

DUQUE DATA COLLECTION FOR DELIVERY

Definitions

Delivery The act of giving birth to a child.

Diagnostic criteria

Patients age 15 years and older, with a principal diagnosis code of delivery according to either ICD-9 or ICD 10 and the
 and
 - giving birth for the first time
 and
 - gestation period between 37 and 42 weeks
 and
 - singleton pregnancy
 and
 - cephalic presentation
 and
 - an uncomplicated pregnancy

Identifying medical records from patients for inclusions in the DUQuE study

Precondition Mothers giving birth represent a large proportion of admissions to the maternity ward and are easy to identify. Please follow the guide below carefully to ensure consecutive inclusion of 35 mothers delivering and their babies according to the specified inclusion and exclusion criteria, and the overall scientific soundness of the DUQuE study. Thank you!

Identify all patients age 15 years or older who were discharged from the hospital with a diagnosis of ICD-9 or ICD-10; for delivery
 Review the most recent admissions first and make your way backwards in time
 Find the patients medical record, go through each of the patients medical record and answer the questions. Keep going until you have **35** patients included in total. Please see the "Manual for chart reviewers" for more information on patient sampling.

The patient has a diagnosis of either ICD-9 or ICD-10 for delivery	No →	Patient is excluded
↓ Yes		
The patient is age 15 or older	No →	Patient is excluded
↓ Yes		
The patient is giving birth for the first time	No →	Patient is excluded
↓ Yes		
Gestation periode between 37 and 42 weeks	No →	Patient is excluded
↓ Yes		
It is a singleton pregnancy	No →	Patient is excluded
↓ Yes		
The fetus is in cephalic presentation	No →	Patient is excluded
↓ No		
There was an indication of a risk preganany. This means the patient: 1) has diabetes (also gestational), HIV, Hepatitis B or liver disorders OR 2) had haemorrhage in early pregnancy OR 3) suffered from excessive vomiting during pregnancy (not mild vomiting) OR 4) had hypertension during pregnancy (Incl. Pre-ecalmpsia or eclampsia) OR 5) suffered venous complications or infections (urinary tract and genitourinary tract) during pregnancy OR 6) suffered excessive weight gain, low weight or malnutrition during pregnancy OR 7) was transferred from another hospital during labour OR 8) abnormal findings on the antenatal screenings of the mother were present	Yes →	Patient is excluded
↓ No		
Patient is included for medical chart review (N= 35) Review the patient's medical charge and answer all the following questions (Please see next page). Repeat this procedure until you have collected data from 35 patients in total		

DUQUE DATA COLLECTION SHEET FOR DELIVERY

Field Number	Field Prompt	Answer categories	Definition and notes	Guidance for answering	Patient id
J01 COUNTRY AND HOSPITAL INFORMATION					
J0101	Country		Country: please specify the country below 1 Czech Republic 2 England 3 France 4 Germany 5 Poland 6 Portugal 7 Spain 8 Turkey	Fill in a number from 0-7	
J0102	Hospital Name		Please specify the hospital name Text Please fill in the name of the hospital	Name of hospital	
Field Number	Field Prompt	Answer categories	Definition and notes	Guidance for answering	Patient id
J02 PATIENT DEMOGRAPHY					01
I0201	Patient date of birth		Please specify the patient's date of birth DD:MM:YY Date of birth (DD-MM-YYYY) 9 Not specified	Fill in exact date or fill in "9"	
J03 ADMISSION - MOTHER					01
J0301	Date and time of admission to the hospital		This field should be completed - all patients should have an admission date and time. DD:MM:YY Date (DD:MM:YYYY) 9 Date not specified HH:MM Time (HH:MM) 99 Time not specified	Fill in exact date OR "9" OR Fill in exact time OR "99"	
J04 DELIVERY - MOTHER					01
J0401	Date and time of start of active, regular contractions leading to child birth		This field should be completed - all patients should have a time for start of active regular contractions leading to child birth. Time for start of active, regular contractions might very well be at home. The onset of actual labor is defined when the cervix begins to progressively dilate DD:MM:YY Date (DD:MM:YYYY) 9 Date not specified HH:MM Time (HH:MM) 99 Time not specified	Fill in exact date OR "9" OR Fill in exact time OR "99"	
J0402	Initiation of labour		How was the initiation of the labour? (How did the labour start?) 0 Spontaneous 1 Induction of the labour (artificially stimulated childbirth) 9 Unknown	Fill in 0, 1 or 9	

J0403	Intention of birth	How was the birth intended / planned to happen seen from the perspective of the professionals?					
		0	Vaginally	Fill in 0, 1 or 9			
1	Cesarean section						
9	Not specified						
J0404	Date and time of start of delivery	This field should be completed - all patients should have a time for start of delivery. For vaginal birth start time is when the effaced (thinned) cervix is 3 - 4 cm dilated. For caesarean section date and time of start of delivery is time of incision.					
		DD:MM:YY	Date (DD:MM:YYYY)	Fill in exact date "9"	OR		
		9	Date not specified				
		HH:MM	Time (HH:MM)	Fill in exact time "99"	OR		
99	Time not specified						
J0405	Epidural anaesthesiology ordered	Was epidural anaesthesiology ordered?					
		0	No	Fill in 0, 1 or 9			
		1	Yes				
		9	Not specified				
		If anaesthesiology ordered, please specify date and time					
DD:MM:YY	Date (DD:MM:YYYY)	Fill in exact date "9"	OR				
9	Date not specified						
HH:MM	Time (HH:MM)	Fill in exact time "99"	OR				
99	Time not specified						
J0406	Date and time of epidural anaesthesiology applied	If anaesthesiology applied, please specify date and time					
		DD:MM:YY	Date (DD:MM:YYYY)	Fill in exact date "9"	OR		
		9	Date not specified				
HH:MM	Time (HH:MM)	Fill in exact time "99"	OR				
99	Time not specified						
J0407	Child delivery	How was the child delivered?					
		0	The child was delivered vaginally without any help of instruments (No ICD procedure code for instrument assisted delivery - it includes any instrument at any stage during delivery)	Fill in a number from OR 9	0-3		
		1	The child was delivered vaginally with help of instruments (ICD procedure code for instrument assisted delivery is present in the medical chart - it includes any instrument at any stage during delivery)				
		2	Vaginally, but not know with or without instrument				
		3	Caesarean section				
9	Not specified						
J0408	Outcome of delivery	How was the outcome of the delivery (status of the child at birth)?					
		0	Child alive at birth	Fill in a number from OR 9	0-2		
		1	Child stillborn				
		2	Child stillborn but resuscitated				
9	Not specified						
J0409	Date and time of child delivered	Date and time of child delivered. This field must be completed.					
		DD:MM:YY	Date (DD:MM:YYYY)	Fill in exact date "9"	OR		
		9	Date not specified				
		HH:MM	Time (HH:MM)	Fill in exact time "99"	OR		
99	Time not specified						

J0410	Laceration 3rd and 4th degree	Did any 3rd OR 4th degree laceration take place?		Fill in a number from 0-9					
		0 No	1 Yes			9 Not specified			
J0411	Episiotomy	Did the mother have an episiotomy?		Fill in 0, 1 or 9					
		0 No	1 Yes			9 Not specified			
J0412	Blood transfusion	Did the mother have a blood transfusion during her stay in hospital after delivery?		Fill in 0, 1 or 9					
		0 No	1 Yes			9 Not specified			
		ml	If yes, please specify the amount of blood in ml transfused		Number of ml blood transfused	ml			
J05 DIAGNOSTIC - CHILD					01				
J0501	pH of the umbilical cord	Was the pH-value (venous and or the arterial) of the umbilical cord measured and recorded?		Fill in 0, 1 or 9					
		0 No	1 Yes			9 Not specified			
J0502	pH-value of the umbilical cord	If yes; what was the <u>venous</u> pH-value of the umbilical cord?		Fill in 0, 1 or 9					
		0 Venous pH-value < 7	1 Venous pH-value ≥ 7			9 Not specified			
		If yes; what was the <u>arterial</u> pH-value of the umbilical cord?		Fill in 0, 1 or 9					
		0 Arterial pH-value < 7	1 Arterial pH-value ≥ 7			9 Not specified			
J0503	Apgar score at 5 minutes	Was Apgar score at 5 minutes recorded?		Fill in 0, 1 or 9					
		0 No	1 Yes			9 Not specified			
J0504	Value of Apgar score at 5 minutes	In case the Apgar score at 5 minutes was recorded, please specify the value		Fill in a number from 1-10					
		1 Apgar at 5 min = 1	2 Apgar at 5 min = 2			3 Apgar at 5 min = 3	4 Apgar at 5 min = 4	5 Apgar at 5 min = 5	6 Apgar at 5 min = 6

J0505	Gestational age	Please specify the gestational age in weeks		Fill in the number of weeks OR "99"	weeks
		weeks	Gestational age in weeks		
		99	Not specified		
J0506	Child weight and length at birth	Please specify the birth weight and length (Either in gram and cm OR lbs and inches)		Fill in weight in grams OR lbs OR "9"	grams lbs 9
		grams	Birth weight		
		lbs	Birth weight		
		9	Birth weight unknown		
		cm	Length at birth in cm	Fill in length in cm OR inch OR "99"	cm inches 99
		inches	Length at birth in inches		
		99	Length at birth unknown		
J06 DISCHARGE INFORMATION - MOTHER AND CHILD					01
J0601	Exclusive breast feeding	At discharge the infant received only breast milk from his/her mother or a wet nurse, or expressed breast milk, and no other liquids or solids with the exception of drops or syrup consisting of vitamins, mineral supplements or medicine (WHO definition)		Fill in a number from 0-9	
		0	No		
		1	Yes		
		2	Mother declined breast feeding		
		4	For patients who die or are transferred to another hospital.		
		9	Not specified		
J0602	MOTHER: date of discharge or death	Discharge date should be completed for all patients, discharge date includes date of transfer to another hospital. If the patients is transferred to another hospital for the day e.g. for treatment, the patient is not regarded as discharged. Date of death should ONLY be completed if the patient died while in hospital.		Fill in exact date "9" OR	
		DD-MM-YYYY	Date of discharge (DD:MM:YYYY)		
		9	Date of discharge not specified		
		DD-MM-YYYY	Date of death (DD:MM:YYYY)		
		99	Not dead OR date of death not specified	Fill in exact time "99" OR	
J0603	CHILD: date of discharge or death	Discharge date should be completed for all patients, discharge date includes date of transfer to another hospital. If the patients is transferred to another hospital for the day e.g. for treatment, the patient is not regarded as discharged. Date of death should ONLY be completed if the patient died while in hospital.		Fill in exact date "9" OR	
		DD-MM-YYYY	Date of discharge (DD:MM:YYYY)		
		9	Date of discharge not specified		
		DD-MM-YYYY	Date of death (DD:MM:YYYY)		
		99	Not dead OR date of death not specified	Fill in exact time "99" OR	