For notifying births occurring from 1st July 2021

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

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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 1st trimester Influenza Pertussis
Total number (excluding this pregnancy):		02 Vaccinated during 2 nd trimester
Parity (excluding this pregnancy): Previous pregnancy outcomes:		03 Vaccinated during 3 rd trimester 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)
Caesarean last delivery 1 =yes 2=no		2 cervical suture
Previous multiple births 1 =yes 2=no		3 CVS/placental biopsy
THIS PREGNANCY:		4 amniocentesis
Estimated gest wk at 1st antenatal visit		5 ultrasound
Total number of antenatal care visits		6 CTG antepartum 7 CTG intrapartum
Date of LMP:	2 0	
		Primary maternity model of care:
This date certain 1 =yes 2=no	2 0	Intended place of birth at onset of labour: 1=hospital 2=birth centre attached to hospital
Expected due date: Based on 1 = clinical signs/dates		3=birth centre free standing 4=home 8=other
Based on 1 = clinical signs/dates 2 = ultrasound <20 wks		LABOUR DETAILS
3 = ultrasound >=20 wks		Maternity model of care at onset
Smoking:		of labour or non-labour caesarean:
Number of tobacco cigarettes usually smoke		Onset of labour:
each day during first 20 weeks of pregnancy		1=spontaneous 2=induced 3=no labour
Number of tobacco cigarettes usually smoke each day after 20 weeks of pregnancy	ed	Principal reason for induction of labour (if induced):
(If none use '000'; occasional or smoked < 1 use '9	98';	Augmentation Induction
undetermined use '999')		(labour has begun): (before labour begun):
Alcohol during pregnancy: First 20 w	ks After 20 wks	1 none 1 none
Frequency of drinking an		2 oxytocin 2 oxytocin
alcoholic drink 01 = never 04 = 2 to 3 times	a week	3 prostaglandins 4 prostaglandins
02 = monthly 05 = 4 or more to	mes a week	4 artificial rupture 5 artificial rupture of membranes
03 = 2 to 4 times a month 99 = unknown Number of standard alcohol drinks		of membranes 6 dilatation device i.e. Foley Catheter
on a typical day		8 other 7 antiprogestogen i.e. mifepristone
Was screening for depression/anxiety cond	ucted:	8other
1 =yes 2=not offered 3 = declined 9 = unk		Analgesia (during labour):
Was additional followup indicated for perinatal		1 none 6 systemic opioids
mental health risk factors? 1 = yes 2 = no 7 = not applicable 9 = unk	nown	2 nitrous oxide 7 combined spinal/epidural 4 epidural/caudal 8 other
Was family violence screening conducted:		4 epidural/caudal 8 other 5 spinal
1 =yes 2=not offered 7 = declined 9 = unknown	wn	Duration of labour hr min
Complications of pregnancy:		1st stage (hour & min):
1threatened abortion (<20wks)		2 nd stage (hour & min):
2 threatened preterm labour (<37wks) 3 urinary tract infection		Postnatal blood loss in mLs:
4 pre-eclampsia		
5 antepartum haemorrhage (APH) placenta praevia		Number of babies born (admin purposes only): MIDWIFE
6 APH – placental abruption		Name
7 APH – other		Signature
pre-labour rupture of membranes gestational diabetes		Date 2 0
gestational diabetes 11 gestational hypertension		Reg. No. N M W
12 pre-eclampsia superimposed on essential hypertension		
99 other (specify)		
Medical Conditions:		
1 essential hypertension 5 type 1 di		
3 asthma 6 type 2 di		Complete this Pregnancy form once for each woman giving birth, and
4 genital herpes 8 other (sp	ecity)	submit one Baby form for each baby born

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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:
1none	Birth time: (24hr clock)
2 local anaesthesia to perineum	Plurality: (number of babies this birth)
3 pudendal	
4 epidural/caudal	Birth order: (specify this baby, eg, 1=1 st baby born, 2=2 nd)
5	Presentation: 1=vertex 2=breech 3=face 4=brow 8=other
6 general 7 combined spinal/epidural	
8 other	Water birth: 1=yes 2=no
Complications of labour and birth	Method of birth: 1 spontaneous
(include the reason for instrument delivery):	2 vacuum successful
1 precipitate delivery	3 vacuum unsuccessful
fetal distress	4 forceps successful
prolapsed cord	forceps unsuccessful
cord tight around neck 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):
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
Principal reason for Caesarean Section: (Tick one box only)	5 self/no attendant
fetal compromise	8 other
2 suspected fetal macrosomia 3 malpresentation	Gender: 1=male 2= female 3=indeterminate
4 lack of progress <= 3cm	Status of baby at birth: 1=liveborn 2=stillborn (unspecified)
5 lack of progress in the 1st stage, 4cm to < 10cm	3=antepartum stillborn 4=intrapartum stillborn
6 lack of progress in the 2nd stage	Infant weight: (whole gram)
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	Resuscitation: (All methods used)
multiple pregnancy	1 none
unsuccessful attempt at assisted delivery unsuccessful induction	2 suction
14 cord prolapse	3 oxygen
15 previous caesarean section	continuous positive airway pressure (CPAP)
16 previous shoulder dystocia	6 endotracheal intubation 10 intermittent positive pressure ventilation (IPPV)
previous perineal trauma/4 th degree tear	11 external cardiac compressions
previous adverse fetal/neonatal outcome	88 other
19 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:	Birth defects: (specify)
1 intact	Birth trauma: (specify)
2 1st degree tear/vaginal tear	
3 2 nd degree tear	BABY SEPARATION DETAILS
4 3 rd degree tear	Separation date:
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 AROPIGINAL STATUS OF RARY (Tick one hay only)	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	
4 other	Complete this Baby form once for each baby born, and submit with Pregnancy form

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:

Principal Data Management Officer Maternal and Child Health Data Management Department of Health, Western Australia 189 Royal Street EAST PERTH WA 6004

Telephone: (08) 6373 1882

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 Department of Health, WA Reply Paid 70042 (Delivery to Locked Bag 52)

Perth BC WA 6849