For notifying births occurring from $\mathbf{1}^{\text{st}}\,\mathbf{July}\,\mathbf{2019}$

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
Email	Telephone	11=TSI not Aboriginal 12=Aboriginal and TSI
Interpreter service required Mother's	language	Or Other
(1=yes 2=no) (requiring interpreter)		
PREGNANCY DETAILS		Vaccinations during pregnancy:
PREVIOUS PREGNANCIES:		01 Vaccinated during 1 st trimester Influenza Pertussis
Total number (excluding this pregnancy):		02 Vaccinated during 2 nd trimester
Parity (excluding this pregnancy):		03 Vaccinated during 3 rd trimester 04 Vaccinated in unknown trimester
Previous pregnancy outcomes:		05 Not vaccinated
- liveborn, now living - liveborn, now dead		99 Unknown if vaccinated
- stillborn		Procedures/treatments:
Number of previous caesareans		1 fertility treatments (include drugs)
Caesarean last delivery 1 =yes 2=no	\vdash	2 cervical suture
' '	\vdash	3 CVS/placental biopsy
Previous multiple births 1 =yes 2=no		4 amniocentesis
THIS PREGNANCY:		5 ultrasound
Estimated gest wk at 1 st 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:
This date certain 1 =yes 2=no		1=hospital 2=birth centre attached to hospital
Expected due date:	2 0	3=birth centre free standing 4=home 8=other LABOUR DETAILS
Based on 1 = clinical signs/dates		Onset of labour:
2 = ultrasound <20 wks		1=spontaneous 2=induced 3=no labour
3 = ultrasound >=20 wks Smoking:		Principal reason for induction of labour (if induced):
Number of tobacco cigarettes usually smoke	h-d	
each day during first 20 weeks of pregnancy		Augmentation (labour has begun):
Number of tobacco cigarettes usually smoke		1none
each day after 20 weeks of pregnancy		2 oxytocin
(If none use '000'; occasional or smoked < 1 use '9	998';	3 prostaglandins
undetermined use '999')		4 artificial rupture of membranes
Alcohol during pregnancy: First 20 w	rks After 20 wks	8 other
Frequency of drinking an		Induction (before labour begun):
alcoholic drink 01 = never 04 = 2 to 3 times	a week	1 none
02 = monthly 05 = 4 or more t	mes a week	2 oxytocin
03 = 2 to 4 times a month 99 = unknown Number of standard alcohol drinks		3 prostaglandins 4 artificial rupture of membranes
on a typical day		5 dilatation device i.e. Foley Catheter
Was screening for depression/anxiety cond	lucted:	6 antiprogestogen i.e. mifepristone
1 =yes 2=not offered 3 = declined 9 = unk		8 other
Was additional followup indicated for peri	natal	Analgesia (during labour):
mental health risk factors? 1 = yes 2 = no 7 = not applicable 9 = unk	nown	1 none
' ''	nown	2nitrous oxide
Complications of pregnancy: 1 threatened abortion (<20wks)		4 epidural/caudal
threatened preterm labour (<37wks)		5 spinal
3 urinary tract infection		6 systemic opioids
4 pre-eclampsia		7 combined spinal/epidural
5 antepartum haemorrhage (APH) placenta	praevia	8other
6 APH – placental abruption		Duration of labour hr min
7 APH – other		1 st stage (hour & min):
pre-labour rupture of membranes gestational diabetes		2 nd stage (hour & min):
11 gestational hypertension		Postnatal blood loss in mLs:
12 pre-eclampsia superimposed on essential	hypertension	Number of babies born (admin purposes only):
99 other (specify)		MIDWIFE
Medical Conditions:		NameSignature
1 essential hypertension		Date 2 0
3 asthma 4 genital herpes		NI NA W
5 type 1 diabetes		Reg. No. Complete this Pregnancy form once for each woman giving birth, and
6 type 2 diabetes		submit one Baby form for each baby born

For notifying births occurring from **1**st **July 2019**

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

Mother last name First name	Unit Rec No Estab
BIRTH DETAILS	Born before arrival: 1=yes 2=no
Anaesthesia (during delivery):	Birth date:
1 none	
2 local anaesthesia to perineum	Birth time: (24hr clock)
3 pudendal	Plurality: (number of babies this birth)
4 epidural/caudal	Birth order: (specify this baby, eg, $1=1^{st}$ baby born, $2=2^{nd}$)
5 spinal	Presentation:
6 general	1=vertex 2=breech 3=face 4=brow 8=other
7 combined spinal/epidural	Water birth: 1=yes 2=no
8 other	Method of birth:
Complications of labour and birth (include the reason for instrument delivery):	1 spontaneous
1 precipitate delivery	2 vacuum successful
2 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	3midwife
13 other (specify)	4 student
Principal reason for Caesarean Section: (Tick one box only)	5 self/no attendant
1 fetal compromise	8other
2 suspected fetal macrosomia	Gender: 1=male 2= female 3=indeterminate
3 malpresentation	Status of baby at birth: 1=liveborn 2=stillborn (unspecified)
lack of progress <= 3cm	3=antepartum stillborn 4=intrapartum stillborn
lack of progress in the 1st stage, 4cm to < 10cm	Infant weight: (whole gram)
6 lack of progress in the 2nd stage 7 placenta praevia	Length: (whole cm)
8 placental abruption	Head circumference: (whole cm)
9 vasa praevia	Time to establish unassisted regular breathing: (whole min)
10 antepartum/intrapartum haemorrhage	
11 multiple pregnancy	Resuscitation: (All methods used)
12 unsuccessful attempt at assisted delivery	1 none 2 suction
unsuccessful induction	3 oxygen
cord prolapse	4 continuous positive airway pressure (CPAP)
previous caesarean section	6 endotracheal intubation
16 previous shoulder dystocia	intermittent positive pressure ventilation (IPPV)
17 previous perineal trauma/4 th degree tear	11 external cardiac compressions
18 previous adverse fetal/neonatal outcome	other
other obstetric, medical, surgical, psychological	Apgar score: 1 minute
indications	5 minutes
20 maternal choice in the absence of any obstetric, medical, surgical, psychological indications	Estimated gestation: (whole weeks)
Perineal status:	
1 intact	Birth defects: (specify)
2 1st degree tear/vaginal tear	Birth trauma: (specify)
3 2 nd degree tear	BABY SEPARATION DETAILS
4 3 rd degree tear	Separation date: 2 0
5 episiotomy	Mode of separation:
7 4 th degree tear	1=transferred 8=died 9=discharged home
8 other	Transferred to: hospital/service
	Special care number of days:
	(Excludes Level 1; whole days only)
BABY DETAILS	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 Baby 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 12th 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 http://ww2.health.wa.gov.au/Articles/J_M/Midwives-Notification-System

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