

Perinatal Confidential Enquiry 2021/22: Additional data collected



Stage	Variable	Question	Available responses
IDENTIFIER	ID	Enquiry ID	PCEXXX
ANTENATAL	ANC1	Did the woman plan to birth in a setting against clinical advice	Yes/No
ANTENATAL	ANC2	Was there evidence of a Better Births continuity of midwifery care model?	Yes/No
ANTENATAL	ANC3	Was the dating scan performed by 13+6	Yes/No
ANTENATAL	ANC4	Was there a clear birth plan discussed and agreed with the mother by 38 weeks?	Yes/No/NA
GENERAL HEALTH			
ANTENATAL	ANC5	CO reading taken	Yes/No
ANTENATAL	ANC6	Referred if known smoker or stopped in the last 2 weeks	Yes/No/NA
ANTENATAL	ANC7	Investigations commenced if CO level elevated 10 ppm g (more than 10 ppm) but say they do not smoke, advised about possible CO poisoning	Yes/No/NA
ANTENATAL	ANC8	Vitamin D supplement of 10mcg per day 400units	Yes/No
ANTENATAL	ANC9	Vitamin D supplement of 1000units - pigmented skin, reduced exposure to sunlight, socially excluded or obese	Yes/No/NA
ANTENATAL	ANC10	Folic acid 5mg (BMI >30m2, T1/T2 DM, epilepsy, sickle cell disease, previous neural tube defect)	Yes/No/NA
FGM			
ANTENATAL	ANC11	History of FGM	Yes/No
ANTENATAL	ANC12	If Yes, was a referral made to the designated OBS/MW with responsibility for FGM patients?	Yes/No/NA
ANTENATAL	ANC13	Plan of care agreed?	Yes/No/NA
ANTENATAL	ANC14	Screening for hepatitis C offered	Yes/No/NA
SCREENING			
ANTENATAL	ANC15	Screened for haemoglobinopathy by 10 weeks	Screened-Present/Screened-Not present/Not screened
ANTENATAL	ANC16	Was antenatal screening offered/accepted?	Offered/Accepted/Refused
ANTENATAL	ANC17	11+0 – 13+6 Combined screening	Yes/No/NA
ANTENATAL	ANC18	14+0 – 20+0 Quadruple test	Yes/No/NA
ANTENATAL	ANC19	18+0 – 20+6 Anomaly scan	Yes/No/NA
ANTENATAL	ANC20	Was the Anomaly scan completed	Yes/No/NA
RISK FACTORS			
ANTENATAL		Were any of the following risk factors present/identified?	
ANTENATAL	ANC21	Hypertensive disease in a previous pregnancy	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC22	Pre existing hypertension	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC23	Chronic kidney disease	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC24	Autoimmune disease such as systemic lupus erythematosus or antiphospholipid syndrome	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC25	If identified, was 75mg - 150mg aspirin started by 16 weeks (BMI >35 150 mg)	Yes/No/NA
ANTENATAL		Additional risk factors (one or more risk factor)	
ANTENATAL	ANC26	First pregnancy	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC27	Pregnancy interval greater than 10 years	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC28	BMI greater than 35kg/m2 or more at the first visit	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC29	Maternal age >40	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC30	Previous caesarean section	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC31	Type 1 Diabetes	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC32	Type 2 Diabetes	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC33	Previous GDM	Not present/Present-Identified/Present-Not Identified
MATERNAL	ANC34	Previous pre-term birth 24-36+6	Not present/Present-Identified/Present-Not Identified
MATERNAL	ANC35	Was there a referral to a specialist pre-term birth clinic	Yes/No/NA
MATERNAL	ANC36	If no specialist clinic referred for an Obstetric review	Yes/No/NA
MATERNAL	ANC37	Previous stillbirth/neonatal death	Not present/Present-Identified/Present-Not Identified

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ANTENATAL	ANC38	Family history of PET	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC39	If identified, was 75mg - 150mg aspirin started by 16 weeks	Yes/No/NA
MATERNAL	ANC40	Other (please specify)	
ANTENATAL	ANC41	VTE review at booking	Yes/No
ANTENATAL	ANC42	If identified, was low molecular weight herapin started	Yes/No/NA
ANTENATAL	ANC43	VTE review at 28 weeks (where delivery occurred after 28+0)	Yes/No
ANTENATAL	ANC44	If identified, was low molecular weight herapin started appropriately	Yes/No/NA
ANTENATAL		Risk factors for a GTT identified at booking	
ANTENATAL	ANC45	BMI >30mg/m2	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC46	Previous macrosomic baby weighing 4.5kg or above	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC47	Previous gestational diabetes	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC48	Family history (first degree relative with diabetes)	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC49	Ethnic family origin with a high prevalence of diabetes	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC50	Was early blood glucose monitoring offered	Yes/No
ANTENATAL	ANC51	Was an early GTT offered	Yes/No
ANTENATAL	ANC52	If yes, and this took place, was GDM identified	Yes/No
ANTENATAL	ANC53	OGTT offered 24-28 weeks	Yes/No
ANTENATAL	ANC54	If yes, and this took place, was GDM identified	Yes/No
COMPLICATIONS			
ANTENATAL		During the antenatal period were any of the following fetal complications present/identified? Please tick all that apply	
ANTENATAL	ANC57	Fetal anomaly	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC58	IUGR	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC59	Pre term pre labour rupture of membranes	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC60	PROM	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC61	Oligohydramnios	Not present/Present-Identified/Present-Not Identified
ANTENATAL	ANC62	Polyhydramnios	Not present/Present-Identified/Present-Not Identified
GROWTH			
ANTENATAL	ANC63	Was the woman assigned to either SFH or Serial scans pathway	SFH/Scan
ANTENATAL		SFH pathway	
ANTENATAL	ANC64	Was SFH plotted at each antenatal visit from 25 - 26 weeks gestation	Yes/No
ANTENATAL	ANC65	Were any abnormalities with SFH measurement repoded to appropriately	Yes/No
ANTENATAL	ANC66	Were these abnormalities refered for a fetal growth scan	Yes/No
ANTENATAL	ANC67	Was a growth chart in use	Yes/No
ANTENATAL	ANC68	Was the woman moved to the scan pathway as a result of findings in the antenatal period	Yes/No
ANTENATAL		If yes, list these risk factors	
ANTENATAL	ANC69	Low Papp A	Yes/No/NA
ANTENATAL	ANC70	GDM	Yes/No/NA
ANTENATAL	ANC71	Static growth on SFH	Yes/No/NA
ANTENATAL	ANC72	SFH < 10th centile	Yes/No/NA
ANTENATAL	ANC73	New onset hypertension /PET	Yes/No/NA
ANTENATAL	ANC74	Previous IUGR	
ANTENATAL		If the woman was moved to the scan pathway go to 75 below	
ANTENATAL		Scan pathway	
ANTENATAL	ANC75	Was the woman correctly assigned to the scan pathway at booking	Yes/No
ANTENATAL	ANC76	Were the scans performed at the intervals recommended in guidance	Yes/No
ANTENATAL	ANC77	Were the measurements plotted correctly	Yes/No/NA

Stage	Variable	Question	Available responses
ANTENATAL	ANC78	Were any abnormalities with scan growth measurement reported to appropriately	Yes/No/NA
ANTENATAL	ANC79	Was a growth chart in use	Yes/No/NA
REDUCED FETAL MOVEMENTS			
ANTENATAL	ANC80	Written information about RFM by 24 weeks	Yes/No
ANTENATAL	ANC81	Discussed at each subsequent contact	Yes/No
ANTENATAL	ANC82	Did the woman present with reduced fetal movements in the antenatal period	Yes/No
ANTENATAL	ANC83	If yes, on how many occasions	
ANTENATAL	ANC84	Was CTG used as an assessment	Yes/No/NA
ANTENATAL	ANC85	Was this computerised	Yes/No/NA
ANTENATAL	ANC86	Did the woman present in labour with reduced fetal movements	Yes/No
ANTENATAL	ANC87	If yes, was she transferred to obstetric led care if she was not already receiving it?	Yes/No/NA
ANTENATAL APPOINTMENTS			
ANTENATAL	ANC88	How many antenatal appointments did the mother have?	
ANTENATAL	ANC89	Was this appropriate for her gestation?	Yes/No
ANTENATAL	ANC90	Did the mother miss any antenatal appointments	Yes/No/NA
ANTENATAL	ANC91	If yes, how many?	Yes/No/NA
ANTENATAL	ANC92	Was an appropriate DNA policy in place	Yes/No/NA
ANTENATAL	ANC93	Was the DNA policy followed	Yes/No/NA
PLACE OF BIRTH			
BIRTH	BIR1	What was the woman's planned place of birth at the start of labour care?	AMU/FMU/OU/Home
BIRTH	BIR2	Was the woman in the latent phase of labour at the start of labour care?	Yes/No
BIRTH	BIR3	Was the woman transferred from midwife-led to obstetric-led care?	Yes/No
BIRTH		If birth was preterm	
BIRTH	BIR4	Was the mother transferred to an appropriate unit with neonatal speciality	Yes/No/NA
BIRTH	BIR5	Birth expected less than 32 weeks	Yes/No/NA
BIRTH	BIR6	Birth expected greater than 32 weeks	Yes/No/NA
BIRTH	BIR7	Was the mother offered antenatal steroids/magnesium sulphate?	Yes/No/NA
BIRTH	BIR8	Were the family offered the opportunity to speak to the neonatal team prior to birth in order to discuss the risks and possible outcomes?	Yes/No/NA
INDUCTION OF LABOUR			
BIRTH	BIR9	Was the woman offered induction of labour?	Offered-accepted/Offered-refused/Not offered
BIRTH	BIR10	If accepted: Was the baby a known stillbirth prior to the induction of labour	Yes/No/NA
BIRTH	BIR11	Was the baby alive at the start of the induction of labour	Yes/No/NA
PAIN RELIEF			
BIRTH	BIR12	Entonox	Offered-Given/Offered-Refused/Requested-Given/Requested-Not given/Requested-Alternative given/Not requested-Given/Not offered or requested-Not given
BIRTH	BIR13	Opioids	Offered-Given/Offered-Refused/Requested-Given/Requested-Not given/Requested-Alternative given/Not requested-Given/Not offered or requested-Not given
BIRTH	BIR14	PCA Intravenous	Offered-Given/Offered-Refused/Requested-Given/Requested-Not given/Requested-Alternative given/Not requested-Given/Not offered or requested-Not given
BIRTH	BIR15	Neuraxial (epidural and/or spinal [CSE])	Offered-Given/Offered-Refused/Requested-Given/Requested-Not given/Requested-Alternative given/Not requested-Given/Not offered or requested-Not given
BIRTH	BIR16	None	Yes/No
BIRTH	BIR17	If the mother requested pain relief, how much later did she receive it? (mins)	

Stage	Variable	Question	Available responses
BIRTH	BIR18	If she didn't receive the requested pain relief, why was this?	Alternative given/Birth/Other
MONITORING			
BIRTH	BIR19	Was there sufficient time before the birth to consider the use of a partogram?	Yes/No
BIRTH	BIR20	If yes, was a partogram filed in the mother's medical case notes?	Yes/No/NA
BIRTH	BIR21	If Yes, was the partogram completed? Please choose one option	Fully/Partially/Not at all/NA
BIRTH	BIR22	Was the method of monitoring appropriate for the woman's risk status?	Yes/No/NA
BIRTH	BIR23	If Yes, was the frequency correct in first stage of labour? (Every 15 minutes after a contraction, for 1 minute).	Yes/No/NA
BIRTH	BIR24	If Yes, was the frequency correct in the second stage of labour? (Every 5 minutes or immediately after a contraction for 1 minute).	Yes/No/NA
BIRTH	BIR25	Were abnormalities detected?	Yes/No/NA
BIRTH	BIR26	Was CTG monitoring started?	Yes/No/NA
BIRTH	BIR27	Were hourly reviews of the CTG documented?	Yes/No/NA
BIRTH	BIR28	Was fresh eyes or a buddy system in evidence	Yes/No/NA
BIRTH	BIR29	Did the CTG require medical review?	Yes/No/NA
BIRTH	BIR30	If Yes, were there any delays in:	Yes/No/NA
BIRTH	BIR31	attendance of medical staff?	Yes/No/NA
BIRTH	BIR32	decisions by medical staff?	Yes/No/NA
BIRTH	BIR33	performing the procedure? (FBS or delivery)	Yes/No/NA
BIRTH	BIR34	For all fetal monitoring: were there any delays in referral to medical staff by midwives?	Yes/No/NA
COMPLICATIONS			
BIRTH	BIR35	Were there any delays in achieving birth?	Yes/No
BIRTH	BIR36	Were any of the following birth complications present? Please tick all that apply	
BIRTH	BIR37	Shoulder dystocia	Not present/Present-Identified/Present-Not Identified
BIRTH	BIR38	Cord prolapse	Not present/Present-Identified/Present-Not Identified
BIRTH	BIR39	Uterine rupture	Not present/Present-Identified/Present-Not Identified
BIRTH	BIR40	APH	Not present/Present-Identified/Present-Not Identified
BIRTH	BIR41	Maternal pyrexia	Not present/Present-Identified/Present-Not Identified
BIRTH	BIR42	Maternal sepsis	Not present/Present-Identified/Present-Not Identified
BIRTH	BIR43	GBS	Not present/Present-Identified/Present-Not Identified
BIRTH	BIR44	Meconium	Not present/Present-Identified/Present-Not Identified
MODE OF BIRTH			
BIRTH	BIR45	What was the Final mode of birth	NSVD/Forceps/Ventouse/ELCS/EMCS1/EMCS2/EMCS3
RESUSCITATION/STABILISATION			
NEONATAL	NEO1	Did the baby require resuscitation/stabilisation?	Yes/No/NA
NEONATAL	NEO2	If yes, were there problems with the resuscitation?	Yes/No/NA
NEONATAL	NEO3	If Yes, were these related to: Please tick all that apply	
NEONATAL	NEO4	Trained resuscitator not requested to attend prior to birth	Yes/No
NEONATAL	NEO5	Inadequate leadership	Yes/No
NEONATAL	NEO6	Insufficient numbers of personnel present	Yes/No
NEONATAL	NEO7	Problems with achieving intubation	Yes/No
NEONATAL	NEO8	Problems with equipment	Yes/No
NEONATAL	NEO9	Overall approach to resuscitation inadequate	Yes/No
NEONATAL	NEO10	Other (please specify):	
BLOOD			
NEONATAL	NEO11	Was urgent access to blood required?	Yes/No
NEONATAL	NEO12	If Yes, was this achieved in a timely fashion?	Yes/No
NEONATAL	NEO13	If No, please give details	

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TRANSFER TO NNU			
NEONATAL	NEO14	Did the baby require transfer to a NNU?	Yes/No
NEONATAL		If Yes,	
NEONATAL	NEO15	Was the timing of the decision to transfer appropriate?	Yes/No
NEONATAL	NEO16	Was the transfer assigned an appropriate level of urgency?	Yes/No
NEONATAL		Were there any delays in:	
NEONATAL	NEO17	the decision to transfer?	Yes/No
NEONATAL	NEO18	the baby being seen by neonatal staff?	Yes/No
NEONATAL	NEO19	other aspects of transfer? (please specify)	Yes/No
NEONATAL	NEO21	Was there difficulty in finding an appropriate neonatal cot?	Yes/No
NEONATAL	NEO22	Was there difficulty / problems in transporting the baby to another hospital for cooling and/or intensive care?	Yes/No/NA
NEONATAL	NEO23	Were there technical difficulties in relation to cooling?	Yes/No/NA
OTHER NEONATAL CARE			
NEONATAL	NEO24	Vitamin K	Offered/administered
NEONATAL	NEO25	What was the baby's first feed?	Mother's breast milk/Donor breast milk/Formula
NEONATAL	NEO26	When was the first feed?	hh:mm after birth
IMMEDIATE BEREAVEMENT CARE			
BEREAVEMENT	BER1	Was there a completed bereavement checklist in the notes?	Yes/No
BEREAVEMENT	BER2	the parents had opportunities to see and hold their baby?	Yes/No
BEREAVEMENT	BER3	the parents had opportunities to make mementoes of their baby, e.g. hand/footprints, lock of hair?	Yes/No
BEREAVEMENT	BER4	the parents had opportunities to have photos taken?	Yes/No
BEREAVEMENT	BER5	written details of national and local sources of support were given?	Yes/No
BEREAVEMENT	BER6	Was bereavement information available in alternative languages	Yes/No
BEREAVEMENT	BER7	Was hospital chaplaincy support offered	Yes/No
BEREAVEMENT	BER8	Was a multi faith room offered for prayer	Yes/Not documented
BEREAVEMENT	BER9	Who provided the bereavement care? Please tick all that apply	
BEREAVEMENT	BER10	Community midwifery team	Yes/No
BEREAVEMENT	BER11	Obstetric/hospital midwifery team	Yes/No
BEREAVEMENT	BER12	Neonatal team	Yes/No
FOLLOW-UP CARE			
BEREAVEMENT	BER13	How many times was the mother seen by a community midwife?	0/1/2/3/4/5+
BEREAVEMENT	BER14	Was there evidence of a Better Births caseholding model continuing	Yes/No
BEREAVEMENT	BER15	Was it documented whether the parents were given written information about post-mortem examination?	Yes/No
BEREAVEMENT	BER16	Did the bereavement follow-up appointment take place?	Yes/No
BEREAVEMENT	BER17	If Yes, how long after the baby's death	
BEREAVEMENT	BER18	If Yes, who was this appointment with? Please tick all that apply	
BEREAVEMENT	BER19	Obstetrician	Yes/No
BEREAVEMENT	BER20	Neonatologist	Yes/No
BEREAVEMENT	BER21	Senior Midwife	Yes/No
BEREAVEMENT	BER22	Other (please specify)	Yes/No
BEREAVEMENT	BER23	If the follow-up appointment did not take place, was a reason documented?	Yes/No
BEREAVEMENT	BER24	Was it documented whether a plan was discussed for any future pregnancy?	Yes/No
BEREAVEMENT	BER25	Was a letter summarising results of the review of care/investigations relating to the mother/post-	

Stage	Variable	Question	Available responses
		mortem examination and a plan for managing future pregnancies (if relevant) sent to:	
BEREAVEMENT	BER26	Bereaved parents - personalised	Yes/No
BEREAVEMENT	BER27	Bereaved parents - copied in	Yes/No
BEREAVEMENT	BER28	General Practitioner	Yes/No
LOCAL REVIEW			
BEREAVEMENT	BER29	Was a local review of care undertaken?	Yes/No
BEREAVEMENT		If Yes, who was involved? Please tick all that apply	
BEREAVEMENT	BER30	Midwife	Yes/No
BEREAVEMENT	BER31	Obstetrician	Yes/No
BEREAVEMENT	BER32	Neonatologist	Yes/No
BEREAVEMENT	BER33	Pathologist	Yes/No
BEREAVEMENT	BER34	Anaesthetist	Yes/No
BEREAVEMENT	BER35	Senior manager	Yes/No
BEREAVEMENT	BER36	Risk Manager/Governance Lead	Yes/No
BEREAVEMENT	BER37	Other (please specify	Yes/No
BEREAVEMENT	BER38	External person	Yes/No
BEREAVEMENT	BER39	Not recorded	Yes/No
BEREAVEMENT	BER40	Parents/Family views sought	Yes/No
BEREAVEMENT		Actions identified	
BEREAVEMENT	BER41	Individual	Yes/No
BEREAVEMENT	BER42	Institutional	Yes/No
BEREAVEMENT	BER43	None	Yes/No
BEREAVEMENT	BER44	Was an audit recommended to evaluate changes in practice?	Yes/No
COMMUNICATION			
COMMUNICATION	COM1	Were the family present on the neonatal ward during ward rounds?	Always/Sometimes/Never/NA
COMMUNICATION	COM2	Were the parents involved in any decision to re-orientate care?	Yes/No/NA
COMMUNICATION		Was there a record of informing...? Please tick all that apply	
COMMUNICATION	COM3	Antenatal Clinic	Yes/No
COMMUNICATION	COM4	Community Midwives	Yes/No
COMMUNICATION	COM5	Health visitor	Yes/No
COMMUNICATION	COM6	General Practitioner	Yes/No
COMMUNICATION	COM7	Bounty Pack	Yes/No
COMMUNICATION	COM8	Others	
COMMUNICATION	COM9	Insufficient information to comment	Yes/No
COMMUNICATION	COM10	Was there any evidence of a [formal] complaint against the hospital by the parents?	Yes/No