QUESTIONNAIRE  

PERINATAL MORTALITY SURVEY  
NATIONAL BIRTHDAY TRUST FUND

One of these questionnaires to be filled in for each baby born during the period of the main survey (first minute March 3rd-last minute 9th, 1958, inclusive) and sent in as instructed.

In addition, during the months of March, April, May, 1958, a questionnaire is required for all still births and each infant dying before the age of 28 days, and sent in as instructed as soon as possible after death.

GENERAL INSTRUCTIONS

1. Where the questions have been pre-coded, i.e. the possible answers are listed and a code number or letter attached (e.g. Questions 6, 9, 11a)—indicate the answer by ringing the code of the answer that applies.

2. Ignore the small boxes placed alongside some questions, e.g. Questions 10 and 11; these are to be used in analysis at Headquarters.

3. If you are unable to record an answer to any question because the details are not known or available, please DO NOT LEAVE A BLANK but record "doesn't remember," "don't know," "no records," etc.

1 Name of person completing this form ____________________________

2 (a) Name and address of Institution and/or L.A. to which (1) is attached. NONREGION

(b) If the birth is institutional, please give the Regional Hospital Board.

3 Full name of patient ____________________________

4 Patient's usual place of residence ____________________________

5 Address at which baby delivered (if same as Question 4, write "same") ____________________________

6 Place of delivery POD

   Hospital as booked case Y
   Hospital as unbooked case (including emergency) X
   Domiciliary—Midwife booked O
   Domiciliary—Midwife unbooked 1
   N.H.S. Maternity Home # 2
   Private Nursing Home 3
   Private ward of N.H.S. hospital 4
   Elsewhere (specify, e.g. taxi, street, ambulance, etc.) 5

*G.P. unit where there is no resident Medical Officer.

7 Time and date of delivery a.m./p.m. on the of ____________________________ 1958

SECTION II (Questions 8—22 inclusive)

The information required for the questions in this section should be got from the mother only. If the mother cannot be questioned, refer to instructions.

8 Age of patient last birthday N533 yrs.

9 Present marital status

   Married Y
   Single X
   Widowed, divorced, separated O

   IF NOT MARRIED, OMIT Qns. 10—12 inclusive

   IF MARRIED, questions about husband's employment refer to time of delivery. If not working, or on National Service, give last occupation, and give reason, e.g. unemployed, sick, National Service, etc.

10 Date of present marriage ____________________________ (day) of ____________________________ (month) ____________________________ (year)

   N520 (to first mature birth)

11 What was the husband's occupation?

   Actual job N492 (occupations) ____________________________

   Industry N236 ____________________________

   (a) Is the husband paid weekly, monthly, or is he self-employed?

   Weekly 1
   Monthly 2
   Self-employed 3

If self-employed

   (i) Does he employ 10 or more persons?
   No 5
   Yes 4

If not self-employed

   (i) Does he supervise others (e.g. foreman, manager, charge-hand)?
   No 7
   Yes 6

12 Age of husband last birthday N494 yrs.
12. Did the patient stay at school after minimum school-leaving age?  
N537  
Yes ______ Y  
No ______ X

If stayed at school:  
(a) At what age did she finish her full-time education? ______ yrs.

14. What was her father's occupation when she left school?  
N524, N525 (Occupation)  
N526, N571 (Class)  

Industry ______

(s) Was he:  
Self-employed, not employing others ______ Y  
Employer ______ X  
Employee not supervising others ______ O  
Employee supervising others ______. 1

15. At the time she left school, how many brothers and sisters did the patient have (living and dead)?  
N549

N550, N551  
Number still alive then  
Number dead  
Older than patient ______
Younger than patient ______

16. Did the patient have a paid job when she started this baby?  
N539 (When Started)  
No job ______ Y  

If employed  
Actual job ______

Industry ______

If employed when pregnancy began:  
(a) How many hours a week was she working at that time? ______ hour(s)

(b) When did she finally give up work?  
Date ______

17. How many persons are there now in the patient's household (including her husband and herself and any boarders, and excluding this baby and any lodgers who take their meals separately)?  
N512 (Persons per room)  
Under 15 yrs. and over ______

(a) How many rooms do these people occupy now (excluding bathroom, scullery, kitchen—unless used as living room)? ______ rooms

(b) For how many people did the patient cook and keep house at the beginning of pregnancy (including her husband and herself)? ______

18. Was general anaesthesia administered for any purpose during this pregnancy (including dental gase)?  
Yes ______ Y  
No ______ O

If administered, when and for what purpose?  
(a) ______ at ______ week

(b) ______ at ______ week

19. What was the patient's approx. weight before this pregnancy?  
N496  
Stones ______ lbs. ______

20. What was the date of the first day of her last menstrual period?  
N497 (Gestation period)  
______ day ______ month 1957

21. (a) In which week of the pregnancy did the patient make her first visit for antenatal care (excluding visits solely to confirm pregnancy)?  
N500 ______ week

(b) Beginning with, and including, the visit mentioned in 21(a), how many times did the patient attend for antenatal care at the following places? (Exclude visits solely for relaxation or massage instruction, and dental treatment.)

<table>
<thead>
<tr>
<th>Place</th>
<th>Number of visits</th>
<th>Number of visits</th>
<th>Number of visits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>During</td>
<td>Rest of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1st 28 weeks</td>
<td>Pregnancy</td>
<td></td>
</tr>
<tr>
<td>Hospital antenatal clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L.H.A. clinic (run for, or on behalf of L.A.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery (G.P.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient's home (G.P.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient's home (midwife)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. Does the patient think her B.P. was taken on each occasion mentioned in 21(b) above?  
Yes ______ Y  
No ______ X

23. Did the patient smoke as many as one cigarette a day during the 12 months before the start of this pregnancy? If so, how many per day during that period?  
N502

Did not smoke as many as 1 per day ______ Y  
Number smoked per day in that period ______

If smoked one or more per day  
(a) Did the patient change her smoking habits during this pregnancy? Record any changes in the table below— and month of pregnancy change made.  
N503 No change ______ Y

<table>
<thead>
<tr>
<th>Month of Pregnancy</th>
<th>Number per day</th>
<th>Number per day</th>
<th>Month of Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>changed</td>
<td>smoked</td>
<td>N606</td>
<td>N606</td>
</tr>
<tr>
<td></td>
<td>changed</td>
<td>changed</td>
<td>changed</td>
</tr>
<tr>
<td></td>
<td>smoked</td>
<td>changed</td>
<td>changed</td>
</tr>
<tr>
<td></td>
<td>Number per day</td>
<td>Number per day</td>
<td>Number per day</td>
</tr>
<tr>
<td></td>
<td>smoked</td>
<td>changed</td>
<td>changed</td>
</tr>
<tr>
<td></td>
<td>changed</td>
<td>changed</td>
<td>changed</td>
</tr>
<tr>
<td></td>
<td>changed</td>
<td>changed</td>
<td>changed</td>
</tr>
<tr>
<td></td>
<td>changed</td>
<td>changed</td>
<td>changed</td>
</tr>
<tr>
<td></td>
<td>changed</td>
<td>changed</td>
<td>changed</td>
</tr>
<tr>
<td></td>
<td>changed</td>
<td>changed</td>
<td>changed</td>
</tr>
<tr>
<td></td>
<td>changed</td>
<td>changed</td>
<td>changed</td>
</tr>
<tr>
<td></td>
<td>changed</td>
<td>changed</td>
<td>changed</td>
</tr>
<tr>
<td></td>
<td>changed</td>
<td>changed</td>
<td>changed</td>
</tr>
</tbody>
</table>

(a) ______

(b) ______

(c) ______

(d) ______
### SECTION III

—Please note carefully: the information in this section is to be got from records if at all possible. If this is not possible, get details from mother.

#### PAST OBSTETRIC HISTORY

**Exclude present pregnancy.**

24 Has the patient had any previous pregnancies (including miscarriage)?

**N504 (Parity)**

**Yes** _______ Y

**No** _______ X

*If "Yes" please give details below, taking the pregnancies in order of occurrence (the earliest first). Record twins as two separate births.*

<table>
<thead>
<tr>
<th>Pregnancy Number</th>
<th>Month</th>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Birth Weight</th>
<th>Date of Delivery</th>
<th>Sex</th>
<th>Place of Delivery</th>
<th>Outcome of Delivery</th>
<th>Complications of Pregnancy</th>
<th>Method of Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>1 2 3 4 5 6 7 8</td>
<td>Y X 0 1 2</td>
<td>3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>1 2 3 4 5 6 7 8</td>
<td>Y X 0 1 2</td>
<td>3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>1 2 3 4 5 6 7 8</td>
<td>Y X 0 1 2</td>
<td>3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>1 2 3 4 5 6 7 8</td>
<td>Y X 0 1 2</td>
<td>3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>1 2 3 4 5 6 7 8</td>
<td>Y X 0 1 2</td>
<td>3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>1 2 3 4 5 6 7 8</td>
<td>Y X 0 1 2</td>
<td>3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>1 2 3 4 5 6 7 8</td>
<td>Y X 0 1 2</td>
<td>3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>1 2 3 4 5 6 7 8</td>
<td>Y X 0 1 2</td>
<td>3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>1 2 3 4 5 6 7 8</td>
<td>Y X 0 1 2</td>
<td>3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>1 2 3 4 5 6 7 8</td>
<td>Y X 0 1 2</td>
<td>3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>1 2 3 4 5 6 7 8</td>
<td>Y X 0 1 2</td>
<td>3 4 5 6 7</td>
<td></td>
</tr>
</tbody>
</table>

#### PRESENT PREGNANCY

**N510 (inches)**

25 Patient’s Height (measure if not recorded, upright against the wall, without shoes)

---

26 Was any booking made for this delivery?

**Yes** _______ Y

**No** _______ X

If a booking made

(a) Week original booking made?

--- week

(b) What kind of booking was this original one?

- **Domiciliary**
- **Hospital**
- N.H.S. Maternity Home
- Private Nursing Home
- Private ward of N.H.S. Hospital
- Other place (specify)

---

If original booking domiciliary

(i) Why was this booking domiciliary?

- No hospital indication
- Hospital recommended but patient refused
- Hospital indicated no bed available

If not for any of above reasons, specify

---

(ii) Was this booking changed to an institutional booking during the pregnancy? If so, in which week was the change made?

- Not changed
- Changed on the week

(iii) What was reason for change?

---

---

---
## SECTION IV

The information for this section is to be got from records or notes only. Where records are not available, mark questions "no records."

### 27 Information about records used in this section.
Has the person completing this questionnaire full information about each of the places of antenatal care used by the patient? (See Question 21(b).)

<table>
<thead>
<tr>
<th>Record Used</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>X</td>
</tr>
</tbody>
</table>

If records are not available:

<table>
<thead>
<tr>
<th>(a) Which notes or records are not available?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### 28 Expected date of delivery.

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) Was this calculated from last menstrual period, or estimated by other means?

- **Calculated from L.M.P.**
- **Estimated from other means**

### N548 (Raised blood pressure, Proteinuria)

29 Excluding readings taken when hospital in-patient, how many times was blood pressure recorded during the antenatal period, i.e. up to onset of labour.

<table>
<thead>
<tr>
<th>Number of times</th>
<th>No records available</th>
<th>Some records only available</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If B.P. recorded at all in antenatal period:

<table>
<thead>
<tr>
<th>(a) What were the first, last and highest systolic/diastolic B.P. readings recorded in this pregnancy, and in which weeks were these taken? (Include readings taken when hospital in-patient).</th>
</tr>
</thead>
</table>

**DIASTOL**

<table>
<thead>
<tr>
<th>Reading at the week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**MAXBP**

<table>
<thead>
<tr>
<th>Reading with highest diastolic at the week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

(b) What was the B.P. reading with the highest diastolic recorded during labour?

<table>
<thead>
<tr>
<th>Reading at the week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**B.P. not taken during labour**

<table>
<thead>
<tr>
<th>Y</th>
<th>O</th>
</tr>
</thead>
</table>

30 Was Oedema observed during this pregnancy?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>O</td>
</tr>
</tbody>
</table>

31 Did albuminuria occur during this pregnancy?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**If Albuminuria occurred**

<table>
<thead>
<tr>
<th>(a) In which week of pregnancy did it occur?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

(b) Was a catheter specimen taken?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>X</td>
</tr>
</tbody>
</table>

(c) Was urinary infection present?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>1</td>
</tr>
</tbody>
</table>

### N519 (Haemoglobin level)

32 Did eclamptic fits occur?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>X</td>
</tr>
</tbody>
</table>

**If eclamptic fits occurred**

- **(a) When?**
  - Antepartum
  - Intra partum
  - Post partum

- **(b) How many fits occurred altogether?**

**Number of fits**

33 Was the patient admitted to hospital for pre-eclamptic toxemia (P.E.T.) or hypertension?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>X</td>
</tr>
</tbody>
</table>

**If Admitted**

- **(a) B.P. reading on admission?**
- **(b) In which week was she admitted?**

34 Was there a blood group test made for this pregnancy? Or if not, was there a record of any previous test?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>X</td>
</tr>
</tbody>
</table>

**N518**

- **One Tested for this pregnancy**
  - **Rh Pos.**
  - **Rhesus factor**
    - **A**
    - **B**
    - **AB**
    - **O**
  - **and ABO group**
    - **A**
    - **B**
    - **AB**
    - **O**

**If test made for this or previous pregnancy**

- **(a) What was the result?**
  - **(Ring both)**
  - **(Rh Pos.)**
  - **(Rhesus factor)**

**If Rh Negativity**

- **(i) Was blood tested for Rh. Antibodies during this pregnancy?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>X</td>
</tr>
</tbody>
</table>

35 How many times was haemoglobin tested in this pregnancy?

**Not tested at all**

**Number of times tested**

**If Haemoglobin tested at all this Pregnancy**

- **(a) Result.**
  - **First (or only) test**
  - **Last test**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Y</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>1</td>
</tr>
</tbody>
</table>
36 X-ray examinations during this pregnancy.

**XRAY**

- **Chest**: No X-ray
- **Abdominal**: No X-ray
- **Pelvimetry**: No X-ray

X-ray at the _____ th week

If none encountered ring this code: 0

ABNORM01
ABNORM02
ABNORM03
ABNORM04
ABNORM05

**BLEED**

- **Diabetes**: Y
- **Heart disease**: X
- **Tuberculosis (active)**: O
- **Influenza**: 1
- **German measles**: 2
- **Vaginal bleeding before 28th week**: 3
- **Accidental haemorrhage**: 4
- **Placenta praevia**: 5
- **Cause unknown**: 6
- **Suspected disproportion**: 7
- **Psychiatric disorder (under treatment)**: 8
- **External version**: 9

ABNORM06
ABNORM07
ABNORM08
ABNORM09

**OTHER ILLNESSES OR ABNORMALITIES**

If none encountered ring this code: 0

37 Were any of the following abnormalities or illnesses or any other condition (not P.E.T.) encountered during this pregnancy?

If so, please give the week diagnosed in each case.

ABNORM0X
ABNORM00

38 Was the patient admitted to a hospital or maternity/nursing home or other institution during the antenatal period (for any other reason than P.E.T.) i.e. in pregnancy up to the time of the onset of labour?

No: Y

Yes, to hospital: X
Yes, to maternity home: O
Yes, to nursing home: 1
Yes, to other institutions (specify): 2

If admitted to any institution in antenatal period

- **ADTYPE**
- **AD2HOSP**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AD2HOSP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

39 Was patient admitted to institution during labour (include both booked and emergency cases)?

- **Not admitted during labour**: Y
- **Admitted during labour as booked case**: X
- **Admitted during labour as emergency (give reasons for emergency)**: O

If admitted as booked or emergency case

- **Approximate time between onset of labour and admission**: hrs. mins.

SECTION IV—DETAILS OF LABOUR

The information for this section should be got from records, notes or the experience of the person(s) who actually delivered the infant.

40 Did the person(s) conducting the delivery have full information about the antenatal period at time of labour?

Yes: 1
No: 2

**IF NO**

Specify what information was missing, and state reason.

- 

41 How long was the labour?

- **First stage**: hrs. mins. Not known: Y
- **Second stage**: hrs. mins. Not known: X

42 How long before delivery did the membranes rupture, either spontaneously or by artificial means?

- **N529**: hrs. mins. Not known: O

(a) Did the patient run a temperature above normal during this interval?

Yes: 1
No: 2
Not known: 3
SECTION V (cont’d.)—RECORDS, NOTES, OR EXPERIENCE OF PERSON DELIVERING INFANT

43 Was induction carried out? N531
   (a) Why was induction necessary?
      (i) Postmaturity
      (ii) Hypertension
      (iii) Other cause (specify)__________
   (b) Which method(s) was used?
      Medical: O.B.E.__________
      Medical: Pitocin__________
      Medical: Other__________
      Surgical__________
   (i) Specify method used.
   (ii) How soon after surgical induction did delivery occur?

44 What was the presenting part when the baby was delivered?

   Present: O.A.__________
   Present: B.P.O.__________
   Breech__________
   Shoulder__________
   Face__________
   Other presentation (specify)__________

45 Was episiotomy carried out?__________

46 What was the method of actual delivery? N534

   Spontaneous__________
   Forceps__________
   Elective caesarean__________
   Emergency caesarean__________
   Other method (specify)__________

   (a) What was the reason for assistance?
      (i) Foetal distress:__________
         (ii) Maternal distress__________
      (iii) Delay in second stage__________
      (iv) Other reasons (specify)__________

47 Were there any complications of labour which have not been mentioned above; if so, please specify.

   No other complications__________

48 Was inhalational analgesia available at delivery and given? N536
   Not available at delivery__________
   Available and given__________
   Available, not given (specify reason)__________

   (a) What agent was given?
      Gas and Air__________
      Trilene__________
      Others (specify)__________
      (i) For how long previous to last hour before delivery?
      (ii) During the last hour before delivery?

49 Was analgesia or sedative given by any other route than inhalation?__________

   Yes__________
   No__________

50 Was any local, general or spinal anaesthetic administered during labour?__________

   Name of Drug__________
   Amount given
   In last 2 hours
   In previous 10 hours

   1 LDRUG001 to LDRUG09
   2
   3
   4

51 Which of the following persons were present at the delivery?

   (Qualified, trained or in training only)

   Person who delivered the baby__________
   Also present at delivery__________

   No trained person (e.g. B.B.A., police, etc.)__________
   Midwife__________
   Consultant obstetrician__________
   Registrar__________
   Hospital M.O.__________
   G.P.__________
   Medical Student__________
   Pupil Midwife__________
   Other (specify)__________

N556 (Place of booking and delivery)
SECTION VI.—THE INFANT, RECORDS, NOTES, OR EXPERIENCE OF PERSON ATTENDING INFANT

52 What was the outcome of the delivery?

Stillbirth ______ Y
Livebirth ______ X

______

Single birth. ______ 1
Twin ______ 2
Triplet ______ 3

Note.—For multiple births, a separate schedule is required for each child, but Sections II, III and IV need only be completed for the first birth. Clip questionnaires together when dispatching.

53 Sex of infant. 

N622 Male ______ Y
Female ______ X

N574 lbs. ______ _ ozs.

Not weighed at birth ______ O

If not weighed at birth

(a) Estimated weight at birth. 

N646 lbs. ______ _ ozs.

IF LIVE BIRTH

55 Did the baby require resuscitation other than aspiration of the air passages? If so, please specify the method used, including details of oxygen.

RESUS  Resuscitation not required ______ Y

Methods and drugs used

56 Was the baby given any drugs or antibiotics during the period covered by this questionnaire (apart from drugs given for the purpose of resuscitation)?

Yes ______ Y
No ______ X

Name of Drug  Reason Given  No. of days given  Dosage per day

DTB1 to  

DTB10

57 Did this baby have any laboratory tests or X-rays carried out during the period covered by this questionnaire?

Yes ______ Y
No ______ X

Nature of test/X-ray  Reason  Day carried out  Result

58 Did this baby have any congenital abnormality? If so, please specify.

No congenital abnormality ______ O
Congenital abnormality ______

SECTION VI (contd.). — RECORDS, NOTES, OR EXPERIENCE OF PERSON ATTENDING INFANT.

59 What illness did this baby have during the first week of life?

None ______ O
Illness ______ ILLNESS

If illness

59.1 What date did illness start?

59.2 What signs were present?

59.3 What measures were taken?

59.4 What was the outcome of the illness?

60 Fate of infant at end of first weeks of life.

Alive ______ Y
Died before 7 days old ______ X
Transferred before 7 days old ______ O

If transferred before 7 days old

(a) At what age ______ days ______ hrs. ______ mins.

(b) Where to ______

(c) Reason for Transfer ______

SECTION VII.—The remainder of this questionnaire applies ONLY to stillbirth or neonatal deaths. Information should be got from records, notes or experience of person(s) attending the patient or infant.

61 Date of death? MOD, TOD, AAD, SBNND

Died at ______ days ______ hrs. ______ mins.

Stillbirth ______ Y

IF STILLBIRTH

62 When did foetal death occur?

Before onset of labour ______ Y
During labour ______ X
Not known whether before or during labour ______ O

If known when foetal death occurred

(a) How long before delivery did foetal death occur?

______ days ______ hrs. ______ mins.

63 Was the foetus macerated?

Yes ______ Y
No ______ X

IF STILLBIRTH, OR DIED UNDER 7 DAYS

64 Was a P.M. examination made? If so, where was this done?

No P.M. examination ______ O
Place (address) ______

PLCGT

TO BE FILLED IN BY M.O.H.

65 Please give registered cause of this stillbirth (if in Scotland) or neo-natal death.

N515 (weight: Std Dev)
N516 (percentile)
SECTION VII. (Contd.) PLEASE FILL IN THIS SECTION IF THE BABY WAS STILLBORN OR DIED UNDER 28 DAYS.

Please use an extra sheet if short of space

66 Please give a short summary of present pregnancy, with special reference to abnormalities, illnesses; please include also conditions leading up to foetal death, if these occurred before labour.

67 Please give short summary of course of labour, with special reference to any complications; please include also conditions leading up to foetal death if these occurred during labour.

68 Please give short clinical history of baby between time of delivery and death, with special reference to any abnormalities or illnesses, and any notes which may help to explain why death occurred.

Checked by: