

Encephalopathy Audit

Appendix B. Obstetric risk factors

In auditing a neonatal encephalopathy case, it is important to assess the following factors which may be relevant to determining the cause of the neonatal encephalopathy

Factor	√ or x or ?	Comments
Smoker		
Alcohol use		
Other recreational drug use		
List prescribed drugs used in pregnancy		
List non-prescribed medications used in pregnancy including herbal medications		
Known HIV positive before pregnancy		
HIV infection diagnosed during this pregnancy		
Syphilis test positive during pregnancy		
List any maternal infections during pregnancy (e.g UTI, gastro enteritis, "flu", skin rash, vulval ulcers or warts, vaginal discharge, TB, chest infections, unexplained pyrexia, etc)		
Features of intra-uterine infection (eg persistent lower abdominal pain without other cause)		
Maternal malnutrition (MUAC <23cm)		
Obesity		

Diabetes		
Hypertension (list category)		
Maternal anaemia (list lowest Hb level)		
Pre-labour rupture of membranes (ROM) at term >12 hours		
Pre-term Pre-labour ROM		
Any possible antenatal sentinel event (eg maternal collapse, antepartum haemorrhage)		
Evidence of IUGR		
Polyhydramnios		
Any fetal anomalies detected on scan		
Were fetal movements monitored by the mother after 28 weeks? Were they good?		
Was there any evidence of fetal distress before labour?		
Was the active phase of labour prolonged (1 st stage)?		
Was the second stage of labour prolonged?		
Was the fetal heart checked every 2 hours in the latent phase of labour?		
Was the fetal heart checked every 30 minutes during the active phase of labour?		
Was the fetal heart checked after every second contraction in the 2 nd stage of labour?		
Did the fetal heart rate monitoring in labour suggest		

fetal distress? If so, when?		
Was the liquor meconium stained? If so thickly or thinly?		
Was the liquor offensive smelling?		
List any drugs administered to the mother during labour		
Was the delivery difficult, either vaginally or at CS?		
Was there a cord around the neck at delivery? If so, was it tight?		
Was there any sentinel event during labour (eg. cord prolapse, rupture of the uterus, abruptio, shoulder dystocia, high spinal anesthetic)		
Were there any congenital abnormalities evident at birth		
Were there any fetal/neonatal injuries evident at birth?		
Were there any obvious umbilical cord or placental abnormalities evident at birth?		