

Tasmanian Perinatal Data Collection Data Variable Checklist

Project name:	
Principal researcher:	
Date range of data required: (available from 01/01/2005)	
Date submitted to TDLU:	

The variables listed below are available subject to data custodian and ethical approval. Please indicate the variables required from your research and provide justification for their inclusion.

Request Variable	Variable name	Justification (for researcher to fill out)
MOTHER VARIABLES		
<input type="checkbox"/>	Mother's age	
<input type="checkbox"/>	Mother's date of birth: Year - YYYY	
<input type="checkbox"/>	Mother's date of birth: Month & year - MMYYYY	
<input type="checkbox"/>	Mother's date of birth: Day, month & year - DDMMYYYY	
<input type="checkbox"/>	Mother's marital status	
<input type="checkbox"/>	Mother's Indigenous status	
<input type="checkbox"/>	Mother's country of birth	
<input type="checkbox"/>	Hospital of birth	
<input type="checkbox"/>	Parity (after delivery)	
<input type="checkbox"/>	Neonatal deaths (Y/N)	
<input type="checkbox"/>	Neonatal deaths (number)	
<input type="checkbox"/>	Previous caesarean (Y/N)	
<input type="checkbox"/>	Previous caesarean (number)	
<input type="checkbox"/>	Mode of last delivery	
<input type="checkbox"/>	Estimated date of confinement	
<input type="checkbox"/>	Estimated date of confinement determined by	
<input type="checkbox"/>	Pregnancy the result of assisted reproductive technology	
<input type="checkbox"/>	Intended place of birth	
<input type="checkbox"/>	Intending to breastfeed	
<input type="checkbox"/>	Antenatal testing	
<input type="checkbox"/>	Pre pregnancy conditions	
<input type="checkbox"/>	Smoked tobacco during pregnancy (Y/N)	
<input type="checkbox"/>	Smoked < 10/day	
<input type="checkbox"/>	Smoked > 10/day	
<input type="checkbox"/>	Consumed alcohol during pregnancy (Y/N)	
<input type="checkbox"/>	< 1 standard drink/day	
<input type="checkbox"/>	> 1 standard drink/day	
<input type="checkbox"/>	Smoked marijuana during pregnancy (Y/N)	
<input type="checkbox"/>	Used other recreational drugs during pregnancy (Y/N)	
<input type="checkbox"/>	Vitamin supplements consumed during pregnancy	
MOTHERS GEOGRAPHICAL VARIABLES		
<input type="checkbox"/>	Suburb/town of residence	
<input type="checkbox"/>	State of residence	
Select one only of the following residential categories:		
<input type="checkbox"/>	SA2 of residence	
<input type="checkbox"/>	SA3 of residence	
<input type="checkbox"/>	Postcode of residence	
<input type="checkbox"/>	Statistical Local Area of residence	
<input type="checkbox"/>	Local Government Area of residence	
MOTHER DELIVERY RELATED VARIABLES		
Date of admission in which delivery occurs:		
<input type="checkbox"/>	Year of admission - YYYY	
<input type="checkbox"/>	Month & year of admission - MMYYYY	
<input type="checkbox"/>	Day, month & year of admission - DDMMYYYY	
<input type="checkbox"/>	Admitted patient election status	
<input type="checkbox"/>	Transfer of patient prior to delivery	
<input type="checkbox"/>	Obstetric complications	
<input type="checkbox"/>	Labour onset type	
<input type="checkbox"/>	Method of induction	
<input type="checkbox"/>	Indication for induction of labour	
<input type="checkbox"/>	Augmentation of labour	
<input type="checkbox"/>	Analgesia during labour	
<input type="checkbox"/>	Principal accoucheur	
<input type="checkbox"/>	Labour and delivery complications	

Request Variable	Variable name	Justification (for researcher to fill out)
<input type="checkbox"/>	Perineal status	
<input type="checkbox"/>	Indication for caesarean section	
<input type="checkbox"/>	Was the caesarean section elective or emergency	
<input type="checkbox"/>	Was the caesarean section primary or repeat	
<input type="checkbox"/>	Anaesthesia for delivery	
MOTHER DISCHARGE RELATED VARIABLES		
<input type="checkbox"/>	Discharge date: Year of discharge - YYYY	
<input type="checkbox"/>	Discharge date: Month & year of discharge - MMYYYY	
<input type="checkbox"/>	Discharge date: Day, month & year of discharge - DDMMYYYY	
<input type="checkbox"/>	Transfer date - day, month & year - DDMMYYYY	
<input type="checkbox"/>	Death date: Year of death - YYYY	
<input type="checkbox"/>	Death date: Month & year of death - MMYYYY	
<input type="checkbox"/>	Death date: Day, month & year of death - DDMMYYYY	

Request Variable	Variable name	Justification (for researcher to fill out)
BABY VARIABLES		
<input type="checkbox"/>	Baby's date of birth: Year - YYYY	
<input type="checkbox"/>	Baby's date of birth: Month and year - MMYYYY	
<input type="checkbox"/>	Baby's date of birth: Day, month and year - DDMMYYYY	
<input type="checkbox"/>	Presentation at vaginal birth	
<input type="checkbox"/>	Mode of birth	
<input type="checkbox"/>	Birth status	
<input type="checkbox"/>	Apgar score	
<input type="checkbox"/>	Cord pH	
<input type="checkbox"/>	Gestational age at birth	
<input type="checkbox"/>	Weight	
<input type="checkbox"/>	Length	
<input type="checkbox"/>	Head circumference	
<input type="checkbox"/>	Sex	
<input type="checkbox"/>	Indigenous status	
<input type="checkbox"/>	Birth order	
<input type="checkbox"/>	Actual place of birth	
<input type="checkbox"/>	Resuscitation at birth	
<input type="checkbox"/>	Medical admission to SCN/ICU	
<input type="checkbox"/>	Congenital abnormalities	
BABY DISCHARGE RELATED VARIABLES		
<input type="checkbox"/>	Discharge date: Year - YYYY	
<input type="checkbox"/>	Discharge date: Month & year - MMYYYY	
<input type="checkbox"/>	Discharge date: Day, month & year - DDMMYYYY	
<input type="checkbox"/>	Transfer date - day, month & year - DDMMYYYY	
<input type="checkbox"/>	Reason for transfer of baby	
<input type="checkbox"/>	Death date: Year of death - YYYY	
<input type="checkbox"/>	Death date: Month & year of death - MMYYYY	
<input type="checkbox"/>	Death date: Day, month & year of death - DDMMYYYY	

Additional Comments

Key Partners

