For notifying births occurring from 1st July 2023 Health (Notifications by Midwives) Regulations 1994 Form 2 NOTIFICATION OF CASE ATTENDED – PREGNANCY DETAILS MR15 Estab Unit Record No Last name Ward First name Birth date (Mother) Marital status Address of usual residence 1=never married 2=widowed 3=divorced Number and street Post code State 4=separated 5=married (incl. Defacto) 6=unknown Height Weight Town or suburb Ethnic status of mother Maiden name (whole cm) (whole kilogram) 1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI Email Telephone Interpreter service required Mother's language Or Other (1=yes 2=no) (requiring interpreter) **PREGNANCY DETAILS** Vaccinations during pregnancy: **PREVIOUS PREGNANCIES:** Vaccinated during 1st trimester Influenza 01 Pertussis Total number (excluding this pregnancy): Vaccinated during 2nd trimester 02 Parity (excluding this pregnancy): Vaccinated during 3rd trimester 03 04 Vaccinated in unknown trimester Previous pregnancy outcomes: 05 Not vaccinated - liveborn, now living 99 Unknown if vaccinated - liveborn, now dead - stillborn Syphilis screening conducted: Number of previous caesareans 2=not offered 1=yes Caesarean last delivery 1 = yes 2=no 3=declined 8=unknown Previous multiple births 1 = yes 2=no THIS PREGNANCY: First antenatal contact before 28 weeks: Estimated gest wk at 1st antenatal visit Total number of antenatal care visits Between 28 and 35 weeks: 2 0 Date of LMP: Between 36 weeks and birth: This date certain 1 =yes 2=no 2 0 Expected due date: Procedures/treatments: Based on 1 = clinical signs/dates fertility treatments (include drugs) 1 2 = ultrasound <20 wks 2 cervical suture 3 = ultrasound >=20 wks 3 CVS/placental biopsy Smoking: 4 amniocentesis Number of tobacco cigarettes usually smoked 5 ultrasound each day during first 20 weeks of pregnancy 6 CTG antepartum Number of tobacco cigarettes usually smoked 7 L CTG intrapartum each day after 20 weeks of pregnancy (If none use '000'; occasional or smoked < 1 use '998'; undetermined use '999') Primary maternity model of care: Alcohol during pregnancy: First 20 wks After 20 wks Frequency of drinking an Intended place of birth at onset of labour: alcoholic drink 1=hospital 2=birth centre attached to hospital 01 = never 04 =2 to 3 times a week 3=birth centre free standing 4=home 8=other 02 = monthly 4 or more times a week 05 = 03 = 2 to 4 times a month 99 = unknown LABOUR DETAILS Number of standard alcohol drinks on a typical day Maternity model of care at onset Was screening for depression/anxiety conducted: of labour or non-labour caesarean: 1 =yes 2=not offered 3 = declined 9 = unknown Was additional followup indicated for perinatal Onset of labour: mental health risk factors? 1=spontaneous 2=induced 3=no labour 1 =yes 2=no 7 = not applicable 9 = unknown Principal reason for induction of labour (if induced): Was family violence screening conducted: 1 =yes 2=not offered 3 = declined 9 = unknown **Complications of pregnancy:** Augmentation Induction threatened abortion (<20wks) 1 (labour has begun): (before labour begun): 2 threatened preterm labour (<37wks) none 1 1 none 3 urinary tract infection 2 oxytocin oxytocin 2 4 pre-eclampsia 5 antepartum haemorrhage (APH) placenta praevia 3 prostaglandins 4 prostaglandins 6 APH – placental abruption 4 artificial rupture 5 artificial rupture of membranes of membranes 7 APH – other 6 dilatation device i.e. Foley Catheter 8 pre-labour rupture of membranes 8 other 7 antiprogestogen i.e. mifepristone 9 gestational diabetes other 8 11 gestational hypertension Analgesia (during labour): 12 pre-eclampsia superimposed on essential hypertension none 6 systemic opioids 99 other (specify) nitrous oxide 7 combined spinal/epidural **Medical Conditions:** epidural/caudal 8 other 1 essential hypertension 5 type 1 diabetes spinal type 2 diabetes 3 asthma 6 4 genital herpes 8 other (specify)

Complete this **Pregnancy** form once for each woman giving birth, and submit one **Baby** form for each baby born

For notifying births occurring from 1st July 2023

ealth (Notifications by Midwives) Regulations 1994 Form 2	NOTIFICATION OF CASE ATTENDED – BABY DETAILS
	Mother last nameFirst name
Duration of labour hr min	Unit Rec No
1 st stage (hour & min):	Estab
2 nd stage (hour & min):	
Postnatal blood loss in mLs:	Water birth: 1=yes 2=no
Number of babies born (admin purposes only):	
MIDWIFE	Method of birth:
Name	1 spontaneous
Signature Date 2 0	2 vacuum successful
	3 vacuum unsuccessful
Reg. No. N M W	4 forceps successful
BIRTH DETAILS	5 forceps unsuccessful
Anaesthesia (during delivery):	6 breech (vaginal)
1 none	7 elective caesarean
2 local anaesthesia to perineum	8 emergency caesarean
3 pudendal	Accoucheur(s):
4 epidural/caudal	1 obstetrician
5 spinal	2 other medical officer
6 general	3 midwife
7 combined spinal/epidural	4 student
8 other	5 self/no attendant
	8 other
Complications of labour and birth	Gender: 1=male 2= female 3=indeterminate
(include the reason for instrument delivery): 1 precipitate delivery	
2 fetal distress	Status of baby at birth: 1=liveborn 2=stillborn (unspecified) 3=antepartum stillborn 4=intrapartum stillborn
3 prolapsed cord	
4 cord tight around neck	Infant weight: (whole gram)
5 cephalopelvic disproportion	Length: (whole cm)
7 retained placenta – manual removal	Head circumference: (whole cm)
8 persistent occipito posterior	Time to establish unassisted regular breathing: (whole min)
9 shoulder dystocia	Resuscitation: (All methods used)
10 failure to progress <= 3cm	1none
11 failure to progress > 3cm	2 suction
12 previous caesarean section	3 oxygen
13 other (specify)	4 continuous positive airway pressure (CPAP)
	6 endotracheal intubation
Principal reason for Caesarean Section: (specify)	10 intermittent positive pressure ventilation (IPPV)
	11 external cardiac compressions 88 other
Perineal status:	
1 intact	Apgar score: 1 minute
2 1 st degree tear/vaginal tear	5 minutes
3 2 nd degree tear	Estimated gestation: (whole weeks)
4 3 rd degree tear	Birth defects: (specify)
5 episiotomy	Birth trauma: (specify)
7 4 th degree tear	
8 other	BABY SEPARATION DETAILS
	Separation date:
BABY DETAILS ABORIGINAL STATUS OF BABY (Tick one box only)	Mode of separation:
1 Aboriginal but not Torres Strait Islander	
2 Torres Strait Islander but not Aboriginal	1=transferred 8=died 9=discharged home
3 Aboriginal and Torres Strait Islander	Transferred to: hospital/service
4 other	Special care number of days:
	(Excludes Level 1; whole days only)
Born before arrival: 1=yes 2=no	
Birth date:	MIDWIFE
Birth time: (24hr clock)	Name
Plurality: (number of babies this birth)	Date 20
Birth order: (specify this baby, eg, $1=1^{st}$ baby born, $2=2^{nd}$)	Complete this Baby form once for each baby born, and
Presentation: 1=vertex 2=breech 3=face 4=brow 8=other	submit with Pregnancy form



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

Guidelines for notification

This notification is available as an e-form at E-form midwives notification (health.wa.gov.au)

To complete and submit this notification form manually, instructions are provided below.

- 1. Print the three-page form.
- 2. Complete two pages of the form, a PREGNANCY and a BABY details page.
- 3. If more than one baby born, then one BABY details page must be completed for each baby.
- 4. Ensure birth site, mother's name and reporting midwife's name are recorded on each page of the form before submission.
- 5. Use a ballpoint pen.
- 6. Complete ALL items.
- 7. If information is not available record "unknown".
- 8. When providing a text response, PRINT using block letters.
- 9. Limit abbreviations to those in common use.
- 10. Printed patient address labels may be used, but ensure all pages are labelled correctly.
- 11. Always provide mothers' contact telephone number for Child Health Nurse. If no phone is available record "No phone" or "Nil".
- 12. 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.
- 13. All dates must be recorded as DDMMYYYY e.g. for 12th March 2016 report 12032016.
- 14. Some questions allow more than one response. Report all appropriate items.
- 15. Report conditions relevant to the pregnancy and birth as Other when they are not specified e.g. "DEPRESSION" as Other Medical Condition
- 16. Do no report conditions irrelevant to the pregnancy and birth e.g. childhood appendectomy, tooth removal etc.

Further information is available in "Guidelines for Completion of the Notification of Case Attended Form 2" are available in "Resources" at <u>http://ww2.health.wa.gov.au/Articles/J_M/Midwives-Notification-System</u>

Assistance is available from:

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

- 1. Scan and email all pages of form to birthdata@health.wa.gov.au OR
- 2. Fax cover sheet and all pages of form to: 08 9222 4408
- 3. 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

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