# Register of Congenital Conditions – Variable checklist

The variables listed below are available subject to data custodian and ethical approval. Please indicate the variables requested and provide justification for their inclusion in your study.

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|  | Variable | Justification |
| Baby’s date of birth (select one) |  |
| [ ]  | Year  |       |
| [ ]  | Year and month  |
| [ ]  | Year, month and day of week |
| [ ]  | Date  |
| Mother’s date of birth (select one) |  |
| [ ]  | Year  |       |
| [ ]  | Year and month  |
| [ ]  | Year, month and day of week |
| [ ]  | Date  |
| [ ]  | Maternal age |       |
| [ ]  | Mother’s postcode of residence |       |
| [ ]  | Mother’s SLA of residence |       |
| [ ]  | Health Area of residence |       |
| [ ]  | Local Health District of residence |       |
| [ ]  | Mother’s Indigenous status\*\* |       |
| [ ]  | Mother’s country of birth |       |
| [ ]  | Baby’s Indigenous status\*\* |       |
| [ ]  | Hospital of birth |       |
| [ ]  | Health Area of hospital |       |
| [ ]  | Local Health District of hospital |       |
| [ ]  | Previous pregnancy >20 weeks |       |
| [ ]  | Number of previous pregnancies |       |
| [ ]  | Baby’s sex |       |
| [ ]  | Pregnancy outcome |       |
| [ ]  | Birth weight |       |
| [ ]  | Gestational age |       |
| Baby’s date of death (select one) |  |
| [ ]  | Year  |       |
| [ ]  | Year and month  |
| [ ]  | Year, month and day of week |
| [ ]  | Date  |
| [ ]  | Plurality  |       |
| [ ]  | Birth order |       |
| [ ]  | Congenital condition code |       |
| [ ]  | Congenital condition position |       |

\*\*Approval of the Aboriginal Health and Medical Research Council Ethics Committee may be required to obtain this variable – please see notes in data dictionary

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| Other/comments  |
|       |