## Health (Notifications by Midwives) Regulations 1994 Form 2 NOTIFICATION OF CASE ATTENDED – PREGNANCY DETAILS MR15

Last name	Unit Record No	Estab
First name	Birth date(Mother)	Ward
Address of usual residence	,	Marital status
Number and street	State	4=separated 5=married (incl. Defacto)
Town or suburb	Height	6=unknown Weight
Maiden name	(whole cm)	weight     Ethnic status of mother       (whole kilogram)     1=Caucasian 10=Aboriginal not TSI
Interpreter service required (1=yes 2=no)	Telephone	11=TSI not Aboriginal 12=Aboriginal and TSI
Mother's language requiring interpreter		Or Other
		Vaccinations during pregnancy:
PREVIOUS PREGNANCIES:		01 Vaccinated during 1 <sup>st</sup> trimester Influenza Pertussis
Total number (excluding this pregnancy):		02 Vaccinated during 2 <sup>nd</sup> trimester
Parity (excluding this pregnancy):		03 Vaccinated during 3 <sup>rd</sup> trimester
Previous pregnancy outcomes:		04 Vaccinated in unknown trimester 05 Not vaccinated
- liveborn, now living		99 Unknown if vaccinated
<ul> <li>liveborn, now dead</li> <li>stillborn</li> </ul>		Procedures/treatments:
Number of previous caesareans		1 fertility treatments (include drugs)
Caesarean last delivery 1 =yes 2=no		2 cervical suture
Previous multiple births 1 =yes 2=no		3 CVS/placental biopsy
		4 amniocentesis
THIS PREGNANCY: Estimated gest wk at 1 <sup>st</sup> antenatal visit		5 ultrasound
Total number of antenatal care visits		6 CTG antepartum 7 CTG intrapartum
Date of LMP:	2 0	
This date certain 1 =yes 2=no		Intended place of birth at onset of labour: 1=hospital 2=birth centre attached to hospital
	2 0	3=birth centre free standing 4=home 8=other
Expected due date: Based on 1 = clinical signs/dates		LABOUR DETAILS
2 = ultrasound < 20 wks		Onset of labour:
3 = ultrasound >=20 wks		1=spontaneous 2=induced 3=no labour
Smoking:		Principal reason for induction of labour (if induced):
Number of tobacco cigarettes usually smoked each day <b>during first</b> 20 weeks of pregnancy	d	Augmentation (labour has begun):
	d	1 none
Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy	u	2 oxytocin
(If none use '000'; occasional or smoked < 1 use '998';		3 prostaglandins
undetermined use '999')		4 artificial rupture of membranes
Alcohol during pregnancy:		8 other
Frequency of drinking an alcoholic drink 01 = never 04 = 2 to 3 times a week		Induction (before labour begun):
02 = monthly 05 = 4 or more times a week		1 none
03 = 2 to 4 times a month 88 = unknown		2 oxytocin
Number of standard alcohol drinks on a typical day Was screening for depression/anxiety conducted:		3 prostaglandins
1 =yes 2=not offered 3 = declined 8 = unknown		4 artificial rupture of membranes
Was additional followup indicated for perinatal		5 dilatation device i.e. Foley Catheter 8 other
mental health risk factors?		
1 =yes 2=no 7 = not applicable 8 = unknown		Analgesia (during labour):
Complications of pregnancy: 1 threatened abortion (<20wks)		1 none
2 threatened preterm labour (<37wks)		2nitrous oxide 4epidural/caudal
3 urinary tract infection		5 spinal
4 pre-eclampsia		6 systemic opioids
5 antepartum haemorrhage (APH) placenta praevia		7 combined spinal/epidural
6 APH – placental abruption 7 APH – other		8 other
<ul> <li>APH – other</li> <li>8 pre-labour rupture of membranes</li> </ul>		Duration of labour hr min
9 gestational diabetes		1 <sup>st</sup> stage (hour & min):
11 gestational hypertension		2 <sup>nd</sup> stage (hour & min):
12 pre-eclampsia superimposed on essential hypertension		Postnatal blood loss in mLs:
99 other (specify)		Number of babies born (admin purposes only):
Medical Conditions:		MIDWIFE Name
1 essential hypertension		Signature
3 asthma		Date 2 0
4 genital herpes 5 type 1 diabetes		Reg. No.
6 type 2 diabetes		Complete this <b>Pregnancy</b> form once for each woman giving birth, and
8 other (specify)	······································	submit one <b>Baby</b> form for each baby born

## Health (Notifications by Midwives) Regulations 1994 Form 2 NOTIFICATION OF CASE ATTENDED – BABY DETAILS

Mother last name First name	Unit Rec No
BIRTH DETAILS	Born before arrival: 1=yes 2=no
Anaesthesia (during delivery):	· · · · · · · · · · · · · · · · · · ·
1 none	
2 local anaesthesia to perineum	Birth time: (24hr clock)
3 pudendal	Plurality: (number of babies this birth)
4 epidural/caudal	<b>Birth order:</b> (specify this baby, eg, 1=1 <sup>st</sup> baby born, 2=2 <sup>nd</sup> )
5 spinal	Presentation:
6 general	1=vertex 2=breech 3=face 4=brow 8=other
7 combined spinal/epidural	Water birth:1=yes2=no
8 other	Method of birth:
Complications of labour and birth	1 spontaneous
(include the <b>reason</b> for instrument delivery):	2 vacuum successful
precipitate delivery     fetal distress	3 vacuum unsuccessful
3 prolapsed cord	4 forceps successful
4 cord tight around neck	5 forceps unsuccessful
5 cephalopelvic disproportion	6 breech (vaginal)
7 retained placenta – manual removal	7 elective caesarean
8 persistent occipito posterior	8 emergency caesarean
9 shoulder dystocia	Accoucheur(s):
10 failure to progress <= 3cm	1 obstetrician
11 failure to progress > 3cm	2 other medical officer
12 previous caesarean section	3 midwife
13 other (specify)	4 student
	5 self/no attendant
Principal reason for Caesarean Section: (Tick one box only)	8 other
1fetal compromise	Gender: 1=male 2= female 3=indeterminate
2 suspected fetal macrosomia	Status of baby at birth: 1=liveborn 2=stillborn (unspecified)
3 malpresentation	3=antepartum stillborn 4=intrapartum stillborn
4 lack of progress <= 3cm	Infant weight: (whole gram)
5 lack of progress in the 1st stage, 4cm to < 10cm	Length: (whole cm)
6 lack of progress in the 2nd stage	
7 placenta praevia	Head circumference: (whole cm)
8 placental abruption 9 vasa praevia	Time to establish unassisted regular breathing: (whole min)
9 vasa praevia 10 antepartum/intrapartum haemorrhage	<b>Resuscitation:</b> (Record one only - the most intensive or highest number)
11 multiple pregnancy	1 none
12 unsuccessful attempt at assisted delivery	2 suction only
13 unsuccessful induction	<ul> <li>3 oxygen therapy only</li> <li>4 continuous positive airway pressure (CPAP)</li> </ul>
14 cord prolapse	5 bag and mask (IPPV)
15 previous caesarean section	6 endotracheal intubation
16 previous shoulder dystocia	7 ext. cardiac massage and ventilation
17 previous perineal trauma/4 <sup>th</sup> degree tear	8 other
18 previous adverse fetal/neonatal outcome	Apgar score: 1 minute
19 other obstetric, medical, surgical, psychological	5 minutes
indications	
20 maternal choice in the absence of any obstetric,	Estimated gestation: (whole weeks)
medical, surgical, psychological indications Perineal status:	Birth defects: (specify)
1 intact	Birth trauma: (specify)
2 1 <sup>st</sup> degree tear/vaginal tear	BABY SEPARATION DETAILS
3 2 <sup>nd</sup> degree tear	Separation date:
4 3 <sup>rd</sup> degree tear	Mode of separation:
5 episiotomy	1=transferred 8=died 9=discharged home
7 4 <sup>th</sup> degree tear	Transferred to: (specify establishment code)
8 other	Special care number of days:
BABY DETAILS	(Excludes Level 1; whole days only) MIDWIFE
ABORIGINAL STATUS OF BABY (Tick one box only)	
1 Aboriginal but not Torres Strait Islander	Name
2 Torres Strait Islander but not Aboriginal	Date 2 0
3 Aboriginal and Torres Strait Islander	Complete this Debu form and for each behavior and extends 11
4 other	Complete this <b>Baby</b> form once for each baby born, and submit with <b>Pregnancy</b> form



## Government of **Western Australia** Department of **Health**

## Guidelines for completion of this multi-page form

- 1. Two pages of the form must be completed for each birth, a PREGNANCY and a BABY details page.
- 2. If more than one baby born, then one BABY details page must be completed for each baby.
- 3. Ensure birth site, mother's name and reporting midwife's name are recorded on each page of the form before submission.
- 4. Use a ballpoint pen.
- 5. Complete ALL items.
- 6. If information is not available record "unknown".
- 7. When providing a text response, PRINT using block letters.
- 8. Limit abbreviations to those in common use.
- 9. Printed patient address labels may be used, but ensure all pages are labelled correctly.
- 10. Always provide mothers' contact telephone number for Child Health Nurses. If no phone is available record "No phone" or "Nil".
- 11. Where there are more boxes provided than required, "right adjust" your response e.g. a birthweight of 975 grams should be reported as 0975 grams.
- 12. All dates must be recorded as DDMMYYYY e.g. for 12<sup>th</sup> March 2016 report 12032016.
- 13. Some questions allow more than one response. Report all appropriate items.
- 14. Report conditions relevant to the pregnancy and birth as Other when they are not specified e.g. "DEPRESSION" as Other Medical Condition
- 15. Do no report conditions irrelevant to the pregnancy and birth e.g. childhood appendectomy, tooth removal etc.

More "Guidelines for Completion of the Notification of Case Attended Form 2" are available in "Resources" at <u>ww2.health.wa.gov.au/Articles/J\_M/Midwives-Notification-System</u>

Further information about completing and reporting this form can be received from: The Manager Maternal and Child Health Unit Department of Health, Western Australia

189 Royal Street EAST PERTH WA 6004

Telephone:(08) 9222 2417Email:Birthdata@health.wa.gov.auWeb:ww2.health.wa.gov.au/Articles/J\_M/Midwives-Notification-System

Email scanned copy of all pages of form to <a href="mailto:birthdata@health.wa.gov.au">birthdata@health.wa.gov.au</a>

Fax cover sheet and all pages of form to: 08 9222 4408

Post all pages of form to: Maternal and Child Health Unit Department of Health, WA Reply Paid 70042 (Delivery to Locked Bag 52) Perth BC WA 6849 HP011521 JAN 17 © Department of Heath 2017