

## Section 1 General Information

<p>1.1 Client ID <span style="float: right;">---</span></p>	<p>1.8 Date of birth of infant <span style="float: right;">/ /</span></p>																				
<p>1.2 Medicare number recorded in notes <span style="float: right;">1-Yes 0-No</span></p>	<p>1.9 Gestational age at birth <span style="float: right;">wks</span></p>																				
<p>1.3 Date of birth <span style="float: right;">/ /</span></p>	<p>1.10 Birth weight of infant <span style="float: right;">grams</span></p>																				
<p>1.4 Indigenous status</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Aboriginal</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;">Torres Strait Islander</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">Both</td> <td style="text-align: right;">3</td> </tr> <tr> <td style="text-align: right;">Neither</td> <td style="text-align: right;">4</td> </tr> <tr> <td style="text-align: right;">Not stated</td> <td style="text-align: right;">5</td> </tr> </table>	Aboriginal	1	Torres Strait Islander	2	Both	3	Neither	4	Not stated	5	<p>1.11 Indigenous status of infant</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Aboriginal</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;">Torres Strait Islander</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">Both</td> <td style="text-align: right;">3</td> </tr> <tr> <td style="text-align: right;">Neither</td> <td style="text-align: right;">4</td> </tr> <tr> <td style="text-align: right;">Not stated</td> <td style="text-align: right;">5</td> </tr> </table>	Aboriginal	1	Torres Strait Islander	2	Both	3	Neither	4	Not stated	5
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<p>1.5 Auditors initial and surname</p>	<p>1.12 Type of birth</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Vaginal</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;">Caesarean section</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">Assisted</td> <td style="text-align: right;">3</td> </tr> <tr> <td style="text-align: right;">Not Stated</td> <td style="text-align: right;">4</td> </tr> </table>	Vaginal	1	Caesarean section	2	Assisted	3	Not Stated	4												
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<p>1.6 Audit date <span style="float: right;">/ /</span></p>	<p>1.13 Was antenatal care transferred to another centre/hospital? <span style="float: right;">1-Yes 0-No</span></p> <p style="text-align: right;">OR from another centre/hospital? <span style="float: right;">1-Yes 0-No</span></p>																				
<p>1.7 Delivery summary sheet/letter present in files?</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Yes</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;">No</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">Not complete</td> <td style="text-align: right;">2</td> </tr> </table>	Yes	1	No	0	Not complete	2	<p>1.14 <u>If yes</u>, what was the main reason for transfer?</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Complications</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;">Birthing</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">High risk pregnancy</td> <td style="text-align: right;">3</td> </tr> <tr> <td style="text-align: right;">Other</td> <td style="text-align: right;">4</td> </tr> <tr> <td style="text-align: right;">Not applicable</td> <td style="text-align: right;">9</td> </tr> </table>	Complications	1	Birthing	2	High risk pregnancy	3	Other	4	Not applicable	9				
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No	0																				
Not complete	2																				
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High risk pregnancy	3																				
Other	4																				
Not applicable	9																				
<p>1.15 <u>If yes</u>, record estimated gestational age at date of transfer <span style="float: right;">wks</span></p>	<p>1.16 Where was the birth of the infant?</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Home/Community Health Centre</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;">Local Hospital</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: right;">Regional Hospital</td> <td style="text-align: right;">3</td> </tr> <tr> <td style="text-align: right;">City Hospital</td> <td style="text-align: right;">4</td> </tr> <tr> <td style="text-align: right;">Other</td> <td style="text-align: right;">5</td> </tr> <tr> <td style="text-align: right;">Not stated</td> <td style="text-align: right;">6</td> </tr> </table>	Home/Community Health Centre	1	Local Hospital	2	Regional Hospital	3	City Hospital	4	Other	5	Not stated	6								
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## Section 2 Attendance for Antenatal Care and routine supplements

<p><b>2.1</b> Date of <b>first</b> antenatal assessment</p> <div style="border: 1px solid black; width: 150px; height: 30px; margin-left: 100px; text-align: center;">/ /</div> <p><b>2.2</b> Location of record of first antenatal assessment</p> <p style="margin-left: 40px;">Paper Medical record    1-Yes    0-No</p> <p style="margin-left: 40px;">Computer Medical Record    1-Yes    0-No</p> <p><b>2.3</b> <b>Number</b> of Antenatal visits</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 100px;"></div> <p><b>2.4</b> <b>First</b> antenatal assessment by</p> <table border="0" style="margin-left: 40px;"> <tr><td>Aboriginal and/or Torres Strait Islander Health Worker</td><td style="text-align: right;">1</td></tr> <tr><td>Nurse</td><td style="text-align: right;">2</td></tr> <tr><td>Midwife</td><td style="text-align: right;">3</td></tr> <tr><td>General Practitioner</td><td style="text-align: right;">4</td></tr> <tr><td>Specialist</td><td style="text-align: right;">5</td></tr> <tr><td>Other</td><td style="text-align: right;">6</td></tr> <tr><td>Not stated</td><td style="text-align: right;">7</td></tr> </table>	Aboriginal and/or Torres Strait Islander Health Worker	1	Nurse	2	Midwife	3	General Practitioner	4	Specialist	5	Other	6	Not stated	7	<p><b>2.5</b> Estimated gestational age at <b>first</b> antenatal visit</p> <div style="border: 1px solid black; width: 100px; height: 30px; margin-left: 100px; text-align: center;">wks</div> <p><b>2.6</b> Did the woman attend the Health Centre during:</p> <p style="margin-left: 40px;">1<sup>st</sup> trimester (before 13 weeks)    1-Yes    0-No</p> <p style="margin-left: 40px;">2<sup>nd</sup> trimester (13 to 26 weeks)    1-Yes    0-No</p> <p style="margin-left: 40px;">3<sup>rd</sup> trimester (after 26 weeks)    1-Yes    0-No</p> <p><b>Folate and iron prescription</b></p> <p><b>2.7</b> Is there a record that folate was prescribed <u>before 20 weeks</u>?</p> <p style="margin-left: 40px;">1-Yes    0-No</p> <p><b>2.8</b> Is there a record that folate was prescribed <u>prior to conception</u>?</p> <p style="margin-left: 40px;">1-Yes    0-No</p> <p><b>2.9</b> Is there a record that <u>iron</u> was prescribed?</p> <p style="margin-left: 40px;">1-Yes    0-No</p> <p><b>2.10</b> Is there a general <b>antenatal care plan/record</b> present?</p> <p style="margin-left: 40px;">1-Yes    0-No</p>
Aboriginal and/or Torres Strait Islander Health Worker	1														
Nurse	2														
Midwife	3														
General Practitioner	4														
Specialist	5														
Other	6														
Not stated	7														

## Section 3 Recording of pregnancy risk factors and brief intervention

<p><b>3.1</b> Recorded use of cigarettes</p> <p style="margin-left: 40px;">Daily smoker</p> <p style="margin-left: 40px;">Weekly smoker</p> <p style="margin-left: 40px;">Irregular smoker</p> <p style="margin-left: 40px;">Ex-smoker (quit during pregnancy)</p> <p style="margin-left: 40px;">Ex-smoker (quit before pregnancy)</p> <p style="margin-left: 40px;">Non-smoker</p> <p style="margin-left: 40px;">No record</p> <p style="margin-left: 40px;">Not applicable</p>	<table border="1" style="width: 100%; border: none;"> <thead> <tr> <th style="border: none;"></th> <th style="border: none;">In 1<sup>st</sup> trimester (before 13 weeks)</th> <th style="border: none;">In 2<sup>nd</sup> trimester (13 - 26 weeks)</th> <th style="border: none;">In 3<sup>rd</sup> trimester (after 26 weeks)</th> </tr> </thead> <tbody> <tr><td style="border: none;">1</td><td style="border: none;">1</td><td style="border: none;">1</td><td style="border: none;">1</td></tr> <tr><td style="border: none;">2</td><td style="border: none;">2</td><td style="border: none;">2</td><td style="border: none;">2</td></tr> <tr><td style="border: none;">3</td><td style="border: none;">3</td><td style="border: none;">3</td><td style="border: none;">3</td></tr> <tr><td style="border: none;">4</td><td style="border: none;">4</td><td style="border: none;">4</td><td style="border: none;">4</td></tr> <tr><td style="border: none;">5</td><td style="border: none;">5</td><td style="border: none;">5</td><td style="border: none;">5</td></tr> <tr><td style="border: none;">6</td><td style="border: none;">6</td><td style="border: none;">6</td><td style="border: none;">6</td></tr> <tr><td style="border: none;">7</td><td style="border: none;">7</td><td style="border: none;">7</td><td style="border: none;">7</td></tr> <tr><td style="border: none;">9</td><td style="border: none;">9</td><td style="border: none;">9</td><td style="border: none;">9</td></tr> </tbody> </table>		In 1 <sup>st</sup> trimester (before 13 weeks)	In 2 <sup>nd</sup> trimester (13 - 26 weeks)	In 3 <sup>rd</sup> trimester (after 26 weeks)	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	9	9	9	9
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1	1	1	1																																		
2	2	2	2																																		
3	3	3	3																																		
4	4	4	4																																		
5	5	5	5																																		
6	6	6	6																																		
7	7	7	7																																		
9	9	9	9																																		
<p><b>3.2</b> Recorded use of alcohol</p> <p style="margin-left: 40px;">More than 7 drinks per week OR more than 2 drinks per day</p> <p style="margin-left: 40px;">Less than 7 drinks per week AND less than 2 drinks per day</p> <p style="margin-left: 40px;">Any alcohol consumption</p>	<table border="1" style="width: 100%; border: none;"> <thead> <tr> <th style="border: none;"></th> <th style="border: none;">In 1<sup>st</sup> trimester (before 13 weeks)</th> <th style="border: none;">In 2<sup>nd</sup> trimester (13 - 26 weeks)</th> <th style="border: none;">In 3<sup>rd</sup> trimester (after 26 weeks)</th> </tr> </thead> <tbody> <tr><td style="border: none;">1</td><td style="border: none;">1</td><td style="border: none;">1</td><td style="border: none;">1</td></tr> <tr><td style="border: none;">2</td><td style="border: none;">2</td><td style="border: none;">2</td><td style="border: none;">2</td></tr> <tr><td style="border: none;">3</td><td style="border: none;">3</td><td style="border: none;">3</td><td style="border: none;">3</td></tr> </tbody> </table>		In 1 <sup>st</sup> trimester (before 13 weeks)	In 2 <sup>nd</sup> trimester (13 - 26 weeks)	In 3 <sup>rd</sup> trimester (after 26 weeks)	1	1	1	1	2	2	2	2	3	3	3	3																				
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1	1	1	1																																		
2	2	2	2																																		
3	3	3	3																																		

No alcohol consumption  
No record  
Not applicable

4	4	4
5	5	5
9	9	9
<b>In 1<sup>st</sup> trimester (before 13 weeks)</b>	<b>In 2<sup>nd</sup> trimester (13 - 26 weeks)</b>	<b>In 3<sup>rd</sup> trimester (after 26 weeks)</b>
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
9	9	9

**3.3 Recorded use of illicit drugs**

Daily user  
Weekly user  
Irregular user  
Ex- user (quit during pregnancy)  
Ex- user (quit before pregnancy)  
Non-user  
No record  
Not applicable

**3.4 Location of record of smoking status**

Paper medical record 1-Yes 0-No  
Computer medical record 1-Yes 0-No

**3.7** If recorded use of illicit drugs, is there a record that the woman has received brief intervention/counselling for illicit drug use during pregnancy?

1-Yes 0-No 9-N/A

**3.5** If recorded use of cigarettes, is there a record that smoking cessation advice was given?

Paper medical record  
1-Yes 0-No 9-N/A  
Computer medical record  
1-Yes 0-No 9-N/A

**3.8** Evidence of **social risk factors** during pregnancy (Refer to table in protocol)

1-Yes 0-No 2-No record

**3.9** If yes, is there a record of any consultation and/or transfer of care to medical practitioner?

1-Yes 0-No 9-N/A

**3.6** If recorded use of alcohol, is there a record that the woman has received brief intervention/counselling for alcohol use during pregnancy?

1-Yes 0-No N/A 9

**3.10** Evidence of **medical risk factors** during pregnancy (Refer to table in protocol)

1-Yes 0-No 2-No record

**3.11** If yes, is there a record of any consultation and/or transfer of care to medical practitioner?

1-Yes 0-No 9-N/A

**3.12 Brief intervention/Counselling.** Is there a record that each of the issues below has been discussed during at least one of the antenatal visits?

	Yes	No
Plans for care and birthing	1	0
Antenatal education	1	0
Nutrition	1	0
Oral Health	1	0
Breast feeding	1	0
Physical activity	1	0

	Yes	No
Cultural considerations	1	0
Domestic/ social environment	1	0
Social/ family support	1	0
Financial situation	1	0
Housing condition	1	0
Food security	1	0

## Section 4 Emotional wellbeing screening and care

4.1 Is there a record of screening for emotional wellbeing using a standard tool during this pregnancy? 1-Yes 0-No

4.2 If yes, what was the score of the most recent screening?

Tool	Score	Risk categories for this tool	Is the client at risk?		
			Yes	No	N/A
K5		At risk=>12	1	0	9
K6		At risk=>12	1	0	9
K10		At risk=>22	1	0	9
PHQ2+		At risk=Yes to either 1 or 2 PLUS Yes to 3	1	0	9
PHQ9		At risk >5	1	0	9
EPDS		At risk >10	1	0	9
Other tool		Please specify:	1	0	9

4.3 Is there any other recorded concern about emotional wellbeing during this pregnancy? 1-Yes 0-No

4.4 If assessed 'at risk', using a standard tool and/or there is any other recorded concern about emotional wellbeing during this pregnancy, is there a record of the following actions within 3 months of most recent assessment/recorded concern?

	Yes	No	N/A
Referral to external services	1	0	9

Action/s by health centre team:

Brief intervention	1	0	9
Counselling	1	0	9
Cognitive Behavioural Therapy	1	0	9
Medication	1	0	9
Other action	1	0	9

Action: \_\_\_\_\_

4.5 If action taken by health centre team is there a record of subsequent review within 1 month of action taken? 1-Yes 0-No 8-N/R 9-N/A

4.6 If referred to external services, is there a record of a report from the external services within 6 months of referral. 1-Yes 0-No 8-N/R 9-N/A

## Section 5 Routine antenatal checks and abnormal findings

Is there a record of at least one of each of the following checks **before 13 weeks** gestation

				<u>If yes</u> , is there a record of an abnormal result?				
Yes	No	Offered & refused	N/A	Yes	No	N/A		
5.1	Weight – Medical record paper	1	0	2	9	1	0	9
	Weight - Medical record computer	1	0	2	9			
5.2	BMI	1	0	2	9	1	0	9
5.3	BP – Medical record paper	1	0	2	9	1	0	9
	BP - Medical record computer	1	0	2	9			
5.4	Urinalysis	1	0	2	9	1	0	9

Is there a record of at least one of each of the following checks between **13 weeks and 26 weeks** gestation

				<u>If yes</u> , is there a record of an abnormal result?				
Yes	No	Offered & refused	N/A	Yes	No	N/A		
5.5	Fundal Height	1	0	2	9	1	0	9
5.6	FHR	1	0	2	9	1	0	9
5.7	BP	1	0	2	9	1	0	9
5.8	Urinalysis	1	0	2	9	1	0	9

Is there a record of at least one of each of the following checks **after 26 weeks** gestation

				<u>If yes</u> , is there a record of an abnormal result?				
Yes	No	Offered & refused	N/A	Yes	No	N/A		
5.9	Fundal Height	1	0	2	9	1	0	9
5.10	FHR	1	0	2	9	1	0	9
5.11	BP	1	0	2	9	1	0	9
5.12	Urinalysis	1	0	2	9	1	0	9
5.13	Fetal Movements	1	0	-	9	1	0	9

## Section 6: Lab Investigations

### Initial investigations for current pregnancy

- 6.1 Blood group/RH
- 6.2 Antibodies
- 6.3 MSU
- 6.4 FBE
- 6.5 Rubella
- 6.6 HepBsAg
- 6.7 Syphilis serology
- 6.8 HIV
- 6.9 PCR Test
- 6.10 Offered anomaly screening

Yes	No	Offered & refused	N/A	Date of test
1	0	2		/ /
1	0	2		/ /
1	0	2		/ /
1	0	2		/ /
1	0	2		/ /
1	0	2		/ /
1	0	2		/ /
1	0	2	9	/ /
1	0	2		/ /

### Fetal anomaly screening

- 6.11 Client agreed to fetal anomaly screening
- 6.12 Nuchal translucency
- 6.13 First trimester combined screen
- 6.14 Maternal Serum Screening 14-20wks

Yes	No	Test Not available	N/A	Date of test
1	0	2	9	
1	0	2	9	/ /
1	0	2	9	/ /
1	0	2	9	/ /

### Investigations between 26 and 30 weeks

- 6.15 50 or 75g glucose challenge/tolerance test
- 6.16 FBE

Yes	No	Offered & refused	N/A	Date of test
1	0	2	9	/ /
1	0	2	9	/ /

### Investigations between 34 and 37 weeks

- 6.17 LVS (for GBS)

Yes	No	Offered & refused	N/A	Date of test
1	0	2	9	/ /

- 6.18 Total number of ultrasounds

### Ultrasound dates

- 6.19 Before 16 weeks gestation
- 6.20 19-21weeks gestation

Yes	No	N/A	Date of test
1	0	9	/ /
1	0	9	/ /

## Section 7 Postnatal Visit

**7.1** Clear record of **Postnatal visit**

1-Yes

0-No

**7.2** Brief intervention/ Counselling. Is there a record that each of the following factors has been discussed?

	Yes	No	N/A
Smoking	1	0	9
Nutrition	1	0	9
Breast feeding	1	0	9
Infection prevention/hygiene	1	0	9
Injury prevention	1	0	9
SIDS prevention	1	0	9
Abuse of alcohol and other substances	1	0	9
Physical activity	1	0	9
Mood (depression)	1	0	9
Contraception	1	0	9
Domestic/ social environment	1	0	9
Social/ family support	1	0	9
Financial situation	1	0	9
Housing condition	1	0	9
Food security	1	0	9

## Section 8 Response to abnormal clinical findings

<b>8.1</b>	Is there any record of <b>abnormal Body Mass Index (BMI)</b> (<20 or >30)?	1-Yes	0-No	<u>If yes,</u>		<b>Yes</b>	<b>No</b>	<b>N/A</b>
	Date	/ /			Was there a documented plan of management?	1	0	9
	Reading							

<b>8.2</b>	Is there any record of an <b>abnormal BP reading</b> ( $\geq 140/90$ ) <b>prior to 26 weeks?</b>	1-Yes	0-No	9-N/A	<u>If yes,</u> was there	<b>Yes</b>	<b>No</b>	<b>N/A</b>
	Date	/ /			a follow-up BP done?	1	0	9
	Reading	/			a urine tested for protein?	1	0	9
					any GP/ Obstetric referral?	1	0	9
					a subsequent examination by a GP or Obstetrician?	1	0	9
					any anti-hypertensive medication prescribed?	1	0	9

<b>8.3</b>	Is there any record of an <b>abnormal BP reading</b> ( $\geq 140/90$ ) <b>at or after 26 weeks?</b>	1-Yes	0-No	9-N/A	<u>If yes,</u> was there	<b>Yes</b>	<b>No</b>	<b>N/A</b>
	Date	/ /			a follow-up BP done?	1	0	9
	Reading	/			a urine tested for protein?	1	0	9
					any GP/ Obstetric referral?	1	0	9
					a subsequent examination by a GP or Obstetrician?	1	0	9
					anti-hypertensive medication prescribed?	1	0	9

<b>8.4</b>	Is there any record of an <b>abnormal standard glucose challenge test</b> ( <i>use standard test and cut off values for the jurisdiction of the health service</i> )	1-Yes	0-No	9-N/A	<u>If yes,</u> was	<b>Yes</b>	<b>No</b>	<b>N/A</b>
					a GTT undertaken	1	0	9

<b>8.5</b>	<b>Rh factor</b>	Rh negative?	1-Yes	0-No	<u>If yes,</u> was Anti-D injection given	<b>Yes</b>	<b>No</b>	<b>N/A</b>
					at 26-28 weeks	1	0	9
					at 34-36 weeks	1	0	9
<b>8.6</b>	Baby Rh positive	1-Yes	0-No	<u>If yes,</u>	was the mother given Anti-D postnatal?	1	0	9

<b>8.7</b>	<b>Anaemia.</b> Do any of the blood tests taken during the pregnancy show anaemia (<100g/L)?	1-Yes	0-No	<u>If yes,</u> was	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
	Date	/ /			iron prescribed?	1	0	9
	Reading	g/l			a follow-up FBE or Hb done?	1	0	9



<b>8.8 Urine Infection.</b> Do any of the dip stick tests taken during the pregnancy show nitrites? 1-Yes    0-No    9-N/A <u>If yes</u> , was	Urine sent for MSU	Yes	No	N/A
	a course of oral antibiotic prescribed?	1	0	9
	there a record of a <b>normal</b> follow up MSU	1	0	9
		1	0	9

<b>8.9 Rubella (MMR).</b> Is there a record of a <b>negative or low titre</b> ? 1-Yes    0-No <u>If yes</u> , was	Rubella Immunisation given postnatal	Yes	No	N/A
		1	0	9

<b>8.10 Fetal Movements.</b> Is there any record noting reduced/decreased fetal movements after 26 weeks? 1-Yes    0-No    9-N/A <u>If yes</u> , was there	a kickchart initiated	Yes	No	N/A
	a CTG attended	1	0	9
	referral to specialist service	1	0	9
		1	0	9