1986

Health Act (Midwifery Nurses) Regulations Form 2

NOTIFICATION OF CASE ATTENDED

1 Hospital ..... FORM B

PARTICULARS RELATING TO MOTHER

PRINT IN BLOCK LETTERS

2 SURNAME

3 FORENAMES

4 ADDRESS OF USUAL RESIDENCE

5 MAIDEN NAME

6 UNIT RECORD No.

7 BIRTH DATE

8 POSTCODE

9 Current Conjugal State:
- *single* ( ) 1
- *married (incl. de facto)* ( ) 2
- *other* .....

10 Race:
- *Caucasian* ( ) 1
- *Aboriginal (full or part)* ( ) 2
- *Other* ..... ( ) 3

11 Height *(cms)*

PREGNANCY

PREVIOUS PREGNANCIES *(excluding this pregnancy)*

Total number of:

12 Previous Pregnancies

13 Previous children now living

14 born alive, now dead

15 stillborn

THIS PREGNANCY

16 **Date of LMP**

17 This date - certain ( ) 1
not certain ( ) 2

18 **Expected due date**

19 **Complications of Pregnancy:**
- *Threatened abortion (under 20 weeks)* [ ] A
- *urinary tract infection* [ ] B
- *pre eclampsia* [ ] C
- *APH – placenta praevia* [ ] D
- *– abruptio* [ ] E
- *– other* [ ] F
- *prem. rupture of membranes* [ ] G

20 *other* ..... H

21 **Medical Conditions:**

LABOUR AND DELIVERY

22 **Onset of Labour:**
- *spontaneous* [ ] A
- *augmented* [ ] C
- *induced* [ ] B
- *no labour* [ ] D

24 **Presentation:**
- *vertex* ( ) 1
- *breech* ( ) 2
- *other* ( ) 3

25 **Type of Delivery:**
- *normal* [ ] A
- *vacuum — successful* [ ] B
- *— failed* [ ] C
- *forceps — successful* [ ] D
- *— failed* [ ] E
- *breech manoeuvre* [ ] F
- *caesarean — elective* [ ] G
- *— emergency* [ ] H

Anaesthesia:
- *none* [ ]
- *general* [ ] A
- *epidural/spinal* [ ] B
- *other* [ ] C

26 **Hours of established labour:**

27 **Complications of Labour, Delivery:**
(Include reason for Caesarean)
- *precipitate delivery* [ ] A
- *foetal distress* [ ] B
- *prolapsed cord* [ ] C
- *cord tight around neck* [ ] D
- *cephalopelvic disproportion* [ ] E

28 *other* ..... F

BABY

Separate Form for each Baby

Adoption Yes ( ) No ( )

33 **Birth Date:**

34 Time (24 hr. clock)

35 **Plurality:**
- *single birth* ( ) 1
- *first twin* ( ) 2
- *second twin* ( ) 3
- *other multiple birth:* ( ) 4

36 *(specify baby number ___ of ___)*

37 **Sex:** *male* ( ) 1
female ( ) 2

38 **Condition:** *liveborn* ( ) 1
stillborn ( ) 2

39 **Birthweight** *(grams)*

40 **Length** *(cms)*

41 **Time to Spontaneous Respiration** *(mins)*

42 **Resuscitation:**
- *none* [ ] 0
- *intubation* [ ] 3
- *oxygen only* [ ] 8
- *other* .....

43 **Apgar Score** *(5 mins)*

Estimated Gestation *(weeks)*

44 **Congenital Anomalies** .....

45 **Birth Trauma** *(Eg.cephalhaematoma)*

BABY'S SEPARATION DETAILS

Date of Discharge

29 Transfer or Death

Neonatal Blood Screening No ( )

30 **Type of Separation:**
- *Discharged home* ( ) 1
- *Died* ( ) 2
- *Transferred to* ( ) 3
- .....

31 **Special Care (wholedays only)**

32 **Separate HA22 for baby:**
- *yes, attached* ( ) 2

COMPLETE SECTION ON SEPARATION

Attach to Mother and Baby's Inpatient Summaries (HA22) Forward to Health Statistics P.O. Box 8172 Stirling Street PERTH 6001 after discharge of Mother and/or baby whichever is later.

MIDWIFE

Name .....

Signature .....

22 Reg. No. ..... Date ..... / ..... / .....

HEALTH STATISTICS COPY