		Estab
Last name	Unit Record No	Ward
First name	Birth date (Mother)	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)
Tarring on authorith	IIaiaha III	6=unknown
Town or suburb	Height (whole cm)	Weight Ethnic status of mother (whole kilogram) 1=Caucasian 10=Aboriginal not TSI
Maiden name	Telephone	(whole kilogram) 1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI
	Гегерпопе	Other
PREGNANCY DETAILS PREVIOUS PREGNANCIES:		Procedures/treatments:
Total number (excluding this pregnancy):		fertility treatments (include drugs) cervical suture
Parity (excluding this pregnancy):		3 CVS/placental biopsy
Previous pregnancy outcomes:		4 amniocentesis
- liveborn, now living		5 ultrasound
- liveborn, now dead		6 CTG antepartum
- stillborn		7 CTG intrapartum Intended place of birth at onset of labour:
Number of previous caesareans		1=hospital 2=birth centre allocated to hospital
Caesarean last delivery 1=yes 2=no		3=birth centre free standing 4=home 8=other
Previous multiple births 1=yes 2=no		
THIS PREGNANCY:		LABOUR DETAILS
Estimated gest wk at 1 st antenatal visit		Onset of labour:
Total number of antenatal care visits		1=spontaneous 2=induced 3=no labour
Date of LMP:	2 0	Augmentation (labour has begun):
This date certain 1=yes 2=no		1 none
Expected due date:	2 0	2 oxytocin 3 prostaglandins
Based on 1=clinical signs/dates		4 artificial rupture of membranes
2=ultrasound <20 wks		8 other
3=ultrasound >=20 wks		Induction (before labour begun)
Smoking:		1 none
Number of tobacco cigarettes usually smoked	each day	2 oxytocin
during first 20 weeks of pregnancy		prostaglandins
Number of tobacco cigarettes usually smoked	each day	4 artificial rupture of membranes 5 dilatation device i.e. Foley Catheter
after 20 weeks of pregnancy		8 other
(If none use '000'; occasional or smoked < 1 use '998', undetermined use '999')		Analgesia (during labour)
Complications of pregnancy:		1 none
threatened abortion (<20wks) threatened preterm labour (<37wks)		2 nitrous oxide
3 urinary tract infection		4 epidural/caudal
4 pre-eclampsia		5 spinal
5 antepartum haemorrhage (APH) plac	centa praevia	6 systemic opioids 7 combined spinal/epidural
6 APH – placental abruption		8 other
7 APH - other		Duration of labour hr min
8 pre-labour rupture of membranes		1 st stage (hour & min):
9 gestational diabetes		2 nd stage (hour & min):
gestational hypertension pre-eclampsia superimposed on esse	ntial hyportonsion	Postnatal blood loss in mLs:
99 other (specify)	iitiai iiypei terisiori	Number of babies born (admin purposes only):
other (speerly)		
Medical conditions:		MIDWIFE
1 essential hypertension		Name
3 asthma		Signature
genital herpes		Date 2 0
5 type 1 diabetes 6 type 2 diabetes		Reg. No.
6 type 2 diabetes 8 other (specify)		Complete this December from the format is the best to
		Complete this Pregnancy form once for each woman giving birth, and submit one Baby form for each baby born

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

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 12th March 2014 report 12032014.
- 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. history of appendectomy.

More "Guidelines for Completion of the Notification of Case Attended Form 2" are available at http://www.health.wa.gov.au/healthdata/statewide/midwives.cfm

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 2417

Email: <u>Birthdata@health.wa.gov.au</u>

Web: http://www.health.wa.gov.au/healthdata/statewide/midwives.cfm

Email scanned copy of all pages of form to birthdata@health.wa.gov.au

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