## For notifying births occurring from $\mathbf{1}^{\mathrm{st}}\,\mathbf{July}\,\mathbf{2017}$

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

		Fatal
Last name	Unit Record No	Estab
First name	Birth date(Mother)	Ward
Address of usual residence		Marital status
Number and street	State	Post code 1=never married 2=widowed 3=divorced
		4=separated 5=married (incl. Defacto) 6=unknown
Town or suburb	Height	Weight Ethnic status of mother
Maiden name	(whole cm)	(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
DRECMANCY DETAILS		
PREVIOUS PREGNANCIES:		Vaccinations during pregnancy:  01 Vaccinated during 1st 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
- liveborn, now living		05 Not vaccinated
- liveborn, now dead		99 Unknown if vaccinated
- stillborn		Procedures/treatments:
Number of previous caesareans		1 fertility treatments (include drugs) 2 cervical suture
Caesarean last delivery 1 =yes 2=no		2cervical suture 3CVS/placental biopsy
Previous multiple births 1 =yes 2=no		4 amniocentesis
THIS PREGNANCY:	_	5 ultrasound
Estimated gest wk at 1 <sup>st</sup> antenatal visit		6 CTG antepartum
Total number of antenatal care visits		7 CTG intrapartum
Date of LMP:	2 0	
		Intended place of birth at onset of labour:  1=hospital 2=birth centre attached to hospital
, <u> </u>	20	3=birth centre free standing 4=home 8=other
Expected due date:		LABOUR DETAILS
Based on 1 = clinical signs/dates 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 smoke	ed 🔲	
each day during first 20 weeks of pregnancy	,	Augmentation (labour has begun):
Number of tobacco cigarettes usually smoked		1none
each day <b>after</b> 20 weeks of pregnancy		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: Frequency of drinking an alcoholic drink		8other
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 99 = unknown		2 oxytocin
Number of standard alcohol drinks on a typical day		3 prostaglandins
Was screening for depression/anxiety conducted: 1 = yes 2 = not offered 3 = declined 9 = unknown		4 artificial rupture of membranes
Was additional followup indicated for perinatal		5 dilatation device i.e. Foley Catheter
mental health risk factors?		8 other
1 = yes 2 = no 7 = not applicable 9 = unknown  Analgesia (during labour):		
Complications of pregnancy:		1 none
1 threatened abortion (<20w/s)		2 nitrous oxide
2threatened preterm labour (<37wks)		4 epidural/caudal
3 urinary tract infection		5 spinal
4 pre-eclampsia		6 systemic opioids
5 antepartum haemorrhage (APH) placent	a praevia	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 <sup>st</sup> stage (hour & min):
9 gestational diabetes		2 <sup>nd</sup> stage (hour & min):
11 gestational hypertension 12 pre-eclampsia superimposed on essentia	al hypertension	Postnatal blood loss in mLs:
99 other (specify)	ar riypertension	Number of babies born (admin purposes only):
Journal (Specify)		MIDWIFE
Medical Conditions:		Name
1 essential hypertension		
		Signature
3 asthma		Date 2 0
3 asthma 4 genital herpes		
3 asthma		Date 2 0

## For notifying births occurring from **1**<sup>st</sup> **July 2017**

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

Mothe	r last name First name	Unit Rec No Estab
	BIRTH DETAILS	Born before arrival: 1=yes 2=no
Anae	sthesia (during delivery):	Birth date:
1	none	Birth time: (24hr clock)
2	local anaesthesia to perineum	
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 6	spinal	Presentation: 1=vertex 2=breech 3=face 4=brow 8=other
7	general combined spinal/epidural	
8	other	Water birth: 1=yes 2=no
	journer plications of labour and birth	Method of birth:
	de the <b>reason</b> for instrument delivery):	1 spontaneous 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 8	retained placenta – manual removal 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
Princ	ipal 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)
10	vasa praevia antepartum/intrapartum haemorrhage	<b>Resuscitation:</b> (Record one only - the most intensive or highest number)
11	multiple pregnancy	none
12	unsuccessful attempt at assisted delivery	2 suction only
13	unsuccessful induction	3 oxygen therapy only 4 continuous positive airway pressure (CPAP)
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
30	indications	Estimated gestation: (whole weeks)
20	maternal choice in the absence of any obstetric, medical, surgical, psychological indications	Birth defects: (specify)
Perin	neal status:	
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:
		(Excludes Level 1; whole days only)
	BABY DETAILS	MIDWIFE
ABOI	RIGINAL STATUS OF BABY (Tick one box only)	Name
1	Aboriginal but not Torres Strait Islander	
2	Torres Strait Islander but not Aboriginal	Date
3	Aboriginal and Torres Strait Islander	Complete this <b>Baby</b> form once for each baby born, and submit with
4	other	Pregnancy form



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

## Guidelines for completion of this multi-page form

- 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 <a href="http://ww2.health.wa.gov.au/Articles/J\_M/Midwives-Notification-System">http://ww2.health.wa.gov.au/Articles/J\_M/Midwives-Notification-System</a>

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://ww2.health.wa.gov.au/Articles/J M/Midwives-Notification-System

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