical examination?
A0336 /April/1970

Examined by
 Consultant Obstetrician **A0337A** 1
 Obstetric Registrar **A0337B** 2
 Obstetric House Officer **A0337C** 3
 Consultant Paediatrician **A0337D** 4
 Paediatric Registrar **A0337E** 5
 Paediatric House Officer **A0337F** 6
 G.P. **A0337G** 7
 Other (specify) **A0337H** 8
 Not known 0

For Office Use Only
 (62)
 (63)
 (64)
 (65)
 (66)
 (67)
 (68)
 (69)
 (70)
 (71-72)
 (73)
 (74-75)

44 Where was the baby cared for each day?

By mother's bed
 Day and night
 Day only
 In a ward nursery
 In a special care unit
 In a neonatal surgical unit
 Elsewhere (specify)

In a cot
 In an incubator
 Elsewhere (specify)

Day of Birth	Days following birth						
	1st	2nd	3rd	4th	5th	6th	7th
Date A0341	A0342	A0343	A0344	A0345	A0346	A0347	A0348
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
A0349	A0350	A0351	A0352	A0353	A0354	A0355	A0356
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3

7
 7
 (8-15)
 (16-23)

45 Where was the mother during the first seven days?

AO365
Date

Day of Birth	Days following birth						
	1st	2nd	3rd	4th	5th	6th	7th
AO357	AO358	AO359	AO360	AO361	AO362	AO363	AO364
N.H.S. Consultant Hospital Consultant Bed	1	1	1	1	1	1	1
G.P. Bed	2	2	2	2	2	2	2
N.H.S. G.P. Maternity Unit without resident medical officer	3	3	3	3	3	3	3
Private Maternity Home	4	4	4	4	4	4	4
Own home or other private household	5	5	5	5	5	5	5
Other (specify)	6	6	6	6	6	6	6

N.H.S. Consultant Hospital
Consultant Bed

G.P. Bed

N.H.S. G.P. Maternity Unit without resident
medical officer

Private Maternity Home

Own home or other private household

Other (specify)

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(24-31)

46 If the mother moved who was informed?

SEE PAGE 80

	First Move	Second Move	Third Move
G.P.	1	1	1
Local Health Department	2	2	2
Midwife			
Domiciliary	3	3	3
G.P. Unit	4	4	4
Hospital or G.P. Unit	5	5	5
Other (Specify)	6	6	6
How were they informed?			
Letter	1	1	1
Telephone	2	2	2
Personal Communication	3	3	3
Other (Specify)	4	4	4
When were they informed			

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47 Part III was completed by:

Using records

Hospital AO375A 1

G.P. AO375B 2

Midwife AO375C 3

Co-operation Card AO375D 4

Personal Communication

Hospital Doctor AO375E 5

G.P. AO375F 6

Midwife AO375G 7

OTHER AO375H

(41)

48 Name of baby (if known)

38-40

ANY OTHER RELEVANT INFORMATION:

DEATH GROUP : AO376

WE ARE GRATEFUL FOR THE TIME YOU HAVE GIVEN. THANK YOU FOR YOUR HELP

49 ABORTIONS, STILLBIRTHS AND NEONATAL DEATHS ONLY

Date of death

Was a postmortem performed?

Yes1

No2

Not known0

STILLBIRTHS AND NEONATAL DEATHS ONLY
(For Medical Officer of Health only)

Registered cause of death

Cause of death (attach P.M. report if available)

42-43

44-47

48-51

If full P.M. report or registered cause of death not available; please send copies direct to 'The Secretary, National Birthday Trust Fund, 57 Lower Belgrave Street, London SW1' as soon as possible

Q46. If the mother moved who was informed?

	First Move	Second Move	Third Move
Person informed	A0366	A0369	A0372
G.P.	A0366A	A0369A	
Local Health department.....	A0366B	A0369B	
Midwife			
Domiciliary.....	A0366C	A0369C	
G.P. Unit.....	A0366D	A0369D	
Hospital or G.P. Unit.....	A0366E	A0369E	
Other (Specify).....	A0366F	A0369F	
Method of informing	A0367	A0370	
Date of informing	A0368	A0371	