

Midwives Notification System

Birth Notification Extract Specification

Version Number: BN6

Document Version Number 1.4

Document Version Released July 2021

What's new in this version? All items highlighted in yellow are additional items or

changes to specifications being provided for births occuring

from 1 July 2021. Also updated phone numbers.

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Overview

Background

The Birth Notification referred to in this document is a data file containing one or more records of recent births. The *Health (Miscellaneous Provisions) Act 1911* requires reporting of these data within 48 hours of the birth occurring.

This document provides the Birth Notification specifications for data items and file including naming, format, structure, and transfer protocols to be applied to reporting systems at sites.

This Version must be implemented for reporting births occurring from 1 July 2021.

Receiving System

Birth Notification files received by email account royalstCHN@health.wa.gov.au will be processed each working day by Maternal and Child Health Data Management at the Department of Health.

If a file is received on Saturday, Sunday, or public holiday, the file will be processed the following working day.

A series of automation tools are utilised to:

- extract the record data from files attached to the email and create an MS Word document for each infant's record reported in the batch;
- transmit the MS Word document to the relevant Child Health Service for the maternal address; and
- archive the data files received for future reference.

All Birth Notification data files <u>must</u> conform to the document naming convention and type; and field names, values, formats, definitions defined in this document.

Secure File Transfer

Procedures for submission of data files should include encryption of named data. The Department of Health has provided My File Transfer (MyFT) for this purpose.

The email account birthdata@health.wa.gov.au is licensed to receive encrypted data submissions. MyFT is available to users both within and outside of the WA Health.

Files submitted via MyFT to <u>birthdata@health.wa.gov.au</u> will have personal health information protected.

Delivery

Records should be included in the extract when data fields indicated below have been completed. Some information may not be able to be determined at time of providing Birth Notification. It is best to provide an incomplete Birth Notification than to delay while waiting to obtain information.

Birth Notification files are accepted at any time. They must be submitted at least three times a week if births have occurred since the last report.

If data files are being submitted on a business day please **send before midday** to allow time for inclusion in that day's delivery to Child Health Services.

Birth Notification data files are to be received into a shared W: drive folder (Stork Site submissions) or by email to RoyalStCHN@health.wa.gov.au.

The File Name must be formatted to enable identification of Establishment providing the Birth Notification, and the date on which it was provided.

Example file name

<Establishment>-<establishment number>-DDMMYYYY.csv

Eg. King Edward Memorial Hospital for Women-0104-14122018.csv

Updates/Corrections

Updates/corrections may be submitted to Maternal and Child Health (MCH) Data Management when necessary.

Ensure all identified data is sent via secure file transfer.

File Format for Stork sites(remain unchanged)

The MCH scripts accept file types of MS Excel, comma separated variables or text. These file types are usually indicated by suffix extensions of .xls, xlsx, .csv.

The name of the Birth Notification file must be consistent. All file types must have the same name and appropriate file extension for example:

- King Edward Memorial Hospital for Women-0104-14122018.xls
- King Edward Memorial Hospital for Women-0104-14122018.xlsx
- King Edward Memorial Hospital for Women-0104-14122018.csv

The birth records reported in MS Excel or CSV file format must all be reported on one worksheet. The name of the worksheet must be:

<Establishment>-<establishment number>-DDMMYYYY.csv

Eg. King Edward Memorial Hospital for Women-0104-14122018.csv

File Format for Ramsay sites and SJOG sites (remain unchanged)

The MCH scripts accept file types of MS Excel, comma separated variables or text. These file types are usually indicated by suffix extensions of .xls, xlsx, .csv.

The name of the Birth Notification file must be consistent. All file types must have the same name and appropriate file extension for example:

- CHNSummary.xls
- CHNSummary.xlsx
- CHNSummary.csv

The birth records reported in MS Excel or CSV file format must all be reported on one worksheet. The name of the worksheet must be:

CHNSummary

The first row of data for the Birth notification file must be data item names (column headings). These data items must be in the correct order as outlined below.

Birth Notification File

The following table lists and describes the data items in the order they must appear in each Birth Notification data file.

All items (columns) must be included in the correct order, in every file whether they contain data or not.

All data fields for items marked "Yes" in the **Mandatory** column of the table below must contain valid data.

All data fields for items marked "No" in the **Mandatory** column of the table below should contain NULL value or valid data if a value for the data item is applicable and available.

All data fields for items marked "If available" in the **Mandatory** column of the table below can be provided by reporting systems that enable provision of this information the Child Health Services. These data items are not required by the WA Health Act 1911 and associated Regulations. Data fields must be NULL or if data provided it must be valid values and format.

File Specification Notes

- 1. Residential address, email and other text values should not contain tabs or new line/carriage return characters.
- 2. The Text (txt) format file provided by Ramsay sites has significant differences from the file specification and from files provided by other systems. These differences include:
 - missing data fields
 - order of some data fields
 - format of some data values
 - incomplete data values i.e. only date provided when date and time required

CDIS File Specification

Note that in the following table, the item "CDIS" refers to the **Child Development Information System** which receives these data files for the Child Health Services managing all metropolitan births.

CHIS File Specification

Note that in the following table, the item "CHIS" refers to the **Community Health Information System** which receives these data files for the Child Health Services managing all regional or country births.

File Specification

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
1. A	Mothers UMRN	Mother's Unique Medical Record Number	X(12)	G1234567 1234567890	Yes	Yes	Yes	Yes	Mothers UMRN	Mothers UMRN
2. B	Medicare Number	Indication whether a medicare number has been recorded for mother	X(3)	Yes No	If available	Yes	Yes	Yes	Medicare Number	Medicare Number
3. C	Mothers Name	Mother's Name <surname>, <first Name> <other names=""></other></first </surname>	X(90)	SMITH, Laura Jane BROWN-SOUTH,	Yes	Yes	Yes	Yes	Mothers Name	Mothers Name
		Name> <other names=""></other>		Mary-Jane Sarah					Mothers Fname	Mothers Fname
4. D	Maiden Name	Mother's surname at time of her birth registration	X(30)	SMITH BROWN-SOUTH NULL	No	Yes	NULL	Yes	Maiden Name	Maiden Name
5. E	Mothers DOB	Mother's Date of Birth	Date	DD/MM/YYYY	Yes	Date	Date	Text	Mothers DOB	Mothers DOB
6. F	Address Line 1	Current residential address of Mother	X(30)	11 Jane Street	Yes	Yes	Yes	Yes	Address Line 1	Address Line 1
7. G	Address Line 2		X(30)	Can be NULL	No	Yes	Yes	Yes	Address Line 2	Address Line 2
8. H	Address Line 3		X(30)	Can be NULL	No	Yes	Yes	Yes	Address Line 3	Address Line 3
9. I	Suburb	Suburb for address of Mother	X(30)	ARMADALE	Yes	Yes	Yes	Yes	Suburb	Suburb
10.J	State	State of residence of Mother Short format	A(3)	WA, VIC	Yes	Yes	Yes	Yes	State	State
11.K	Postcode	Postcode of place of residence for Mother	N(4)	6000	Yes	Yes	Yes	Yes	Postcode	Postcode
12.L	Telephone	Contact number for Mother. At least one contact number is required when possible.	X(30)	08 9311 2222 or 0400 111 222 or No phone	Yes	Text	Num & Text	Text	Telephone	Telephone
13.M	Mobile		X(30)	0400 222 333 or NULL	No	Text	Num	Num	Mobile	Mobile
14.N	Email address	Mothers email address	X(64)	Jane.Smith@mail.c	No	Yes	Yes	Yes	Email address	Email address

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
15.0	Ethnic Origin	Ethnic origin of Mother including aboriginal status	X(30)	om.au Caucasian or 1 If not known - Not specified	Yes	Yes	Yes	Num	Ethnic Origin	Ethnic Origin
16.P	Language	Language requiring interpreter (may be blank if no Interpreter required)	X(30) or N(4)*	Arabic or Greek OR 4202 or 2201	Yes	Yes	Yes	Yes	Main Language	Main Language
17.Q	Interpreter Required?	Whether an interpreter is required by the Mother when not English speaking.	X (3)	Yes No	Yes	Yes	Yes	Yes	Interpreter Required?	Interpreter Required?
18.R	Previous Pregnancies	The number of previous pregnancies of the Mother	N(2)	3	Yes	Yes	Yes	Yes	Previous Pregnancies	Previous Pregnancies
19.S	Live Births	Number of previous Livebirths for Mother	N(2)	1	Yes	Yes	Yes	Yes	Live Births	Live Births
20.T	Still Births	Number of previous Stillbirths for Mother	N(2)	0	Yes	Yes	Yes	Yes	Still Births	Still Births
21.U	Born Alive Now Dead	Number of previous live children that are now deceased.	N(2)	0	Yes	Yes	Yes	Yes	Born Alive Now Dead	Born Alive Now Dead
22.V	Abortions Miscarriages Ectopics	Number of unaccounted for previous pregnancies and/or any that fit under the listed. Not required.	N(2)	0	If available	Yes	No	Yes	Abortions Miscarriages Ectopics	Abortions Miscarriages Ectopics
23.W	Hydatidiform Moles	Hydatidiform Moles is entered as a number when appropriate.	N(2)	0	If available	Yes	Yes	Yes	Hydatidiform Moles	Hydatidiform Moles
24.X	Previous Multiple Birth	Did Mother have any previous multiple births?	X(3)	Yes or Y or 1 No or N or 2	Yes	Yes	Yes	Yes	Previous Multiple Birth	Previous Multiple Birth
25.Y	Diabetes in Pregnancy	Gestational Diabetes as Pregnancy Complication	X(30)	Gestational Diabetes NULL or N or No	No	Yes	Yes	Yes	Diabetes in Pregnancy	Diabetes in Pregnancy
26.Z	EPDS Score at 3 rd Trimester	Edinburgh Postnatal Depression Scale Score in 3rd Trimester of Pregnancy	N(2)	0 13 NULL	If available	Yes	Yes	No	EPDS Score at 3 rd Trimester	EPDS Score at 3 rd Trimester
27.AA	Baby UMRN	Unique Medical Record Number of the Baby. Should be provided when	X(12)	G1234567 1234567890 or NULL for stillbirths	If available	Yes	Yes	Yes	Baby UMRN	Baby UMRN

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
		available.								
28.AB	Method Of Birth	Birth or delivery method of this infant	X(30)	Spontaneous Elective Caesarean Emergency Caesarean Vacuum Extraction Forceps etc	Yes	Yes	Yes	Yes	Method Of Birth	Method Of Birth
29.AC	Status At Birth	Status of baby at birth	X(30)	Liveborn or Live Birth etc Stillborn	Yes	Yes	Yes	Yes	Status At Birth	Status At Birth
30.AD	Baby DOB	Date and time of birth of this infant	Date/Ti me	DD/MM/YYYY HH:MM	Yes	Yes	Yes	Yes	Baby DOB	Baby DOB
31.AE	Gender	Sex of this infant	X(30)	Female Male Indeterminate	Yes	Yes	Yes	Yes	Gender	Gender
32.AF	Indigenous Status	Aboriginal Status of Infant	N(1)	1 – Aboriginal not TSI 2 – TSI not Aboriginal 3 – Aboriginal and TSI 4 – Other	Yes	Yes	Yes	Yes	Indigenous Status	Indigenous Status
33.AG	Gestation At Birth	Gestation of the pregnancy at the time of this infant's birth Can be reported as whole completed weeks or weeks and days like WW.D	N(3)	39 or 39.6 (39 wks+6 dys)	Yes	Yes as 39.6	Yes as 39	39 Weeks 6 Days	Gestation At Birth	Gestation At Birth
34.AH	Birth Weight	Weight of this infant at birth (in grams)	N(4)	3250 If not known 9999	Yes	Yes	Yes	Yes	Birth Weight	Birth Weight
35.AI	Birth Length	Length of this infant at birth (in cms)	N(2)	52 If not known 99	Yes	Yes	Yes as 52.5	Yes	Birth Length	Birth Length
36.AJ	Birth Head Circum.	Circumference of infant's Head at birth (in cms)	N(2)	32 If not known 99	Yes	Yes	Yes as 32.5	Yes as 32.5	Birth Head Circum.	Birth Head Circum.
37.AK	Regular Respirations At	Time to establish regular unassisted breathing (in minutes)	N(2)	1 If 30sec report 1 not 0	No	Yes	Yes	Yes	Regular Respirations At	Regular Respirations At

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
				If SB report 0 If not known i.e. BBA report 98						
38.AL	APGAR Score - 1 min	1 minute Apgar Score for this infant	N(2)	7 10 If SB report 0 If not known i.e. BBA or ventilated report 99	Yes	Yes	Yes	Yes	APGAR Score - 1 min	APGAR Score - 1 min
39.AM	APGAR Score - 5 mins	5 minute Apgar Score for this infant	N(2)	7 10 If SB report 0 If not known i.e. BBA report 99	Yes	Yes	Yes	Yes	APGAR Score - 5 mins	APGAR Score - 5 mins
40.AN	Special Care Nursery	Special care nursery at birth site, this infant was admitted to, if applicable.	X(30)	Level 2 Level 3 Yes or No NULL	No	Yes	Yes	Yes	Special Care Nursery	Special Care Nursery
41.AO	Baby Outcome	Discharge outcome of this infant	X(30)	Discharged Transferred Died NULL	No	Yes	No	No	Baby Outcome	Baby Outcome
42.AP	Transferred To	Destination establishment of this infant, if transferred.	X(30)	Rockingham General Hospital NULL	No	Yes	Yes	No	Transferred To	Transferred To
43.AQ	Estimated gestation weeks at first antenatal visit	The estimated gestation for mother's first antenatal visit in weeks	X(2)	8 23 If not known 99 If no AN Care 98	Yes	Yes	Yes	Yes	Estimated gestation weeks at first antenatal visit	Estimated gestation weeks at first antenatal visit
44.AR	No. cigs smoked before 20 wks	Average number of tobacco cigarettes smoked each day before 20 wks gestation	N(3)	0 12 If not known 999 If occasional 998	Yes	Yes	Yes	Yes	No. cigs smoked before 20 wks	No. cigs smoked before 20 wks
45.AS	No. cigs smoked after 20 wks	Average number of tobacco cigarettes smoked each day from 20 wks gestation	N(3)	0 12 If not known 999 If occasional 998	Yes	Yes	Yes	Yes	No. cigs smoked after 20 wks	No. cigs smoked after 20 wks

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
46.AT	Essential Hypertension	Diagnosed with Essential Hypertension.	A(30)	Essential Hypertension NULL	No	Yes	Yes	Yes	Essential Hypertension	Essential Hypertension
47.AU	Pre-Existing Diabetes	Diagnosed with Pre-Existing Diabetes.	A(30)	Diabetes - Type 1 Diabetes - Type 2 NULL	No	Yes	Yes	Yes	Pre-Existing Diabetes	Pre-Existing Diabetes
48.AV	Asthma	Diagnosed with Asthma.	A(30)	Asthma NULL	No	Yes	Yes	Yes	Asthma	Asthma
49.AW	Genital Herpes	Diagnosed with Genital herpes either active or inactive.	A(30)	Herpes NULL	No	Yes	No	No	Genital Herpes	Genital Herpes
50.AX	Parity	The number of previous pregnancies resulting in birth of a baby >= 20 wks	N(2)	Yes	Yes	Yes	Yes	Yes	Parity	
51.AY	Pregnancy Hypertension	Diagnosed with Gestational Hypertension or Pre- Eclampsia or Pre- Eclampsia superimposed on Hypertension	A(42)	Yes	Yes	Yes	Yes	Yes	Pregnancy Hypertension	
52.AZ	Plurality	The number of infants from pregnancy	N(1)	1-Singleton 2-Twin	Yes	Yes	Yes	Yes	Plurality	
53.BA	Influenza Vaccination	Whether received and the trimester of pregnancy when received Influenza vaccination	N(2)*	01-Yes 1st Trimester 02-Yes 2nd Trimester 03-Yes 3rd Trimester 04-Yes Unk Trimester 05-Not vaccinated 99-Unk if Vaccinated	Yes	Yes	Yes	Yes	Influenza Vaccination	
54.BB	Pertussis	Whether received and the	N(2)*	01-Yes 1st	Yes	Yes	Yes	Yes	Pertussis	

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
	Vaccination	trimester of pregnancy when received pertussis vaccination		Trimester 02-Yes 2 nd Trimester 03-Yes 3 rd Trimester 04-Yes Unk Trimester 05-Not vaccinated 99-Unk if Vaccinated					Vaccination	
55.BC	Water Birth	Whether baby was born immersed in water	X(3)	Yes or Y or 1 No or N or 2	Yes	Yes	Yes	Yes	Water Birth	
56.BD	Alcohol Frequency Before 20 Weeks	Frequency of Drinking an alcoholic drink before 20 weeks	N(2)	01-Never 02-Monthly 03-2 to 4 times a month 04-2 to 3 times a week 05-4 or more times a week 99-Unknown	Yes	Yes	Yes	Yes	Alcohol during pregnancy frequency	Alcohol during pregnancy frequency
57.BE	Alcohol Number Before 20 Weeks	Number of standard alcohol drinks on a typical day before 20 weeks	N(2)	00-Zero 01-One or two 02-Three or four 03-Five or six 04-Seven to nine 05-10 or more 99-Unknown	Yes	Yes	Yes	Yes	Alcohol during pregnancy number	Alcohol during pregnancy number
58. BF	Alcohol Frequency After 20 Weeks	Frequency of Drinking an alcoholic drink after 20 weeks	N(2)	01-Never 02-Monthly 03-2 to 4 times a month 04-2 to 3 times a week 05-4 or more times a week 99-Unknown	Yes	Yes	Yes	Yes	Alcohol during pregnancy frequency	Alcohol during pregnancy frequency

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
59. BG	Alcohol Number After 20 Weeks	Number of standard alcohol drinks on a typical day after 20 weeks	N(2)	00-Zero 01-One or two 02-Three or four 03-Five or six 04-Seven to nine 05-10 or more 99-Unknown	Yes	Yes	Yes	Yes	Alcohol during pregnancy number	Alcohol during pregnancy number
60.BH	Depression/An xiety Screening	Was screening for depression/anxiety conducted (For Stork this is derived from EPDS 1st Trimester data)	N(1)	1-Yes 2-No 3-Declined 9-Unknown	Yes	Yes	Yes	Yes	Screening for depression/anxie ty	Screening for depression/anxi ety
61.BI	Mental Health Follow Up	Was additional follow up indicated for perinatal mental health risk factors (For Stork this is derived from EPDS 1st Trimester data)	N(1)	1-Yes 2-No 3-Declined 4-Unknown	Yes	Yes	No	No	Screening for depression/anxie ty	Screening for depression/anxi ety
62.BJ	Depression/An xiety Screening	Was screening for depression/anxiety conducted (For Stork this is derived from EPDS 3 rd Trimester data)	N(1)	1-Yes 2-No 3-Declined 9-Unknown	Yes	Yes	Yes	Yes	Screening for depression/anxie ty	Screening for depression/anxi ety
63.BK	Mental Health Follow Up	Was additional follow up indicated for perinatal mental health risk factors (For Stork this is derived from EPDS 3 rd Trimester data)	N(1)	1-Yes 2-No 3-Declined 4-Unknown	Yes	Yes	No	No	Screening for depression/anxie ty	Screening for depression/anxi ety
64.BL	Complications of pregnancy	'CMP' followed by a list of any complications of pregnancy (Up to 19 times 3 Digit codes)	X(60)	Pregnancy Complication Code	Yes	Yes	Yes	Yes	Complications of pregnancy	Complications of pregnancy
65.BM	Medical conditions	'MDC' followed by a list of any medical conditions for the mother (Up to 19 times 3 Digit codes)	X(60)	Medical Condition Codes	Yes	Yes	Yes	Yes	Medical conditions	Medical conditions
66.BN	Complications	'CML' followed by a list of	X(60)	Labour	Yes	Yes	Yes	Yes	Complications of	Complications of

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
	of labour and birth	any complications of labour and birth (Up to 19 times 3 Digit codes)		complications					labour and birth	labour and birth
67.BO	Family violence screening	Was screening for family violence conducted (for Stork this is derived from 1st Trimester data)	N(1)	1-Yes 2-Not offered 3-Declined 9-Not stated	Yes	Yes	Yes	Yes	Family violence screening	Family violence screening
68.BP	Primary maternity model of care	The primary model used to care for the mother during pregnancy as per the AIHW Maternity Models of Care Classification System (MaCCS)	N(6)	012345	Yes	Yes	Yes	Yes	Primary maternity model of care	Primary maternity model of care
69.BQ	Maternity model of care at the onset of labour of non- labour caesarean	The model being used to care for the mother at the onset of labour or at the time of non-labour caesarean as per the AIHW Maternity Models of Care Classification System (MaCCS)	N(6)	012345	Yes	Yes	Yes	Yes	Maternity model of care at onset	Maternity model of care at onset
_									Hospital Name	Hospital Name
									Date Processed	Date Processed
									Destination	Destination
									Data system	Data system

The Specifications above for Data provision has been expedited to allow developers enough time to code the necessary changes and to test them well before the required implementation date.

Specific maternity model of care ID numbers will be provided in the early part of 2021. All numbers will be six digits long.

^{*} Where a numeric value is provided the tools administered by the MCHU will insert the text description of the numeric value into the Word document version of the Birth Notification.

Document Creation

Data provided as specified in the table above is utilised by the WA Department of Health to create reports for Child Health Services.

The tools employed by Maternal and Child Health Data Management extract data from Birth Notification files to create individual MS Word documents for each baby's record.

A template for this document is provided below indicating where each of the data fields are utilised to create the MS Word document.

There is a separate tool specifically used for the text file provided by the Ramsay system. This is required because there are such significant differences in the format of this file and the information provided.

Birth Notification

<Date created>

Personal and Contact Det	ails					
UMRN	<field 1.="" a<="" th=""><th>\></th><th>Medicare</th><th><fiel< th=""><th>d 2. B></th><th></th></fiel<></th></field>	\>	Medicare	<fiel< th=""><th>d 2. B></th><th></th></fiel<>	d 2. B>	
		LD 3. c>	Address		d 6. F>	
Maiden Name	<field 4.="" d<="" th=""><th></th><th></th><th><fiel< th=""><th>d 7. G> <fi< th=""><th>ield 8. H></th></fi<></th></fiel<></th></field>			<fiel< th=""><th>d 7. G> <fi< th=""><th>ield 8. H></th></fi<></th></fiel<>	d 7. G> <fi< th=""><th>ield 8. H></th></fi<>	ield 8. H>
First name			Suburb		d 9. I>	
Date of Birth	<field 5.="" e<="" th=""><th>></th><th>Postcode</th><th><fiel< th=""><th>d 11. K></th><th></th></fiel<></th></field>	>	Postcode	<fiel< th=""><th>d 11. K></th><th></th></fiel<>	d 11. K>	
Ethnic Origin	<field 15.<="" th=""><th>0></th><th>State</th><th><fiel< th=""><th>d 10. J></th><th></th></fiel<></th></field>	0>	State	<fiel< th=""><th>d 10. J></th><th></th></fiel<>	d 10. J>	
Main Language			Telephone		d 12. L>	
Interpreter Required	<field 17.<="" th=""><th></th><th>Mobile</th><th><fiel< th=""><th>d 13. M></th><th></th></fiel<></th></field>		Mobile	<fiel< th=""><th>d 13. M></th><th></th></fiel<>	d 13. M>	
Email	<field 18.<="" th=""><th>R></th><th></th><th></th><th></th><th></th></field>	R>				
Pregnancy Details			Other Medical			
Previous Pr	egnancies	<19.S>	<66. BN>		or Code from li	
	Parity	<50. AX>	<66. BN>		or Code from li	
	Live Births	<20.T>	<66. BN>		or Code from li	
	Still Births	<21.U>	<66. BN>		or Code from li	
Born Alive,	Now Dead	<22.V>	<66. BN>		or Code from li	
Abortions, Miscarriages	s, Ectopics	<23.W>	<66. BN>		or Code from li	
Hydatidiform Moles <24 Y \				or Code from I		
Previous Mult	iple Births	<25.Y>	<66. BN>	Text It	or code from i	liked table
Cigarettes smoked	before 20	<44.AR>	EPDS Score	at 3 rd	Trimester	<27.AA>
	wks		Plurality of			<52.AZ>
Cigarettes smoked aft	ter 20 wks	<45.AS>	Influenza Va			<53.BA>
Estimated Gestation	Weeks at	<43.AQ>	Pertussis Va	ccine		<54.BB>
First Ante	natal Visit		Alcohol Durin	a Prea	nancy ~20w	ke / >20wke
Medical Details				uency	<56.BD>	<56.BF>
Diabetes in Pregnan	cy <26. Z	′ >		olume	<57.BE>	<56.BG>
Pre-existing Diabet	es <47.Al	J>	Depression /			
Pregnancy Hypertensi			Scre	ening	<62.BJ>	
Essential Hypertensi				ow up	<63.BK>	
Asthr			Indicated Mer			
Genital Herp			Follow up	1 st Tri	<64.BL>	
L		v v <i>></i>	Follow up	2rd Tr:	<65.BM>	
Maternity models of care			Follow up	J- III	< ¹ 0.co>	
Prima Prima			Family violen	ce	•	
At onset/caesare	<71.B0	Q>	Scre	ening	<69.B0>	
				- 59	107.DO/	
			1			

Baby's Details

Daby 3 Details			
UMRN	<field 28.="" ab=""></field>	Method of Birth	<field 29.="" ac=""></field>
Date of Birth	Part <field 31.="" ae=""></field>	Birth Weight	<field 35.="" ai=""></field>
Time of Birth	Part <field 31.="" ae=""></field>	Birth Length	<field 36.="" aj=""></field>
Gender	<field 32.="" af=""></field>	Birth Head Circumference	<field 37.="" ak=""></field>
Aboriginal Status	<field 33.="" ag=""></field>	Water Birth	<field 55.="" bc=""></field>
Status at Birth	<field 30.="" ad=""></field>	Gestation At Birth	<field 34.="" ah=""></field>
Special Care Nursery	<field 40.="" an=""></field>	APGAR Score 1 min	<field 38.="" al=""></field>
Baby Outcome	<field 41.="" ao=""></field>	APGAR Score 5 mins	<field 39.am=""></field>
Transferred To	<field 42.="" ap=""></field>		

Birth Notification

11/12/2016

Mother's Details

Personal and Contact Details			
UMRN	B1234567	Medicare	Yes
Surname	FAMILY	Address	1738 Goodlife Street
Maiden Name	SINGLE		
First name	Mary Jane	Suburb	BUNBURY
Date of Birth	26/07/1982	Postcode	6230
Ethnic Origin	Caucasian	State	WA
Main Language	English	Telephone	08 9123 4567
Interpreter Required	No	Mobile	0400 000 000
Email	MaryJaneFamily@gmail.com		
Pregnancy Details Other Medical Conditions			

Pregnancy Details	
Previous Pregnancies	1
Prev Parity	1
Prev Live Births	1
Prev Still Births	0
Prev Born Alive, Now Dead	0
Abortions, Miscarriages, Ectopics	0
Hydatidiform moles	0
Previous Multiple Births	No
Cigarettes smoked before 20 wks	0
Cigarettes smoked after 20 wks	0
Estimated Gestation Weeks at First	6
Antenatal Visit	

Medical Details		
Diabetes in Pregnancy	Gestational	
	Diabetes	
Pre-existing Diabetes	Diabetes – Type 1	
Pregnancy Hypertension	Pre-Eclampsia	
Essential Hypertension	Essential	
	Hypertension	
Asthma	Asthma	
Genital Herpes	Yes	
Maternity models of care		
Primary	<mark>600293</mark>	

At onset/caesarean

<mark>600294</mark>

Other Medical Conditions		
010	Anaemia	
021	Carrier Hepatitis C	
040	Coeliac disease	

T		
EPDS Score at 3 rd Trimester 7		
Plurality of Birth 2		
Influenza Vaccine	Yes Unk Trimester	
Pertussis Vaccine	Yes 2 nd Trimester	
Alcohol During Pregnancy <20wks / >20wks		
Frequency	Never	Never
Volume	Zero	Zero
Depression / Anxiety		
Screening Yes		
Follow up Yes		
Indicated Mental Health		
Follow Up 1st Trim	No	
Follow Up 3rd Trim	No	
Family violence		
Screening	Yes	

Baby's Details

Daby 3 Details			
UMRN	E9876543	Method of Birth	Caesarean
			LUSCS
Date of Birth	10/12/2014	Birth Weight	2960 grams
Time of Birth	10:59	Birth Length	50 cm
Gender	Male	Birth Head Circumference	37 cm
Aboriginal Status	Other	Water Birth	No
Status at Birth	LIVEBORN	Gestation At Birth	37.4 weeks
Special Care Nursery		APGAR Score 1 min	7
Baby Outcome		APGAR Score 5 mins	9
Transferred To			

Appendix (MCH use only)

Birth Notification extracts for BN6 are of two different structures, depending on the site and data system that supplied them. These are described in the table below:

Table 1: Comparison of BN6 formats

Site/group data system	Stork (26 sites) SJOG (6 sites)	Meditech V2 (1 site)	MeditechV1 2 sites)
extract format/filetype	xlsx, xls or csv	xlsx, xls or csv	CSV
no. of fields in extract	69	69	69
max fields transferred to BN doc	69	69	69

Table 2: Description of data fields in each file format

Francis de verial la		
Field number	Expected variable (csv, xls, xlsx extract)	
1	m_mothers_umrn	
2	m_medicare_number	
3	m_mothers_surname, m_mothers_firstname	
4	m_mothers_maiden	
5	m_mothers_dob	
6	m_address_line_1	
7	m_address_line_2	
8	m_address_line_3	
9	m_suburb	
10	m_state	
11	m_postcode	
12	m_telephone	
13	m_mobile	
14	m_email	
15	m_ethnic_origin	
16	m_main_language	
17	m_interpreter_required	
18	m_previous_pregnancies	
19	m_live_births	
20	m_still_births	
21	m_born_alive_now_dead	

Field number	Expected variable (csv, xls, xlsx extract)
22	m_abortions_miscarriages_ectopics
23	m_hydatidiform_moles
24	m_previous_multiple_birth
25	m_diabetes_in_pregnancy
26	m_epds_score
27	b_baby_umrn
28	m_method_of_birth
29	b_status_at_birth
30	b_baby_dob, b_baby_birthtime
31	b_gender
32	b_indigenous_status
33	b_gestation_at_birth
34	b_birth_weight
35	b_birth_length
36	b_birth_head_circum
37	b_regular_respirations_at
38	b_apgar_score_1_min
39	b_apgar_score_5_mins
40	b_special_care_nursery
41	b_baby_outcome
42	b_transferred_to
43	b_estimated_gestation_weeks
44	m_no_cigs_smoked_before_20_wks
45	m_no_cigs_smoked_after_20_wks
46	m_essential_hypertension
47	m_preexisting_diabetes
48	m_asthma
49	m_genital_herpes
50	m_parity
51	m_preghyper
52	m_plurality
53	m_influenza_vaccination

Field number	Expected variable (csv, xls, xlsx extract)
54	m_pertussis_vaccination
55	m_water_birth
56	m_alcohol_freq
57	m_alcohol_volume
58	m_alcohol_freq2
59	m_alcohol_volume2
60	m_depression_screen
61	m_depression_followup
62	m_depression_screen2
63	m_depression_followup2
64	m_complications_pregnancy
65	m_medical_conditions
66	m_complications_labour
<mark>67</mark>	m_violence_screen
<mark>68</mark>	m_mat_model_primary
<mark>69</mark>	m_mat_model_onset



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