# 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 |
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