

Surname:  
 First Name:  
 Date of Birth:  
 Hospital Number:  
 Postcode:  
*Attach hospital label if possible*

Reference Number:

Please fill in at same time as pregnancy details

**Diabetes CESDI** PREGNANCY DETAILS

Reference Number:

In what year was this woman's diabetes diagnosed?  (year)

Hospital of booking: .....(hospital name)

Expected hospital of delivery: .....(hospital name/as above)

Last menstrual period (LMP):  (dd/mm/yy)  not known

Expected date of delivery (EDD) by LMP:  (dd/mm/yy)  not known

EDD by early ultrasound scan (USS):  (dd/mm/yy)  not known

Your name: ..... Contact Tel: .....

**Diabetes CESDI** DELIVERY DETAILS

Reference Number:

Actual hospital of delivery: .....(hospital name)

Gestation at delivery:  weeks  days  not known

Date of delivery:  (dd/mm/yy) Time of delivery:  (24hr clock)

Birth Order: Singleton  Twin 1  Twin 2  If triplets or more, write birth order in box

Baby's hospital no:

Baby's NHS no:

Your name: ..... Contact Tel: .....

**Diabetes CESDI** OUTCOME DETAILS

Reference Number:

Alive at 28 days; If not please complete both sections below as appropriate

**SECTION 1**

Loss before 20 completed weeks'

Late fetal loss (20+0 - 23+6 weeks')

Stillbirth

Neonatal death

Date of death:  (dd/mm/yy)

**SECTION 2**

Legal Abortion

Time of death:  (24hr clock)

Congenital malformation diagnosed:

Antenatally

At delivery

Neonatally

None diagnosed

Description of malformation.....

Your name: ..... Contact Tel: .....

Date of completion:

- Answer all questions unless otherwise specified
- If this is an additional baby in a multiple birth, only answer questions 15, 20, 21, 23 and 24 – 34
- If indicated in the righthand column, please read the definition on the back of the separator page **BEFORE** completing the question
- The standard of care to which the question relates is in the righthand column; standards are printed on the back of this notification pack

**ANSWER QUESTIONS 1 – 15 FOR ALL BABIES**

**SECTION I. BACKGROUND INFORMATION**

1 What is this woman’s ethnic origin?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> White           | <input type="checkbox"/> Pakistani   |
| <input type="checkbox"/> Black African   | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Chinese     |
| <input type="checkbox"/> Black other     | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Indian          |                                      |

Describe:.....

2 Past obstetric history: **TICK ONE OPTION ONLY**

- No previous pregnancy
- At least one previous pregnancy. *If you have ticked this option, please complete table below*

Year	Gestation at delivery	Mode of delivery	Description of outcome <i>(miscarriage, termination of pregnancy, stillbirth, neonatal death, postneonatal death, alive)</i>

Total number of pregnancies

3 What type of pre-existing diabetes does this woman have?

- Type 1 diabetes
- Type 2 diabetes
- Other

Specify:.....

See  
Definitions

4 In what year was the diabetes diagnosed?

Do NOT include any woman with gestational diabetes

..... year

5 Was this woman on insulin before her last menstrual period?

- Yes
- No
- Don't know

Standard 5

**SECTION II. PRE-PREGNANCY CARE**

6 Was this woman taking folic acid before her last menstrual period?

- Yes
- No
- Don't know

Standard 2

7 Do you know the most recent pre-pregnancy HbA<sub>1c</sub> value (or local equivalent test) within 6 months prior to conception? TICK ONE OPTION ONLY

- No
- Yes (If you have ticked this option, please complete table below)

See  
Definitions  
Standard 5

Date of test <i>dd/mm/yy</i>	Type of test	Result	Laboratory range for good control

8 Is there any evidence that this woman had pre-pregnancy counselling?

- Yes
- No

Standard 1

9 By what means did this woman receive pre-pregnancy counselling?

Standard 1

Please describe (e.g. at diabetes clinic, formal pre-pregnancy clinic, GP etc)

OR  Not applicable

**SECTION III. PREGNANCY CARE BEFORE 23 WEEKS' GESTATION**

10 Was a detailed retinal assessment carried out during this pregnancy?

See  
Definitions  
Standard 4

- Yes
- No
- Don't know

11 Was the woman provided with a glucagon kit in this pregnancy?

Standard 3

- Yes
- Woman already had glucagon kit before pregnancy
- No
- Reason:.....*
- Don't know

12 Please enter the two HbA<sub>1c</sub> tests (or local equivalent tests) which correspond most closely, either before or after, to the gestations stated below:

See  
Definitions  
Standard 5

Gestation (weeks)	Test not performed	Date of test	Type of test	Gestation test performed (wks + days)	Result	Laboratory range for good control
10						
20						

13 Did this woman have a dating ultrasound scan?

Standard 6

- Yes
- Gestation performed .....wks .....days*
- No
- Reason:.....*
- Don't know

14 Was a detailed anomaly scan performed after 16 weeks' gestation?

Standard 6

- Yes  
Gestation at which first performed .....wks .....days
- No  
Reason:.....
- Don't know
- Not applicable (pregnancy loss before 16 weeks')

15 Was the anomaly scan:

Standard 6

- Normal
- Not normal (fetal anomalies only)  
Describe findings:.....
- Result not known
- Anomaly scan not performed

**STOP HERE IF THIS IS A DELIVERY BEFORE 23+0 WEEKS' GESTATION**

**SECTION IV.  
PREGNANCY CARE AFTER 23+0 WEEKS' GESTATION**

16 How many ultrasound scans were performed for the purpose of assessing fetal growth after 23 weeks' gestation?

Standard 6

Number of scans : .....

- Don't know

17 Please enter the HbA<sub>1c</sub> test (or local equivalent test) which corresponds most closely, either before or after, to the gestation stated below:

See  
Definitions  
Standard 5

Gestation (weeks)	Test not performed	Date of test	Type of test	Gestation test performed (wks + days)	Result	Laboratory range for good control
34						

18 Was a full course of antenatal steroid therapy given, if the woman delivered before 36 weeks' gestation?

See  
Definitions  
Standard  
12

- Woman delivered after 36 weeks' gestation
- Yes
- No opportunity
- No  
Reason:.....
- Don't know

**SECTION V. CARE DURING LABOUR AND DELIVERY**

19 Onset of labour:

- Spontaneous
- Induced following ruptured membranes
- Induced for any other reason  
*Indication:.....*
- Not in labour
- Don't know

See  
**Definitions**  
Standard 8

20 The mode of delivery was:

- Spontaneous vaginal delivery
- Ventouse
- Forceps
- Assisted breech delivery
- Emergency caesarean section  
*Indication:.....*
- Elective caesarean section  
*Indication:.....*

See  
**Definitions**  
Standard 8

21 Was continuous electronic fetal monitoring used in labour?

- Yes
- No
- Offered but declined by woman
- Not in labour
- Don't know
- Not applicable (*intrauterine fetal death before labour*)

Standard 9

22 Was the woman receiving an intravenous infusion of insulin and dextrose at the time of delivery?

- Yes
- No
- No time to administer
- Don't know

Standard  
10

23 If this was a vaginal delivery was shoulder dystocia documented?

- Not a vaginal delivery
- Yes
- No
- Don't know

See  
**Definitions**  
Standard  
11

**SECTION VI. NEONATAL CARE**

24 What is the sex of the baby?

- Male
- Female

25 What was the birth weight of the baby?

.....grams

26 Is there any documented evidence of fetal trauma?

- Erb's palsy
- Fracture  
Specify:.....
- Other  
Describe:.....
- No

Standard  
11

**COMPLETE QUESTIONS 27 – 34 FOR LIVEBIRTHS ONLY**

27 What was the Apgar score at 5 minutes of age?

28 At what age did the baby have its first blood glucose test?

.....hours .....minutes

- Don't know
- Not applicable

Standard  
17

29 What methods were used to test the baby's blood glucose in the first 24 hours after delivery? TICK MORE THAN ONE OPTION IF NECESSARY

- Reagent strip testing
- Laboratory-based method
- Haemacue
- Glucose electrode (e.g. blood gas machine, YSI electrode)  
Specify type:.....
- Don't know
- Not applicable

Standard  
18

30 What was the age of the baby at first oral feed in the first 24 hours after delivery?

Standard  
15

.....hours .....minutes

- No oral feeds in the first 24 hours
- Don't know
- Not applicable (*early neonatal death*)

31 Was the baby separated from its mother to receive any of the following types of care after delivery?

See  
Definitions  
Standard  
14

- No
- Yes, special care
- Yes, high dependency intensive care (level 2 intensive care)
- Yes, maximal intensive care (level 1 intensive care)
- Yes, other  
*please specify:.....*
- Not applicable (*early neonatal death*)
- Don't know

*Documented reason for needing this care:*

*For how long did the baby receive this care?: .....day(s)*

*Documented diagnoses on discharge from this care:*

32 Was supplemental milk or glucose in the first 24 hours after delivery given as:  
**TICK ONE OPTION ONLY**

Standard  
19

- Not given
- Not applicable (*early neonatal death*)
- A response to a low blood glucose level only  
*specify lowest known value..... (mmol/l)*
- A response to clinical signs of hypoglycaemia only
- A response to a low blood glucose level AND clinical signs of hypoglycaemia
- Routine practice
- Other  
*specify:.....*

**33** What was the mother's chosen method of feeding at delivery? (*this refers to the mother's preferred method even if it could not be implemented in practice*)

**Standard  
16**

- Breastfeeding
- Formula milk
- Breast feeding AND formula milk
- Don't know

**34** Please tick the statement which is most applicable to the feeding method at 28 days:

**Standard  
16**

- Breast milk only
- Breast milk and formula
- Formula milk only
- Other
- Describe:.....
- Don't know
- Not applicable (*neonatal death*)