
HEALTH

HE302*

Health Act 1911

**Health (Notifications by Midwives) Amendment
Regulations 2016**

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Health (Notifications by Midwives) Amendment Regulations 2016*.

2. Commencement

These regulations come into operation as follows —

- (a) regulations 1 and 2 — on the day on which these regulations are published in the *Gazette*;
- (b) the rest of the regulations — on 1 July 2016.

3. Regulations amended

These regulations amend the *Health (Notifications by Midwives) Regulations 1994*.

4. Schedule amended

In the Schedule delete Form 2 and insert:

FORM 2

[r. 4]

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

Last name _____ Unit Record No _____		Estab _____	
First name _____ Birth date (Mother) _____		Ward _____	
Address of usual residence Number and street _____ State _____ Post code _____		Marital status 1=never married 2=widowed 3=divorced 4=separated 5=married (incl. de facto) 6=unknown	
Town or suburb _____ Height _____ Weight _____		Ethnic status of mother 1=Caucasian 10=Aboriginal not Torres Strait Islander (TSI) 11=TSI not Aboriginal 12=Aboriginal and TSI or other	
Maiden name _____ Telephone _____			
Interpreter service required (1=yes 2=no) <input type="checkbox"/> Telephone _____			
Mother's language requiring interpreter _____			
PREGNANCY DETAILS			
PREVIOUS PREGNANCIES:			
Total number (excluding this pregnancy): _____			
Parity (excluding this pregnancy): _____			
Previous pregnancy outcomes:			
- liveborn, now living _____			
- liveborn, now dead _____			
- stillborn _____			
Number of previous caesareans _____			
Caesarean last delivery 1=yes 2=no _____			
Previous multiple births 1=yes 2=no _____			
THIS PREGNANCY:			
Estimated gest wk at 1 st antenatal visit _____			
Total number of antenatal care visits _____			
Date of LMP: _____ 2 0			
This date certain 1=yes 2=no _____			
Expected due date: _____ 2 0			
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 _____			
Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy _____			
<i>(If none use '000'; occasional or smoked < 1 use '958'; undetermined use '999')</i>			
Complications of pregnancy:			
1 <input type="checkbox"/> threatened abortion (<20wks)			
2 <input type="checkbox"/> threatened preterm labour (<37wks)			
3 <input type="checkbox"/> urinary tract infection			
4 <input type="checkbox"/> pre-eclampsia			
5 <input type="checkbox"/> antepartum haemorrhage (APH) placenta praevia			
6 <input type="checkbox"/> APH – placental abruption			
7 <input type="checkbox"/> APH – other			
8 <input type="checkbox"/> pre-labour rupture of membranes			
9 <input type="checkbox"/> gestational diabetes			
11 <input type="checkbox"/> gestational hypertension			
12 <input type="checkbox"/> pre-eclampsia superimposed on essential hypertension			
99 <input type="checkbox"/> other (specify) _____			
Medical Conditions:			
1 <input type="checkbox"/> essential hypertension			
3 <input type="checkbox"/> asthma			
4 <input type="checkbox"/> genital herpes			
5 <input type="checkbox"/> type 1 diabetes			
6 <input type="checkbox"/> type 2 diabetes			
8 <input type="checkbox"/> other (specify) _____			
Vaccinations during pregnancy:			
01=Vaccinated during 1 st trimester		Influenza _____ Pertussis _____	
02=Vaccinated during 2 nd trimester			
03=Vaccinated during 3 rd trimester			
04=Vaccinated in unknown trimester			
05=Not vaccinated			
99=Unknown if vaccinated			
Procedures/treatments:			
1 <input type="checkbox"/> fertility treatments (include drugs)			
2 <input type="checkbox"/> cervical suture			
3 <input type="checkbox"/> CVS/placental biopsy			
4 <input type="checkbox"/> amniocentesis			
5 <input type="checkbox"/> ultrasound			
6 <input type="checkbox"/> CTG antepartum			
7 <input type="checkbox"/> CTG intrapartum			
Intended place of birth at onset of labour:			
1=hospital 2=birth centre attached to hospital 3=birth 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):			

Augmentation (labour has begun):			
1 <input type="checkbox"/> none			
2 <input type="checkbox"/> oxytocin			
3 <input type="checkbox"/> prostaglandins			
4 <input type="checkbox"/> artificial rupture of membranes			
8 <input type="checkbox"/> other			
Induction (before labour begun):			
1 <input type="checkbox"/> none			
2 <input type="checkbox"/> oxytocin			
3 <input type="checkbox"/> prostaglandins			
4 <input type="checkbox"/> artificial rupture of membranes			
5 <input type="checkbox"/> dilatation device i.e. Foley Catheter			
8 <input type="checkbox"/> other			
Analgesia (during labour):			
1 <input type="checkbox"/> none			
2 <input type="checkbox"/> nitrous oxide			
4 <input type="checkbox"/> epidural/caudal			
5 <input type="checkbox"/> spinal			
6 <input type="checkbox"/> systemic opioids			
7 <input type="checkbox"/> combined spinal/epidural			
8 <input type="checkbox"/> other			
Duration of labour			
1 st stage (hour & min): _____ hr _____ min			
2 nd stage (hour & min): _____ hr _____ min			
Postnatal blood loss in mLs: _____			
Number of babies born (admin purposes only): _____			
MIDWIFE			
Name _____			
Signature _____			
Date _____ 2 0			
Reg. No. _____			
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's last name _____ Mother's first name _____ Unit Rec No _____ Estab _____

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
 7 retained placenta – manual removal
 8 persistent occipito posterior
 9 shoulder dystocia
 10 failure to progress <= 3cm
 11 failure to progress > 3cm
 12 previous caesarean section
 13 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 perineal 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
 7 4th degree tear
 8 other

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

Born before arrival: 1=yes 2=no

Birth date: _____ 2 0 _____

Birth time: (24hr clock) _____

Plurality: (number of babies this birth)

Birth order: (specify this baby e.g. 1=1st baby born, 2=2nd)

Presentation: 1=vertex 2=breech 3=face 4=brow 8=other

Water birth: 1=yes 2=no

Method of birth:

1 spontaneous
 2 vacuum successful
 3 vacuum unsuccessful
 4 forceps successful
 5 forceps unsuccessful
 6 breech (vaginal)
 7 elective caesarean
 8 emergency caesarean

Accoucheur(s):

1 obstetrician
 2 other medical officer
 3 midwife
 4 student
 5 self/no attendant
 8 other

Gender: 1=male 2=female 3=indeterminate

Status of baby at birth: 1=liveborn 2=stillborn (unspecified)
 3=antepartum stillborn 4=intrapartum stillborn

Infant weight: (whole gram) _____

Length: (whole cm) _____

Head circumference: (whole cm) _____

Time to establish unassisted regular breathing: (whole min) _____

Resuscitation: (Record one only - the most intensive or highest number)

1 none
 2 suction only
 3 oxygen therapy only
 4 continuous positive airway pressure (CPAP)
 5 bag and mask (IPPV)
 6 endotracheal intubation
 7 ext. cardiac massage and ventilation
 8 other

Apgar score: 1 minute _____
 5 minutes _____

Estimated gestation: (whole weeks) _____

Birth defects: (specify) _____

Birth trauma: (specify) _____

BABY SEPARATION DETAILS

Separation date: _____ 2 0 _____

Mode of separation:

1=transferred 8=died 9=discharged home

Transferred to: (specify establishment code) _____

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

MIDWIFE

Name _____
 Date _____ 2 0 _____

Complete this Baby form once for each baby born, and submit with
Pregnancy form

K. H. ANDREWS, Clerk of the Executive Council.