

Joan Donley
3 Hendon Avenue, Auckland 3.

Gillian McNichol,
250 Puhini Road,
Papatoetoe, Auckland.

Maggie Lecky-Thompson,
22 Fiddens Wharf Road,
Killara, NSW 2071.

104 Seddon Street,
Naenae, Lower Hutt,
New Zealand.
7/3/84.

Dear Joan, Gillian, and Maggie,

firstly my very great apologies for lack of response to your letters. Around the end of last year I had just completed quite a lot of work getting the statistics out and I'm afraid I put all correspondence aside over the Christmas period. Now I'm ready to get stuck into the year's work.....

First let me tell you what I have been doing. I received a reply from Paul Lancaster (attached) plus a copy of all the State perinatal forms except for NSW and the Northern Territory which I assumed were still developing theirs. I was glad to see you send a copy, Maggie, of the proposed NSW form which as you say is closely modelled on the Victorian form.

Paul made the point (his step number 2 in his letter) that any information collected should be compatible with the States' forms, and any additional items should be uniform throughout Australasia.

I then contacted Mr Frank Foster to see whether New Zealand intended developing a similar perinatal form. The answer turned out to be no. However I had a long talk with a couple of his people in the National Health Statistics Centre who discussed with me the New Zealand birth form. (Attached - you must be familiar with it.) We discussed ways of getting more information from the form and they made the obvious suggestion that the easiest way would be to write or phone them and let them know what tables are wanted and they would include them in the next issue of their publication. They suggested putting me on the distribution list for the Health Services Report containing perinatal data in exchange for the New Zealand Homebirth Newsletter. I agreed to this and have asked the Newsletter collective to do this for me. Joan, could you ring the collective and check that the Librarian for the National Health Statistics Centre is on the distribution list for the Newsletter?
Thanks.

Although the New Zealand form is fairly meagre there is quite a lot of useful data I would like to extract which could help us. It will be particularly useful to have the figures published by a government department.

Apart from the above I finished the statistics which were published in the last newsletter. As a result of re-typing the form and sending it out to branches I have received quite a few extra completed forms from a year or two ago. Although these are welcome they have added to my workload somewhat.

Now to the question of the present stats form you've spent so much time and effort on, Maggie and Joan. I'd like to see it go ahead, though there are a couple of things I'm worried about.

The first is that once New South Wales introduces its proposed perinatal form, almost all Australian home births will be recorded on a standard form. (Although the layout of the forms differ, the information on them is compatible.) This will mean the old New Zealand home birth form should be replaced with one of the Australian ones, preferably NSW or Victoria. In case any Australian home births are not recorded on these State forms, the home birth groups in question should pressure the State to include them. This is easy to do - if the State Health Departments are not collecting home births, the midwives can fill them in themselves and Dr Lancaster has offered to process them if all else fails.

This would have tremendous advantages for us - apart from having a lot of the work done for us, the figures which are produced would be unquestioned since they were produced by a government agency. If we ever had any difficulty we could do our own computing.

Maggie, I want to take up your point that Paul Lancaster is not prepared to get into any wrangles about home birth on our behalf. Of course he can't. His job is to build up and co-ordinate all State collections and he can't afford to alienate the administrators. But it would be great ammunition for him to be able to say the Home Birth groups had got comprehensive, compatible information nationally, why couldn't they? He also gives every impression of being sympathetic. About 3 years ago I remember in a letter to all State Health Departments he identified the issue of acceptability of obstetric services to the consumer as one of the major issues for perinatal health in the 80's. (I was working for the NT Health Dept at the time.)

Maggie, you've made the point and I agree that in addition to the clinical data on State forms it is very useful to have psychological and social data for lobbying. So it means we will also have to use the form you and Joan have developed.

What concerns me about this is that the form in its present state is not very well designed for computer input. Briefly, for reasons of convenience and economy, information is coded with a number or letter such as 1 for male, 2 for female. This reduces typing required, not to mention spelling errors. If this coding is shown on the form as it often is it must cover every possibility (eg using a code for 'other' and 'specify' to develop extra codes.) This makes it easier to fill the form in by ticking boxes and makes it much easier to do the computing. (Where numbers are given directly eg a person's age, these are just typed into the computer as they are).

The present form demands a lot of work to computerise. For example, mother's occupation must be looked up in an occupation list for each mother and coded according to socio-economic group. Yet coding of mother's education as on the New Zealand form is much simpler and probably provides just as good an indicator of socio-economic group. Apart from things like this there is a heck of a lot of data on the form.

A related problem is that unless the coding is clear on the form, two different people doing the computing are likely to come up with slightly varying results. (As for instance if they code occupation according to two different scales.)

I guess what I am saying is that:

1. I would be hard pressed to cope with the work of computerising these forms for all of New Zealand. Certainly my time would be better spent getting other figures out.
2. It would be preferable for one person to do all the computing at this stage.

What I suggest is:

1. Joan, in the meantime you fill in the new form and send them to Maggie for computing in Australia, if this is OK with you Maggie. If not I can cope with just these forms from Auckland.
2. I will adjust the NSW or Victorian form for use in New Zealand.
3. I will then change the design of your form to allow for easier filling out and easier computing. Also more accurate figures. This could then be used throughout Australasia as a supplementary form to the government collections.
4. In the meantime I suggest the other New Zealand midwives continue with the present NZ form which I shall phase out as soon as possible. Joan, if you wish to fill these in also that will be OK.

Joan, Gillian and Maggie, is this OK? I'm sorry not to immediately support the new form, but it really is a major job computerising it, and I think this will be much more productive in the long run.

Thanks for your letter Maggie - lovely to hear from you - I'll take up your invite to say something about myself. My wife Margaret and I had our first boy - now six - in Darwin Hospital in Australia while I was working for the Health Dept. The next boy - now three - was a home birth and as a result we formally started the Home Birth group there. Our second boy was our last, but we're still supporting the cause.

Maggie, the 1982 stats are in the NZ homebirth newsletter - also see attached. I'm working on the 1983 stats now and will send them to you when ready. If you can't cope with Joan's forms I will send you those results also when they are done.

Best wishes to you all and I think we'll make some major progress stats - wise this year.

Stan Gillanders

Stan Gillanders.

P.S. Thanks for your forms and letter Gillian and congratulations on your new baby. I still think we would be better to continue with our old form until I for most N-Z. midwives until I can properly code the new form. However Joan, if your new forms can't be done in Australia, could you call the address of the computer man

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25th October, 1983.

Mr. Stan Gillanders,
104 Seddon Street,
NAENAE, LOWER HUTT,
NEW ZEALAND.

Dear Mr. Gillanders,

Thank you for your recent letter and your helpful suggestions about how data on home births might be improved.

I certainly agree that we need better information about home births. At present, some States are trying to include these births in their perinatal collections, but this has been done with varying success. I have had several discussions with Maggie Lecky-Thompson about the desirability of obtaining uniform data on home births in New South Wales.

As you know, each State and Territory health authority is responsible for collecting information on births occurring in its region. I think that this responsibility should include home births. As far as possible, the States follow the national minimum data set for perinatal collections - a copy is enclosed.

The following steps outline a suggested plan of action:

1. Representatives of home birth groups in each State and Territory should approach the person co-ordinating the perinatal collection (if required, I can send you a list of their names and addresses). In New Zealand, Mr. Frank Foster (Chief Health Statistician, Department of Health, Wellington) would be the person to contact. This would help to clarify whether the State health authority is collecting data on home births. If so, these data would then be comparable with other births in the State (or in New Zealand).
2. Any data collected by the home births groups should be compatible with the minimum data set for items that are common to both. Any additional items for home births should be the same from one State to another.

3. It should be possible to have data processing done by the States. Our Unit would then be sent the annual tapes which are used to develop a report on births and perinatal morbidity.
4. If some States do not want to collect data on home births at present, the NPSU could provide data processing until they are ready to do so.
5. I would be happy to meet with representatives of the home births groups once the method of data collection in each State is established.

Please let me know what your group decides. I would be most interested to see any draft forms.

Frank Foster will be visiting us in Sydney in late November and we will be able to discuss what is happening in New Zealand.

Yours sincerely,

Paul Lancaster
Director
National Perinatal Statistics Unit

Attachment 1

MINIMUM DATA SET FOR PERINATAL COLLECTIONS
CODES FOR INDIVIDUAL DATA ITEMS

HOSPITAL

Place of birth: 1. Hospital code (2-4 digits) -
2. Other place of birth

MOTHER

Area of residence: Post code (4 digits)

Marital status: 1. Single/unmarried
2. Married/de facto
3. Widowed
4. Divorced
5. Separated
6. Unknown

Mother's race: 1. Caucasian
2. Aboriginal
3. Other
4. Unknown

(NSW - aboriginal, non-aboriginal are the only options; Tas - "ethnic group" is a separate item from "country of birth"; WA - "white" instead of "Caucasian".)

Mother's country of birth: 2-digit code

Mother's date of birth: 6-digit code (derive maternal age)

Date of LMP: 6-digit code (derive gestational age)

(Tas - LMP not recorded, but period of gestation is specified)

Date of admission: 6-digit code

(SA - not recorded)

Date of discharge: 6-digit code

Mode of separation: 1. Discharge
2. Transfer
3. Other
4. Unknown

Number of previous pregnancies resulting in:

1. Live births
2. Stillbirths
3. Abortions
 - (a) total abortions
 - (b) spontaneous abortions
 - (c) induced abortions
4. Unknown

(NSW, WA - total abortions only; Tas - previous stillbirths not recorded. If multiple pregnancy with both live and stillbirths, code "stillbirths".)

Date of completion of previous pregnancy: 4-digit code

(based on month/year of previous pregnancy)
(Tas, WA - not recorded)

- Outcome of previous pregnancy:
1. Live birth
 2. Stillbirth
 3. Abortion
 4. Unknown

(Tas, WA -not recorded. If multiple pregnancy with both live and stillbirths, code "stillbirth".)

PREGNANCY

Maternal medical conditions: 4-digit ICD code

- Obstetric complications:
1. None
 2. Threatened abortion
 3. Antepartum haemorrhage
 - (a) placenta praevia
 - (b) abruptio placenta
 - (c) other
 4. Hypertension
 5. Other
 6. Unknown

(NSW, SA - 4-digit ICD code; Tas, WA - check list)

Procedures/operations during pregnancy:

1. None
2. Amniocentesis before 20 weeks
3. Amniocentesis at 20 or more weeks
4. Other

LABOUR/DELIVERY

- Onset of labour:
1. Spontaneous
 2. Induced
 - (a) medical
 - (b) surgical

- (c) combined medical/surgical
- (d) total induced

- 3. No labour
- 4. Unknown

(Tas - "no labour" cannot be differentiated from "spontaneous labour"; WA - "total induced" only option for (2).)

- Presentation (in labour):
- 1. Vertex
 - 2. Breech
 - 3. Other
 - 4. Unknown

(NSW - "vertex" and "other" are only options)

- Type of delivery:
- 1. Spontaneous
 - 2. Caesarean section
 - (a) elective
 - (b) emergency
 - (c) total
 - 3. Forceps
 - 4. Breech
 - 5. Other
 - 6. Unknown

(NSW, Tas - "total caesarean section" only option for (2); NSW - "breech" included with "other").

- Complications of labour/delivery:
- 1. None
 - 2. Fetal distress
 - 3. Cord prolapse
 - 4. Other
 - 5. Unknown

(Tas - "fetal distress" not recorded).

PUERPERIUM

Complications: 4-digit ICD code

BABY

- Sex:
- 1. Male
 - 2. Female
 - 3. Indeterminate

(WA, Tas - "indeterminate" not an option)

Date of birth: 6-digit code

Plurality and order in multiple births: 1. Single
2. First twin
3. Second twin
4. Other

Live/stillborn: 1. Live birth
2. Stillbirth

Birthweight: 4-digit code

Date discharged: 6-digit code

Mode of separation: 1. Discharged
2. Transferred
3. Died
(a) autopsy
(b) no autopsy

Congenital anomalies: 4-digit ICD codes

Neonatal morbidity: 4-digit ICD codes

DATA ITEMS NOT INCLUDED IN MINIMUM DATA SET

Patient classification: 1. Hospital/public/standard
2. Private

Apgar scores - 1 minute, 5 minutes: 1-2 digit codes

(WA - Apgar score at 1 minute not recorded).

Resuscitation: 1. None
2. Intubation
3. Other

(NSW - "resuscitation" not recorded)

MEDICAL NOTIFICATION OF BIRTH OR STILLBIRTH UNDER OBSTETRIC REGULATIONS 1975

Place of confinement _____ Town _____

If home birth was this planned? Yes No

To the Medical Officer of Health _____

Health District

Serial No.

The following particulars concerning a birth are hereby notified:

PLEASE CIRCLE THE APPROPRIATE BOX WHERE A CHOICE IS GIVEN

SECTION A. MAY BE COMPLETED BY THE MOTHER (with advice of staff if required)

NOTE: The information on this notification is confidential. It will assist in the provision of care for your child and in the planning of health services.

1. Surname _____

2. Given name(s) _____

3. Address _____

4. Date of birth _____ d d m m y y

5. Age in years _____

6. First day of last menstrual period (best estimate if unknown) _____ d d m m y y

7. Number of previous pregnancies that ended: after 28 completed weeks _____
before 28 completed weeks _____

8. Race: Maori Pacific Islander Other

9. Educational status: highest level of attendance
Primary Secondary: 1-2 years 3 years 4-6 years
Tertiary Specify type: _____

Signature of mother: _____ Please tick box if you wish to see completed form

SECTION B. INFANT

10. Sex: Male Female

11. Livebirth: Yes No

12. Date of birth _____ d d m m y y

13. Duration of gestation (in completed weeks) _____

14. (a) Multiple birth: Yes No
(b) If 'Yes' state birth order (a separate form is required for each baby) _____

15. Birthweight in grams _____

16. Alive on discharge/or transfer: Yes No

SECTION C.

17. (a) Was any congenital malformation noted? Yes No

(b) Was any congenital malformation suspected? Yes No

If 'Yes' please state fully: (use block letters) (see notes on reverse) _____

SECTION D. RUBELLA STATUS OF MOTHER:

18 (a) Routine antenatal rubella serology, indicated: Immunity Susceptibility Unknown

(b) If susceptible was mother immunised post partum? Yes No

(Mother should be aware that the Department of Health might follow up any particular notification)

Name of family doctor: _____

The infant was discharged or transferred to: _____

Signature of: Medical Practitioner responsible for confinement or _____

Date: _____ Designated Hospital Officer _____