

Please pay particular attention to the quality of the data items marked with a \* in this column. We rely heavily on these items for the analysis of the core NMPA measures and without high completeness we may not be able to report these measures for your trust

Data item	Data item name (based on MSDS XML schema where possible)	Description of data item	Preferred format	MSDS equivalent data item?	
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**DEMOGRAPHICS**

<b>Mother's NHS number</b>	NHSNumberMother	The NHS Number of the mother in a maternity episode	n10 (nnnnnnnnnn); 99 = unknown	Yes	*
<b>Postcode</b>	Postcode	Postcode of usual address (mother)	max an8; 99 = unknown	Yes	*
<b>Mother's date of birth</b>	PersonBirthDateMother	Date of birth of the mother in a maternity episode	Preferred format: an10 (CCYY-MM-DD); 99 = unknown	Yes	*
<b>Mother's ethnicity</b>	EthnicCategoryMother	The ethnicity of the mother in a maternity episode as specified by herself	<p>Preferred categories and codes listed below (based on the 2001 census). If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data.</p> <p><b>White</b></p> <p>A - White British</p> <p>B - White Irish</p> <p>C - Any other White background</p> <p><b>Mixed</b></p> <p>D - White and Black Caribbean</p> <p>E - White and Black African</p> <p>F - White Asian</p> <p>G - Any other Mixed background</p> <p><b>Asian or Asian British</b></p> <p>H - Indian</p> <p>J - Pakistani</p> <p>K - Bangladeshi</p> <p>L - Any other Asian Background</p> <p><b>Black or Black British</b></p> <p>M - Caribbean</p> <p>N - African</p> <p>P - Any other Black background</p> <p><b>Other Ethnic Groups</b></p> <p>R - Chinese</p> <p>S - Any other ethnic group</p> <p>Z - Not Stated</p> <p>99 - Not known</p>	Yes	*

<b>Private maternity patient</b>	PrivatePatientFlag	Whether or not the mother is a private maternity patient (private patients do not include mothers looked after by NHS-contracted private midwives).	Preferred format: N = no; Y = yes; 99 = not stated/missing	No	
<b>OBSTETRIC HISTORY</b>					
<b>Gravida</b>	PrevPregnancies	Number of previous pregnancies (i.e. including current pregnancy, miscarriages and abortions)	max n2; 99 = unknown	Yes	
<b>Parity</b>	PrevTotalBirths	Number of previous registerable births (i.e. excluding the current pregnancy, miscarriages, abortions and babies born with no signs of life before 24 completed weeks)	max n2; 99 = unknown	Yes	*
<b>Number of previous caesarean sections</b>	PreviousCaesareanSections	The number of previous pregnancies where a baby was delivered via a caesarean (this is not the same as number of babies delivered via caesarean).	max n2; 99 = unknown	Yes	*
<b>Previous stillbirths</b>	PreviousStillbirth	The number of stillbirths from previous pregnancies (i.e. status at birth = stillborn and gestation at birth >= 24 weeks + 0 days)	max n2; 99 = unknown	Yes	
<b>Previous preterm births</b>	PreviousPreterm	The number of preterm births from previous pregnancies (i.e. gestation at birth < 37 weeks + 0 days)	max n2; 99 = unknown	No	
<b>Previous low birth weight infants</b>	PreviousLBW	The number of low birth weight infants from previous pregnancies (i.e. birthweight <2500g)	max n2; 99 = unknown	No	
<b>ANTENATAL CARE (Note all fields relate to the current pregnancy)</b>					
<b>Date of antenatal booking appointment</b>	AntenatalAppDate	Referred to as the Booking Appointment, the date on which the assessment for health and social care needs, risks and choices and arrangements made for antenatal care as part of the pregnancy episode was completed.	Preferred format: an10 (CCYY-MM-DD); 99 = unknown	Yes	
<b>Gestation at booking in days</b>	GestationBookingDays	Estimated gestational age at booking in days	max n3	Yes	
<b>Confirmed EDD</b>	EDDAgreed	The Estimated Date of Delivery, as agreed by ultrasound scan, LMP or Clinical Assessment	Preferred format: an10 (CCYY-MM-DD)	Yes	
<b>Estimated date of delivery method (agreed)</b>	EDDMethodAgreed	The method by which the Agreed Estimated Date of Delivery was calculated	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Last Menstrual Period (LMP) Date 02 - Last Menstrual Period Date (LMP) confirmed by Ultrasound Scan In Pregnancy 03 - Ultrasound in Pregnancy dating measurements 04 - Clinical assessment	Yes	
<b>Maternal weight at booking</b>	MotherWeight	The weight of the mother in kilograms at the Booking Appointment. If this is not available but the mother's BMI at booking is available, please leave this field blank but submit MotherBMI	maxn3.maxn3	Yes	*
<b>Maternal height</b>	MotherHeight	The height of the mother in metres. If this is not available but the mother's BMI at booking is available, please leave this field blank but submit MotherBMI	n1.maxn2	Yes	*

<b>BMI at booking</b>	MotherBMI	The body mass index of the mother at the Booking Appointment in kg/m2. If this is not available but the mother's weight and/or height at booking are available, please leave this field blank and provide MotherWeight and MotherHeight.	n2.n1	Yes	*
<b>Smoking status at booking</b>	SmokingStatusBooking	The mother's self-reported smoking status at the Booking Appointment	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1 - Current smoker 2 - Ex-smoker - Stopped after conception 3 - Ex-smoker - Stopped between conception and 12 months before conception 4 - Ex-smoker - Stopped more than 12 months before conception 5 - Non-smoker - history unknown 6 - Never smoked 9 - Unknown	Yes	*
<b>Alcohol (units per week)</b>	AlcoholUnitsPerWeek	The typical number of units of alcohol the mother drinks, per week, as reported at the Booking Appointment	max n3	Yes	
<b>Substance use status (mother)</b>	SubstanceUseStatus	The mother's self-reported status of whether or not she has used or is using non medicinal drugs or other substances at the booking appointment	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Currently using 02 - Previously used 03 - Never used ZZ - Not Stated (Person asked but declined to provide a response)	Yes	
<b>Mental health screening at booking</b>	MHPredictionDetectionIndMother	Whether or not the recommended questions for prediction and detection of mental health issues were asked	Preferred format: N = no; Y = yes; 99 = not stated/unknown	Yes	
<b>Recent migrant/asylum seeker/refugee</b>	Migrant	As identified at the Booking Appointment, whether or not the mother is a recent migrant (12 months), asylum seeker or has refugee status.	Preferred format: N = no; Y = yes; 99 = not stated/unknown	No (although part of complex factors at booking item)	
<b>Domestic abuse</b>	DomesticAbuse	Indicates if the mother is deemed to be subject to domestic abuse at the Booking Appointment.	Preferred format: N = no; Y = yes; 99 = not stated/unknown	No (although part of complex factors at booking item)	
<b>Maternity obstetric diagnosis type (current pregnancy)</b>	PregnancyObstetricDiagType	Any obstetric or fetal condition/s or complication/s diagnosed in this pregnancy. This field may have multiple non-mutually exclusive items. Please separate these with a pipe ( ) You may have to draw this information from various separate fields; if this is problematic, please provide raw data from all relevant fields, labelled appropriately.	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Severe pre-eclampsia requiring pre-term birth 02 - Haemolytic anaemia, Elevated Liver enzymes and Low Platelet count (HELLP) 03 - Eclampsia 04 - Puerperal psychosis 05 - Liver cholestasis of pregnancy 06 - Gestational diabetes mellitus 07 - Gestational hypertension 08 - Gestational proteinuria 09 - Antepartum haemorrhage 10 - Postpartum haemorrhage - requiring additional treatment or transfusion 11 - Feto-maternal haemorrhage 12 - Antenatal/postpartum thromboembolic disorder 13 - Placental abruption 14 - Uterine rupture	Yes	

<b>Maternity complicating medical diagnosis (mother at booking)</b>	ComplicatingDiagTypeMother	As identified at the Booking Appointment and based on the woman's past medical history, the diagnosis or type of diagnosis presenting a risk or complicating factor for this pregnancy. This field may have multiple non-mutually exclusive items. Please separate these with a pipe ( ) You may have to draw this information from various separate fields; if this is problematic, please provide raw data from all relevant fields, labelled appropriately.	<p>15 - Retained placenta requiring manual removal in theatre  16 - Caesarean section  17 - Extensive vaginal, cervical, or third or fourth degree perineal trauma  18 - Amniotic Fluid Embolism</p> <p>Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data.</p> <p>01 - Hypertension  02 - Cardiac disease  03 - Renal disease  04 - Mental health disorder  05 - Thromboembolic disorder  06 - Haematological disorder  07 - Central nervous system disorder  08 - Diabetes  09 - Autoimmune disease  10 - Cancer  12 - Infectious hepatitis A  13 - Serum Hepatitis B  14 - Hepatitis C  16 - Endocrine disorder  17 - Respiratory disease  18 - Gastrointestinal disorder  19 - Musculoskeletal disorder  20 - Gynaecological problems</p>	Yes	
<b>Maternity Complicating Sexually Transmitted Infection Diagnosis (Mother at Booking)</b>	ComplicatingSTIDiagAtBooking	As identified at the Booking Appointment and based on the woman's past medical history, the diagnosis of a sexually transmitted infection presenting a risk or complicating factor for this pregnancy. If HIV and herpes are captured as separate fields and you are not able to recode these as one field, please provide the raw data for both fields, labelled appropriately.	<p>Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data.</p> <p>11. Human Immunodeficiency Virus (HIV)  15. Genital herpes</p>	Yes	
<b>Site code of intended place of delivery</b>	SiteCodeIntendedDelivery	NHS organisation site code of planned place of birth (organisation site). List of all NHS organisation sites (with their codes) are available from the Connecting for Health (CfH) website (via the N3 network). If it is not possible to include these codes, please provide the name of the site of intended delivery.	<p>Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data.</p> <p>Alphanumeric site code (min an5; max an9)  ZZ201 - Not applicable (intended to deliver at home)  ZZ888 - Not applicable (intended to deliver at non-NHS organisation)  ZZ203 - Not known (intended place of delivery not known)</p>	Yes	
<b>Intended delivery location type</b>	PlaceTypeIntendedDelivery	The type of unit the mother intends to deliver in	<p>Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data.</p> <p>0 - In NHS hospital - delivery facilities associated with midwife ward  1 - At a domestic address  2 - In NHS hospital - delivery facilities associated with consultant ward  3 - In NHS hospital - delivery facilities associated with GMP ward  4 - In NHS hospital - delivery facilities associated with consultant/GMP/midwife ward inclusive of any combination of two of the professionals mentioned  5 - In private hospital  6 - In other hospital or institution  7 - In NHS hospital - ward or unit without delivery facilities  8 - None of the above  9 - Not known</p>	Yes	

<b>Delivery place intended midwifery unit type</b>	PlaceTypeIntendedMidwifery	The type of midwifery-led unit the mother intends to deliver in (if applicable)	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1 - Midwifery unit, co-located with Consultant obstetric unit 2 - Midwifery Unit, co-located with other Non-Obstetric Consultant Unit (Theatre and Anaesthetic Services) 3 - Midwifery unit, stand alone	Yes	
<b>LABOUR AND DELIVERY</b>					
<b>Date and time of admission (for delivery/induction episode)</b>	StartDateTimeMotherDeliveryHPS	Date of in-patient admission, to a hospital, as part of the onset of labour, or for a caesarean section procedure	Preferred format: an19 YYYY-MM-DDThh:mm:ss	Yes	
<b>Site code of actual place of delivery</b>	SiteCodeActualDelivery	The unique identifier of the unit where baby was delivered. Lists of all NHS organisation sites is available from the Connecting for Health website (via the N3 network). This is a critical field to enable us to distinguish between sites within a trust/board. If it is not possible to include codes, please provide the name of the site of intended delivery.	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. Alphanumeric site code (min an5; max an9) ZZ201 - Not applicable (intended to deliver at home) ZZ888 - Not applicable (intended to deliver at non-NHS organisation) ZZ203 - Not known (intended place of delivery not known)	Yes	*
<b>Actual place of birth category</b>	PlaceTypeActualDelivery	Location in which baby was delivered	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 0 - In NHS hospital - delivery facilities associated with midwife ward 1 - At a domestic address 2 - In NHS hospital - delivery facilities associated with consultant ward 3 - In NHS hospital - delivery facilities associated with GMP ward 4 - In NHS hospital - delivery facilities associated with consultant/GMP/midwife ward inclusive of any combination of two of the professionals mentioned 5 - In private hospital 6 - In other hospital or institution 7 - In NHS hospital - ward or unit without delivery facilities 8 - None of the above 9 - Not known	Yes	*
<b>Delivery place change reason</b>	PlaceChangeReason	Planned place of birth change reason	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1 - Decision made during pregnancy because of change of address 2 - Decision made during pregnancy for clinical reasons 3 - Decision made during pregnancy for other reasons 4 - Decision made during labour for clinical reasons 5 - Decision made during labour for other reasons 6 - Occurred unintentionally during labour 7 - Not applicable (i.e. no change) 8 - Not known	Yes	
<b>Delivery place actual midwifery unit type</b>	PlaceTypeActualMidwifery	The type of midwifery unit a baby is delivered in	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1 - Midwifery unit, co-located with Consultant obstetric unit 2 - Midwifery Unit, co-located with other Non-Obstetric Consultant Unit (Theatre and Anaesthetic Services) 3 - Midwifery unit, stand alone	Yes	
<b>Smoking status at delivery</b>	SmokingStatusDelivery	The mother's self-reported smoking status at delivery	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1 - Current smoker 2 - Ex-smoker	Yes	*

			3 - Non-smoker - history unknown 4 - Never smoked 9 - Unknown		
<b>Number of infants this delivery</b>	NumberInfants	Number of registerable infants delivered	n1	Yes	*
<b>Rupture of membranes date and time</b>	ROMDateTime	Date/time on which membranes ruptured	Preferred format: an19 YYYY-MM-DDThh:mm:ss	Yes	
<b>Rupture of membranes method</b>	ROMMethod	The way in which membranes were ruptured	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Spontaneous 02 - Artificial NA - Not applicable	Yes	
<b>Onset of labour</b>	LabourOnset	How labour started (in the case of induction of labour, the method used to induce (initiate) labour, rather than to accelerate it).	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1 - Spontaneous: the onset of regular contractions whether or not preceded by spontaneous rupture of the 2 - Not applicable: caesarean section carried out prior to onset of labour 3 - Surgical induction by amniotomy 4 - Medical induction, including the administration of agents either orally, intravenously or intravaginally with the 5 - Combination of surgical induction and medical induction 9 - Not known	Yes	*
<b>Type of medical induction (if applicable i.e. Option 4 in the previous question)</b>	LabourInductionMethod	The agent used for medical induction of labour (if applicable)	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Mifepristone 02 - Misoprostol 03 - Prostaglandin 04 - Oxytocin 05 - Unknown	Yes	
<b>Reason for induction</b>	InductionReason	The reason that it was decided to perform an induction	Please provide this data in the format that it exists in your electronic record system. This CAN be in free text format.	No	
<b>Induction start date time (of any induction procedure) - if applicable</b>	InductionStartTime	Date/time when induction procedure is started	Preferred format: an19 YYYY-MM-DDThh:mm:ss	Yes	
<b>Bishops score</b>	BishopsScore	The Bishop's score, also known as cervix score is a pre-labor scoring system to assist in predicting whether induction of labor will be required	max n2; 99 = not stated/unknown	No	
<b>Labour augmentation</b>	Augmentation	Was the labour augmented (i.e. speeded up) with oxytocin. Note that labour augmentation is distinct from labour induction	Preferred format: N = no; Y = yes; 99 = not stated/unknown	Yes	*
<b>Oxytocin administered during labour date time (if applicable)</b>	OxytocinAdministeredDateTime	Date and time on which oxytocin was administered (during 1st or 2nd stage), if applicable	Preferred format: an19 YYYY-MM-DDThh:mm:ss	Yes	
<b>Time of onset of established labour</b>	LabourOnsetDateTime	Date/time when established labour is confirmed - regular painful contractions and progressive cervical dilatation	Preferred format: an19 YYYY-MM-DDThh:mm:ss	Yes	
<b>Time of onset of second stage of labour</b>	LabourOnsetSecondStageDateTime	Signs or evidence of full dilatation of cervix	Preferred format: an19 YYYY-MM-DDThh:mm:ss	Yes	
<b>End of third stage of labour date time</b>	LabourThirdStageEndDateTime	Date/time of end of third stage of labour (expulsion of the placenta and membranes)	Preferred format: an19 YYYY-MM-DDThh:mm:ss	Yes	

<b>Delivery of placenta method</b>	PlacentaDeliveryMethod	Whether placenta was removed through physiological, active or manual means. Where more than one method is used, the final method should be recorded.	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Physiological / Expectant 02 - Active 03 - Manual Removal	Yes	
<b>Pain relief type (labour and delivery)</b>	LabourPainReliefMethod	Type of pain relief used during labour & delivery. This field may have multiple non-mutually exclusive items. Please separate these with a pipe ( ) You may have to draw this information from various separate fields; if this is problematic, please provide raw data from all relevant fields, labelled appropriately.	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - TENS (Transcutaneous electrical nerve stimulation) 02 - Inhalational analgesia 03 - Narcotics 04 - Paracetamol 05 - Immersion in water 06 - Complementary therapies 96 - Other pain relief used 98 - No pain relief used 99 - Not known	Yes	
<b>Anaesthesia in labour and delivery</b>	LabourAnaesthesiaType	Type of anaesthesia used within the labour & delivery episode	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - General anaesthetic 02 - Epidural or caudal anaesthetic 03 - Spinal anaesthetic 09 - Pudendal block anaesthetic 97 - Other anaesthetic or analgesic only 98 - No anaesthetic administered	Yes	*
<b>Drugs in Labour - if applicable</b>	LabourDrugs	Any other drugs given during the labour e.g. antibiotics, antihypertensives (not including analgesia which is captured by Labour AnaesthesiaType or augmentation which is captured under Augmentation and OxytocinAdministeredDateTime). This field may have multiple non-mutually exclusive items. Please separate these with a pipe ( ) You may have to draw this information from various separate fields; if this is problematic, please provide raw data from all relevant fields, labelled appropriately.	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Benzylpenicillin 02 - Clindamycin 03 - Cefuroxime 04 - Metronidazole 05 - Amoxicillin 06 - Magnesium Sulphate (MgSO4) 07 - Labetalol 08 - Nifedipine 09 - Hydralazine 10 - Other	No	
<b>Category of senior health care professional present at delivery</b>	SeniorPersonAtDelivery	The professional category of the most senior clinician present during the delivery i.e. their role and grade (not name). If the specified codes are not available, please use the categories available in your system.	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 060 - Consultant Obstetrician 160 - General medical practitioner 170 - Midwife 061 - Registrar Obstetrician 061 - SHO Obstetrician	No	
<b>Presentation at delivery</b>	DeliveryPresentation	The presentation of the fetus at delivery	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Cephalic 02 - Breech 03 - Transverse/oblique 04 - Not known XX - Other	Yes	*

<b>Method of delivery</b>	DeliveryMethodBaby	The method for delivering baby	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 0 - Spontaneous Vertex 1 - Spontaneous Other Cephalic 2 - Low forceps, not breech 3 - Other Forceps, not breech 4 - Ventouse, Vacuum extraction 5 - Breech (spontaneous vaginal) 6 - Breech Extraction 7 - Elective (planned, prelabour) caesarean section 8 - Emergency caesarean section 9 - Other	Yes	*
<b>Category of C section (if applicable)</b>	CSectionCategory	The level of urgency of the C section, according to the RCOG Classification of Urgency of Caesarean Section – a Continuum of Risk (Good Practice No. 11). Please provide this data if your system collects it and in particular if your method of delivery field does not distinguish between elective and emergency C section.	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 1 - Emergency: immediate threat to life of woman or fetus 2 - Danger: maternal or fetal compromise, but not immediate life threatening 3 - No danger: early delivery needed, but no maternal or fetal compromise 4 - Elective: at a time to suit the woman and maternity services	No	
<b>Reason for caesarean</b>	CaesareanReason	The reason that it was decided to perform a caesarean section	Please provide this data in the format that it exists in your electronic record system. This CAN be in free text format.	No	
<b>Delivered in water</b>	WaterDeliveryInd	Whether or not the baby was delivered in a birthing pool (not including women who laboured in water but gave birth out of water).	Preferred format: N = no; Y = yes; 99 = not stated/missing	Yes	
<b>Perineal tears</b>	GenitalTractTraumaticLesion	Whether or not there was a traumatic lesion of the genital tract (not including episiotomies which are captured separately under Episiotomy). This field may have multiple non-mutually exclusive items. Please separate these with a pipe ( ) You may have to draw this information from various separate fields; if this is problematic, please provide raw data from all relevant fields, labelled appropriately.	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - None 02 - Labial tear 03 - Vaginal wall tear 04 - Perineal tear - first degree 05 - Perineal tear - second degree 06 - Perineal tear - third degree 07 - Perineal tear - fourth degree 09 - Cervical tear 10 - Urethral tear 11 - Clitoral tear 12 - Anterior incision	Yes	*
<b>Episiotomy</b>	Episiotomy	Whether or not an episiotomy was performed (irrespective of whether there was a perineal tear)	Preferred format: N = no; Y = yes; 99 - not stated/missing	Yes	*
<b>Estimated primary blood loss during delivery</b>	BloodLoss	The estimated amount of blood loss during delivery, measured in ml	max an5; not stated/missing = 99	No	*
<b>Maternal critical incident / complications arising during labour and delivery</b>	MatComplicationsType	Instance of a maternal critical incident or complication occurring during labour, delivery or postnatally. This field may have multiple non-mutually exclusive items. Please separate these with a pipe ( ) You may have to draw this information from various separate fields; if this is problematic, please provide raw data from all relevant fields, labelled appropriately.	Preferred categories and codes listed below. If intrapartum and postnatal complications are recorded separately in your MIS, please include two fields in your extract and label them appropriately. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Undiagnosed breech 02 - PPH >=500ml and <=999ml 03 - PPH >= 1000ml and <=1499ml 04 - PPH >= 1500ml 05 - Return to theatre 06 - Hysterectomy / laparotomy 07 - Anaesthetic complications 08 - Intensive care admission	Yes	



			09 - Venous thromboembolism 10 - Pulmonary embolism 11 - Unsuccessful forceps or ventouse 12 - Amniotic Fluid Embolism		
<b>Date and time of birth (baby)</b>	BabyBirthDateTime	Date and time of birth of the baby	Preferred format: an19 YYYY-MM-DDThh:mm:ss	Yes	*
<b>Delivery outcome</b>	FetusOutcome	Delivery outcome for the baby	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 10 - Live birth 20 - Stillbirth 30 - Miscarriage 40 - Termination of Pregnancy < 24weeks 50 - Termination of Pregnancy >= 24weeks XX - Other inc vanishing/papyraceous twin, ectopic	Yes	*
<b>Type of stillbirth (if applicable)</b>	StillbirthType	The timing of the stillbirth, if applicable	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Antepartum 02 - Intrapartum 03 - Timing unknown	No	
<b>Birth weight</b>	BirthWeight	Weight of the baby at birth in grams	max n4	Yes	*
<b>Gestational age at birth in days</b>	GestationLengthBirth	Gestation at date of birth in days	max n3	Yes	*
<b>Birth order</b>	BirthOrderMaternitySUS	Sequence in which the baby was born (if multiple)	n1	Yes	*
<b>Sex of baby</b>	PersonPhenotypicSex	Sex of the baby	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 0 - Not Known (not recorded) 1 - Male 2 - Female 9 - Not Specified	Yes	*
<b>Apgar score at 1 minute</b>	ApgarScore1	The Apgar score of the neonate 1 minute after delivery	max n2	No	
<b>Apgar score at 5 minutes</b>	ApgarScore5	The Apgar score of the neonate 5 minutes after delivery	max n2	Yes	*
<b>Apgar score at 10 minutes</b>	ApgarScore10	The Apgar score of the neonate 10 minutes after delivery	max n2	No	
<b>Baby's NHS number</b>	NHSNumberBaby	The NHS Number of the baby	n10 (nnnnnnnnnn)	Yes	*
<b>Baby first feed breast milk status</b>	BabyFirstFeedBreastMilkStatus	Whether the baby's first feed was breast milk	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Maternal Breast Milk 02 - Donor Breast Milk 03 - Not Breast Milk	Yes	*
<b>Baby breast milk status (at discharge from hospital)</b>	BabyBreastMilkStatusDischarge	Whether the baby was being fed with breast milk at the point of baby's discharge from hospital. In the case of a home birth, this will be captured at the postnatal visit closest to 48 hours of birth	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Exclusively Breast Milk Feeding	Yes	*

			02 - Partially Breast Milk Feeding 03 - No Breast Milk Feeding At All		
<b>Skin to skin contact within one hour</b>	SkinToSkinContact1Hour	Whether or not baby had skin to skin contact with mother in the first hour of life	Preferred format: N = no; Y = yes; 99 - not stated/missing	Yes	*
<b>Baby complications at birth</b>	BabyComplicationAtBirth	A baby complication, neonatal diagnosis or critical incident, as captured to the point of the baby's discharge from maternity services or neonatal services. This field may have multiple non-mutually exclusive items. Please separate these with a pipe ( ) You may have to draw this information from various separate fields; if this is problematic, please provide raw data from all relevant fields, labelled appropriately.	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Shoulder dystocia 02 - Cord prolapse 03 - Acute fetal compromise 04 - Fetal acidaemia 05 - Meconium Aspiration Syndrome 06 - Acute blood loss 07 - Jaundice requiring phototherapy 08 - Erb's Palsy 09 - Neonatal abstinence syndrome 10 - Birth trauma to the newborn 11 - Fetal laceration at caesarean section 12 - Cord pH < 7.1 venous 13 - Neonatal seizures 14 - Undiagnosed fetal abnormality 15 - European Congenital Anomalies or Twins (Eurocat)	This is a combination of BabyComplicationAtBirth, NeonatalDiag and NeonatalCriticalIncidentType	
<b>Resuscitation method (if applicable)</b>	ResuscitationMethod	Method of resuscitation used to assist baby in establishing breathing	Preferred categories and codes listed below. If these are not the categories recorded in your MIS, please provide any relevant information needed to interpret your data. 01 - Oxygen 02 - Intermittent Positive Pressure Ventilation (IPPV) Mask 03 - Intermittent Positive Pressure Ventilation (IPPV) tube 04 - Chest compression	Yes	
<b>DISCHARGE</b>					
<b>Maternal Death Date Time</b>	PersonDeathDateTimeMother	Date/time of death of mother during the antenatal, intrapartum and postpartum periods. The postpartum period only covers death to the point the woman gets discharged from maternity services.	Preferred format: YYYY-MM-DDThh:mm:ss	Yes	
<b>Neonatal Death Date Time</b>	PersonDeathDateTimeBaby	Date and time of death of baby, before 28 completed days after birth. Covering deaths to the point that the baby gets discharged from maternity/neonatal services	Preferred format: an19 YYYY-MM-DDThh:mm:ss	Yes	
<b>Date and time of maternal discharge</b>	MaternityDischargeDate	Date and time that the mother is discharged home	Preferred format: an19 YYYY-MM-DDThh:mm:ss	Yes	
<b>Date and time of neonatal discharge</b>	NeonatalDischargeDate	Date and time that the neonate is discharged home	Preferred format: an19 YYYY-MM-DDThh:mm:ss	Yes	