### PREGNANCY DETAILS

**PREVIOUS PREGNANCIES:**
- Total number (excluding this pregnancy):
- Parity (excluding this pregnancy):
  - liveborn, now living
  - liveborn, now dead
  - stillborn

**Previous pregnancy outcomes:**
- Number of previous caesareans:
- Caesarean last delivery: 1=yes 2=no
- Previous multiple births: 1=yes 2=no

**THIS PREGNANCY:**
- Estimated gest wk at 1st antenatal visit:
- Total number of antenatal care visits:

**Date of LMP:**
- This date certain: 1=yes 2=no
- Based on:
  - 1=clinical signs/dates
  - 2=ultrasound <20 wks
  - 3=ultrasound >=20 wks

**Smoking:**
- Number of tobacco cigarettes usually smoked:
  - each day during first 20 weeks of pregnancy:
  - each day after 20 weeks of pregnancy:

**Number of tobacco cigarettes usually smoked:**
- (if none use '000'; occasional or smoked <1 use '998'; undetermined use '999')

**Alcohol during pregnancy:**
- Frequency of drinking an alcoholic drink:
  - 01=never
  - 02=monthly
  - 03=2 to 4 times a month
  - 04=2 to 3 times a week
  - 05=4 or more times a week
  - 06=unknown
- Number of standard alcohol drinks on a typical day:
- Was screening for depression/anxiety conducted: 1=yes 2=no 3=not offered 4=declined 9=unknown

**Was additional followup indicated for perinatal mental health risk factors?** 1=yes 2=no 7=not applicable 9=unknown

**Complications of pregnancy:**
1. threatened abortion (<20 wks)
2. threatened preterm labour (<37 wks)
3. urinary tract infection
4. pre-eclampsia
5. antepartum haemorrhage (APH) placenta praevia
6. APH – placental abruption
7. APH – other
8. pre-labour rupture of membranes
9. gestational diabetes
10. gestational hypertension
11. gestational diabetes
12. pre-eclampsia superimposed on essential hypertension
99=other (specify)

**Medical Conditions:**
1. essential hypertension
2. asthma
3. gestational diabetes
4. genital herpes
5. type 1 diabetes
6. type 2 diabetes
7. other (specify)

**Vaccinations during pregnancy:**
- 01 Vaccinated during 1st trimester
- 02 Vaccinated during 2nd trimester
- 03 Vaccinated during 3rd trimester
- 04 Vaccinated in unknown trimester
- 05 Not vaccinated
- 99 Unknown if vaccinated

**Procedures/treatments:**
1. fertility treatments (include drugs)
2. cervical suture
3. CVS/placental biopsy
4. amniocentesis
5. ultrasound
6. CTG antepartum
7. CTG intrapartum

**Intended place of birth at onset of labour:**
1=hospital 2=birth centre attached to hospital
3=childbirth centre free standing 4=home 8=other

**LABOUR DETAILS**

**Onset of labour:**
1=spontaneous 2=induced 3=no labour

**Principal reason for induction of labour (if induced):**
1. none
2. oxytocin
3. prostaglandins
4. artificial rupture of membranes
5. other

**Induction (before labour begun):**
1. none
2. oxytocin
3. prostaglandins
4. artificial rupture of membranes
5. dilatation device i.e. Foley Catheter
6. antiprogestogen i.e. mifepristone
7. other

**Analgesia (during labour):**
1. none
2. nitrous oxide
3. epidural/caudal
4. spinal
5. systemic opioids
6. combined spinal/epidural
7. other

**Duration of labour:**
1st stage (hour & min):
2nd stage (hour & min): h r m

**Postnatal blood loss in mLs:**

**Number of babies born (admin purposes only):**

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Complete this Pregnancy form once for each woman giving birth, and submit one Baby form for each baby born.
### Health (Notifications by Midwives) Regulations 1994 Form 2

#### NOTIFICATION OF CASE ATTENDED – BABY DETAILS

**MOTHER**
- Last name: [Blank]
- First name: [Blank]
- Unit Rec No: [Blank]
- Estab: [Blank]

**BIRTH DETAILS**

**Anaesthesia (during delivery):**
- 1. none
- 2. local anaesthesia to perineum
- 3. pudendal
- 4. epidural/caudal
- 5. spinal
- 6. general
- 7. combined spinal/epidural
- 8. other

**Complications of labour and birth (include the reason for instrument delivery):**
- 1. precipitate delivery
- 2. fetal distress
- 3. prolapsed cord
- 4. cord tight around neck
- 5. cephalopelvic disproportion
- 6. retained placenta – manual removal
- 7. persistent occipito posterior
- 8. shoulder dystocia
- 9. failure to progress <= 3cm
- 10. failure to progress > 3cm
- 11. previous caesarean section
- 12. other (specify)

**Principal reason for Caesarean Section:** (Tick one box only)
- 1. fetal compromise
- 2. suspected fetal macrosomia
- 3. malpresentation
- 4. lack of progress <= 3cm
- 5. lack of progress in the 1st stage, 4cm to < 10cm
- 6. lack of progress in the 2nd stage
- 7. placenta praevia
- 8. placental abruption
- 9. vasa praevia
- 10. antepartum/intrapartum haemorrhage
- 11. multiple pregnancy
- 12. unsuccessful attempt at assisted delivery
- 13. unsuccessful induction
- 14. cord prolapse
- 15. previous caesarean section
- 16. previous shoulder dystocia
- 17. previous perinatal trauma/4th degree tear
- 18. previous adverse fetal/neonatal outcome
- 19. other obstetric, medical, surgical, psychological indications
- 20. maternal choice in the absence of any obstetric, medical, surgical, psychological indications

**Perineal status:**
- 1. intact
- 2. 1st degree tear/vaginal tear
- 3. 2nd degree tear
- 4. 3rd degree tear
- 5. episiotomy
- 6. 4th degree tear
- 7. other

**Resuscitation:** (All methods used)
- 1. none
- 2. suction
- 3. oxygen
- 4. continuous positive airway pressure (CPAP)
- 5. endotracheal intubation
- 6. intermittent positive pressure ventilation (IPPV)
- 7. external cardiac compressions
- 8. other

**Apgar score:**
- 1 minute
- 5 minutes

**Estimated gestation:** (whole weeks)

**Birth defects:** (specify)

**Birth trauma:** (specify)

**BABY SEPARATION DETAILS**

**Separation date:**
- 1=transferred
- 8=died
- 9=discharged home

**Transferred to:** [Hospital/service]

**Special care number of days:** (Excludes Level 1; whole days only)

### BABY DETAILS

**ABORIGINAL STATUS OF BABY:** (Tick one box only)
- 1. Aboriginal but not Torres Strait Islander
- 2. Torres Strait Islander but not Aboriginal
- 3. Aboriginal and Torres Strait Islander
- 4. other

### MIDWIFE

**Name:**

**Date:**
- 1=transferred
- 2=died
- 3=discharged home

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 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: Birthdata@health.wa.gov.au
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