Health Act (Notification by Midwife) Regulations For	m 2 NOTIFICATION OF CASE ATTEN	IDED MR15
Surname	Unit Unit Record No.	Establishment
Forenames	Birth date (Mother)	Ward Marital status
Address of usual residence		1=never married 2=widowed 3=divorced
Number and street	State Post code	4=separated 5=married (incl. defacto) 6=unknown
Town or suburb		Ethnic status 1=Caucasian 2=Aboriginal/TSI
Maiden name	Telephone	Other
PREGNANCY DETAILS	LABOUR DETAILS	BABY DETAILS
PREVIOUS PREGNANCIES:	Onset of labour:	(Please use a separate form for each baby)
Total number (excluding this pregnancy):	1=spontaneous 2=induced 3=no labour	Adoption: 1=yes 2=no
Previous pregnancy outcomes:	Augmentation (labour has begun):	Born before arrival: 1=yes 2=no
– liveborn, now dead	2 🗆 oxytocin	Birth date: 2 0
- stillborn	 3 □ prostaglandins 4 □ artifical rupture of membranes 	Birth time (24hr clock):
Previous caesarean section 1=yes 2=no	8 🗆 other	Plurality (number of babies this birth):
Caesarean last delivery 1=yes 2=no	Induction (before labour began): 1	Birth order
Previous multiple births 1=yes 2=no	2 □ oxytocin 3 □ prostaglandins	(specify this baby, eg, 1=1 st baby born, 2=2 nd baby born, etc):
Antenatal:	 artificial rupture of membranes other 	Presentation: 1=vertex 2=breech 3=face 4=brow 8=other
(excludes contact to test for pregnancy. None, use '98';	Analgesia (during labour):	Method of birth:
undetemined, use '99'; in 1 st incomplete week, use '00') Date of LMP:	1 □ none 2 □ nitrous oxide	1 □ spontaneous 2 □ vacuum successful
Date of LMP: 2 0 This date certain 1=yes 2=no	2 □ nitrous oxide 3 □ intra-muscular narcotics	3 acuum unsuccessful
	4 🔲 epidural/caudal	4
Expected due date: 20 based on 1=clinical signs/dates	 5 □ spinal 7 □ combined spinal/epidural 	5 □ forceps unsuccessful 6 □ breech (<i>vaginal</i>)
2=ultrasound <20 wks	8	7 🗆 elective caesarean
Smoking:	Duration of labour: hr min	8 🗆 emergency caesarean
Number of tobacco cigarettes usually	1 st stage (hour & min):	Accoucheur(s):
smoked each day during first 20 weeks of	2 nd stage (hour & min):	2 dther medical officer
pregnancy (none, use '000'; occasional or smoked <1, use '998'; undetermined, use '999')		3 🗆 midwife
Number of tobacco cigarettes usually	DELIVERY DETAILS	4 □ student 5 □ self/no attendant
smoked each day after 20 weeks of pregnancy.	Anaesthesia (during delivery):	8 d other
(none, use '000'; occasional or smoked <1, use '998'; undetermined, use '999')	1 □ none 2 □ local anaesthesia to perineum	Gender:
Complications of pregnancy:	3 🗆 pudendal	1=male 2=female 3=indeterminate
1	4	Status of baby at birth:
2 □ threatened preterm labour (<37 wks) 3 □ urinary tract infection	5	1=liveborn 2=stillborn (unspecified)
4 🗆 pre-eclampsia	7 combined spinal/epidural	3= antepartum stillborn 4=intrapartum stillborn
5 Antepartum haemorrhage (APH) –	8 🗆 other	Infant weight (whole gram):
placenta praevia 6	Complications of labour and delivery (includes the reason for operative delivery):	Length (whole cm):
7 🗆 APH – other	1 precipitate delivery	Head circumference (whole cm):
 8 □ pre-labour rupture of membranes 9 □ gestational diabetes 	2	Time to establish unassisted regular
$10 \square$ other (specify)	3 □ prolapsed cord 4 □ cord tight around neck	breathing (whole min):
	5 🛛 cephalopelvic disproportion	Resuscitation: (record one only – the most invasive or
Medical conditions:	 6 □ PPH(≥500mls) 7 □ retained placenta - manual removal 	highest number) 1 □ none
 1 □ essential hypertension 2 □ pre-existing diabetes mellitus 	8 persistent occipito posterior	$2 \square$ suction only
$3 \square$ asthma	9 🗆 shoulder dystocia	3 oxygen therapy only
4	10 □ failure to progress ≤3cm 11 □ failure to progress > 3cm	 4 □ bag and mask (IPPR) 5 □ endotrachaeal intubation
8 other (specify)	12 D previous caesarean section	6 a ext. cardiac massage and ventilation
	13 Other (specify)	8 🗆 other
Procedures/treatments: 1		Apgar score: 1 minute
2 cervical suture	Perineal status:	5 minutes
3 □ CVS/placental biopsy 4 □ amniocentesis	1=intact 2=1 st degree tear/vaginal tear	Estimated gestation (whole weeks):
5 ultrasound	3=2 nd degree tear 4=3 rd degree tear 5=episiotomy 6=episiotomy plus tear	Birth defects (specify):
6 🛛 CTG antepartum	$7=4^{\text{th}}$ degree tear 8=other	Birth trauma (specify):
7 CTG intrapartum		
Intended place of birth at onset of labour:	FORWARD FORM TO	BABY SEPARATION DETAILS
3=birth centre free standing 4=home 8=other	Maternal & Child Health Unit Department of Health, Western Australia	Separation date: 2 0
MIDWIFE	Reply Paid 70042	Mode of separation:
	(Delivery to Locked Bag 52)	1=transferred 8=died 9=discharged home
Name	Perth BC WA 6849	Transferred to: (specify establishment code)
Signature	NB: Guidelines for completion of this form are available from the above address or the following email address	Special care:
Date 2 0	BirthData@health.wa.gov.au or website:	(excludes Level 1; whole days only)
Reg. No.	www.health.wa.gov.au/publications/subject_index/p/ Perinatal_infant_maternal.cfm	Coder ID:

MR15

Health Act (Notification by Midwife) Regulations Fo	rm 2 NOTIFICATION OF CASE ATTEN	IDED MR1
Surname	Unit Unit Record No.	Establishment
Forenames	Birth date (Mother)	Ward Marital status
Address of usual residence		1=never married 2=widowed 3=divorced
Number and street	State Post code	4=separated 5=married (incl. defacto) 6=unknown
Town or suburb	Height (whole cm)	Ethnic status 1=Caucasian 2=Aboriginal/TSI
Maiden name	Telephone	Other
PREGNANCY DETAILS	LABOUR DETAILS	BABY DETAILS
PREVIOUS PREGNANCIES:	Onset of labour:	(Please use a separate form for each baby)
Total number (excluding this pregnancy):	1=spontaneous 2=induced 3=no labour	Adoption: 1=yes 2=no
Previous pregnancy outcomes:	Augmentation (labour has begun):	Born before arrival: 1=yes 2=no
– liveborn, now living	1 🔲 none	
– liveborn, now dead	2 □ oxytocin 3 □ prostaglandins	Birth date: 2 0
– stillborn	4 artifical rupture of membranes	Birth time (24hr clock):
Previous caesarean section 1=yes 2=no	8 🗆 other	Plurality (number of babies this birth):
Caesarean last delivery 1=yes 2=no	Induction (before labour began):	Birth order
Previous multiple births 1=yes 2=no	1	(specify this baby, eg, 1=1 st baby born, 2=2 nd baby
THIS PREGNANCY:	3 🗆 prostaglandins	born, etc):
Antenatal:	4 □ artificial rupture of membranes 8 □ other	Presentation:
Estimated gestation weeks at first antenatal visit (excludes contact to test for pregnancy. None, use '98';	Analgesia (during labour):	Method of birth:
undetemined, use '99'; in 1 st incomplete week, use '00')	1 none	1
Date of LMP: 2 0	2 🗌 nitrous oxide	2 vacuum successful
This date certain 1=yes 2=no	3 □ intra-muscular narcotics 4 □ epidural/caudal	3 □ vacuum unsuccessful 4 □ forceps successful
Expected due date: 2 0	$5 \square$ spinal	5 🗆 forceps unsuccessful
based on 1=clinical signs/dates	7 Combined spinal/epidural	6 Direch (vaginal)
2=ultrasound <20 wks	8 🗆 other	7□elective caesarean8□emergency caesarean
Smoking: Number of tobacco cigarettes usually	Duration of labour: hr min	Accoucheur(s):
smoked each day during first 20 weeks of	1 st stage (hour & min):	1 🗆 obstetrician
pregnancy (none, use '000'; occasional or smoked <1, use '998'; undetermined, use '999')	2 nd stage (hour & min):	2 □ other medical officer 3 □ midwife
	DELIVERY DETAILS	$4 \square student$
Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy.	Anaesthesia (during delivery):	5 🗆 self/no attendant
(none, use '000'; occasional or smoked <1, use '998';	1 🗆 none	8 🗆 other
undetermined, use '999')	2 □ local anaesthesia to perineum 3 □ pudendal	Gender: 1=male 2=female 3=indeterminate
Complications of pregnancy: 1 □ threatened abortion (<20wks)	3 □ pudendal 4 □ epidural/caudal	Status of baby at birth:
2 □ threatened preterm labour (<37 wks)	5 🗆 spinal	1=liveborn 2=stillborn (unspecified)
3 □ urinary tract infection 4 □ pre-eclampsia	6 □ general 7 □ combined spinal/epidural	3= antepartum stillborn 4=intrapartum stillborn
 4 □ pre-eclampsia 5 □ Antepartum haemorrhage (APH) – 	8	Infant weight (whole gram):
placenta praevia	Complications of labour and delivery	Length (whole cm):
6 □ APH – placental abruption 7 □ APH – other	(includes the reason for operative delivery):	
8 pre-labour rupture of membranes	1 □ precipitate delivery 2 □ fetal distress	Head circumference (whole cm):
9 gestational diabetes	3 prolapsed cord	Time to establish unassisted regular breathing (whole min):
10 other (specify)	4 □ cord tight around neck 5 □ cephalopelvic disproportion	
	$6 \square PPH(\geq 500 mls)$	Resuscitation: (record one only – the most invasive or highest number)
Medical conditions: 1 □ essential hypertension	7 retained placenta - manual removal	1 🗆 none
2 pre-existing diabetes mellitus	 8 □ persistent occipito posterior 9 □ shoulder dystocia 	 2 □ suction only 3 □ oxygen therapy only
3 □ asthma 4 □ genital herpes	10 □ failure to progress ≤3cm	4
8	11 □ failure to progress > 3cm	5
	12 □ previous caesarean section 13 □ other (<i>specify</i>)	6 □ ext. cardiac massage and ventilation 8 □ other
Procedures/treatments:		
1		Apgar score: 1 minute
2 □ cervical suture 3 □ CVS/placental biopsy	Perineal status:	5 minutes
4 amniocentesis	$3=2^{nd}$ degree tear $4=3^{rd}$ degree tear	Estimated gestation (whole weeks):
5 ultrasound	5=episiotomy 6=episiotomy plus tear	Birth defects (specify):
6 □ CTG antepartum 7 □ CTG intrapartum	7= 4 th degree tear 8=other	Birth trauma (specify):
Intended place of birth at onset of labour:	FORWARD FORM TO	
1=hospital 2=birth centre attached to hospital		BABY SEPARATION DETAILS
3=birth centre free standing 4=home 8=other	Maternal & Child Health Unit Department of Health, Western Australia	Separation date:
MIDWIFE	Reply Paid 70042	Mode of separation:
	(Delivery to Locked Bag 52)	1=transferred 8=died 9=discharged home
Name	Perth BC WA 6849	Transferred to: (specify establishment code)
Signature	NB: Guidelines for completion of this form are available from the above address or the following email address	Special care:
Date 2 0	BirthData@health.wa.gov.au or website: www.health.wa.gov.au/publications/subject_index/p/	(excludes Level 1; whole days only)
Reg. No.	Perinatal_infant_maternal.cfm	Coder ID:

RECORDS' COPY
MEDICAL

MR15

Health Act (Notification by Midwife) Regulations Fo	rm 2 NOTIFICATION OF CASE ATTEN	IDED MR1
Surname	Unit Carlos Carl	Establishment Ward
Forenames		Ward Marital status
	Birth date (Mother)	1=never married 2=widowed 3=divorced
Address of usual residence	State Bast and	4=separated 5=married (incl. defacto)
Number and street	State Post code Height	6=unknown
Town or suburb	(whole cm)	Ethnic status 1=Caucasian 2=Aboriginal/TSI
Maiden name	Telephone	Other
PREGNANCY DETAILS	LABOUR DETAILS	BABY DETAILS
PREVIOUS PREGNANCIES:		(Please use a separate form for each baby)
Total number (excluding this pregnancy):	Onset of labour: 1=spontaneous 2=induced 3=no labour	Adoption: 1=yes 2=no
Previous pregnancy outcomes:	Augmentation (labour has begun):	Born before arrival: 1=yes 2=no
– liveborn, now living	1 🔲 none	
– liveborn, now dead	2 □ oxytocin 3 □ prostaglandins	Birth date:
– stillborn	4 artifical rupture of membranes	Birth time (24hr clock):
Previous caesarean section 1=yes 2=no	8 other	Plurality (number of babies this birth):
Caesarean last delivery 1=yes 2=no	Induction (before labour began):	Birth order
Previous multiple births 1=yes 2=no	$2 \square \text{ oxytocin}$	(specify this baby, eg, 1=1 st baby born, 2=2 nd baby
THIS PREGNANCY:	3	born, etc): Presentation:
Antenatal: Estimated gestation weeks at first antenatal visit	4 □ artificial rupture of membranes 8 □ other	1=vertex 2=breech 3=face 4=brow 8=other
(excludes contact to test for pregnancy. None, use '98';	Analgesia (during labour):	Method of birth:
undetemined, use '99'; in 1 st incomplete week, use '00')	1 🗆 none	1
Date of LMP:	2 □ nitrous oxide 3 □ intra-muscular narcotics	2 □ vacuum successful 3 □ vacuum unsuccessful
This date certain 1=yes 2=no	4	4 🗆 forceps successful
Expected due date: 2 0	5	5 □ forceps unsuccessful 6 □ breech (<i>vaginal</i>)
based on 1=clinical signs/dates 2=ultrasound <20 wks	7 □ combined spinal/epidural 8 □ other	$7 \square$ elective caesarean
Smoking:	Duration of labour: hr min	8 🗆 emergency caesarean
Number of tobacco cigarettes usually	1 st stage (hour & min):	Accoucheur(s):
smoked each day during first 20 weeks of	2 nd stage (hour & min):	1 □ obstetrician 2 □ other medical officer
pregnancy (none, use '000'; occasional or smoked <1, use '998'; undetermined, use '999')		3
Number of tobacco cigarettes usually	DELIVERY DETAILS	4 student
smoked each day after 20 weeks of pregnancy.	Anaesthesia (during delivery):	5 □ self/no attendant 8 □ other
(none, use '000'; occasional or smoked <1, use '998'; undetermined, use '999')	1 □ none 2 □ local anaesthesia to perineum	Gender:
Complications of pregnancy:	3	1=male 2=female 3=indeterminate
1	4	Status of baby at birth:
2 □ threatened preterm labour (<37 wks) 3 □ urinary tract infection	5 □ spinal 6 □ general	1=liveborn 2=stillborn (unspecified)
4 🗆 pre-eclampsia	7 combined spinal/epidural	3= antepartum stillborn 4=intrapartum stillborn
5 Antepartum haemorrhage (APH) – placenta praevia	8 Cother	Infant weight (whole gram):
$6 \square APH - placental abruption$	Complications of labour and delivery (includes the reason for operative delivery):	Length (whole cm):
7 🗆 APH – other	1 precipitate delivery	Head circumference (whole cm):
 8 □ pre-labour rupture of membranes 9 □ gestational diabetes 	2 □ fetal distress 3 □ prolapsed cord	Time to establish unassisted regular
$10 \square$ other (specify)	4 a cord tight around neck	breathing (whole min):
	5 cephalopelvic disproportion	Resuscitation: (record one only – the most invasive or
Medical conditions:	 6 □ PPH(≥500mls) 7 □ retained placenta - manual removal 	highest number) 1 □ none
 1 □ essential hypertension 2 □ pre-existing diabetes mellitus 	8 persistent occipito posterior	2 🗆 suction only
3 asthma	9 Shoulder dystocia	3 a oxygen therapy only
4	10 □ failure to progress ≤3cm 11 □ failure to progress > 3cm	4 □ bag and mask (IPPR) 5 □ endotrachaeal intubation
8 dther (specify)	12 previous caesarean section	6
Procedures/treatments:	13 Other (specify)	8 🗆 other
1		Apgar score: 1 minute
2 cervical suture	Perineal status:	5 minutes
3 □ CVS/placental biopsy 4 □ amniocentesis	1=intact2=1st degree tear/vaginal tear3=2nd degree tear4=3rd degree tear	Estimated gestation (whole weeks):
5 🗆 ultrasound	5=episiotomy 6=episiotomy plus tear	Birth defects (specify):
6 CTG antepartum	$7=4^{\text{th}}$ degree tear 8=other	Birth trauma (specify):
7 CTG intrapartum		
Intended place of birth at onset of labour:	FORWARD FORM TO	BABY SEPARATION DETAILS
1=hospital 2=birth centre attached to hospital 3=birth centre free standing 4=home 8=other	Maternal & Child Health Unit	Separation date: 2 0
	Department of Health, Western Australia Reply Paid 70042	Mode of separation:
MIDWIFE	(Delivery to Locked Bag 52)	1=transferred 8=died 9=discharged home
Name	Perth BC WA 6849	Transferred to:
Signature	NB: Guidelines for completion of this form are available	(specify establishment code)
Date 2 0	from the above address or the following email address BirthData@health.wa.gov.au or website:	(excludes Level 1; whole days only)
Reg. No.	www.health.wa.gov.au/publications/subject_index/p/ Perinatal_infant_maternal.cfm	Coder ID:
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CHILD HEALTH'S COPY

MR15



General guidelines for completion of this form

- 1. When completing this form, please use a ballpoint pen and place the form on a firm surface to ensure legibility of all three copies.
- 2. Answer ALL questions.
- 3. If a particular item of information is not available, then record as "unknown".
- 4. When text is required, please PRINT (preferably with the use of block letters).
- 5. Abbreviations should be limited to those in common use, to avoid miscoding of information.
- 6. Addressograph labels may be used but please ensure that one is placed on each of the three copies of the form.
- 7. Wherever possible, insert home or contact telephone number to facilitate continuity of care by Child Health Nurses. If unavailable, indicate with a dash or write "none".
- 8. Where there are more boxes provided than required, please "right adjust" your response, e.g. a birth weight of 975 grams inserted as 0975.
- 9. For all dates, eight boxes are provided, e.g. 6 March 1965 inserted as 06 03 1965.
- 10. Some items allow more than one response. These are identified by multiple boxes, e.g. Complications of labour and delivery.

Complications not listed in tick boxes should be recorded as text under the appropriate headings.

If further information is required for completion of this form, please refer to the "Guidelines for Completion of the Notification of Case Attended Health Act (Notification by Midwife) Regulations Form No.2" available from the website below or from the following:

The Manager Maternal and Child Health Unit Department of Health, Western Australia 1st Floor, C Block 189 Royal Street East Perth WA 6004

Telephone: (08) 9222 2417 Email: BirthData@health.wa.gov.au Web: www.health.wa.gov.au/publications/subject_index/p/Perinatal_infant_maternal.cfm