

HE302\*

Health Act 1911

## **Health (Notifications by Midwives) Amendment Regulations 2014**

Made by the Governor in Executive Council.

### **1. Citation**

These regulations are the *Health (Notifications by Midwives) Amendment Regulations 2014*.

### **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 2014.

### **3. Regulations amended**

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



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		BABY DETAILS (continued)	
<b>Anaesthesia (during delivery):</b> 1 <input type="checkbox"/> none 2 <input type="checkbox"/> local anaesthesia to perineum 3 <input type="checkbox"/> pudendal 4 <input type="checkbox"/> epidural/caudal 5 <input type="checkbox"/> spinal 6 <input type="checkbox"/> general 7 <input type="checkbox"/> combined spinal/epidural 8 <input type="checkbox"/> other (specify) _____		<b>Born before arrival:</b> 1=yes 2=no <input type="checkbox"/>	
<b>Complications of labour and birth</b> (include the reason for instrument delivery): 1 <input type="checkbox"/> precipitate delivery 2 <input type="checkbox"/> fetal distress 3 <input type="checkbox"/> prolapsed cord 4 <input type="checkbox"/> cord tight around neck 5 <input type="checkbox"/> cephalopelvic disproportion 7 <input type="checkbox"/> retained placenta – manual removal 8 <input type="checkbox"/> persistent occipito posterior 9 <input type="checkbox"/> shoulder dystocia 10 <input type="checkbox"/> failure to progress <= 3cm 11 <input type="checkbox"/> failure to progress > 3cm 12 <input type="checkbox"/> previous caesarean section 13 <input type="checkbox"/> other (specify) _____		<b>Birth date:</b> _____ 2 0 _____ <b>Birth time:</b> (24hr clock) _____ <b>Plurality:</b> (number of babies this birth) _____ <b>Birth order:</b> _____ (specify this baby, eg, 1=1 <sup>st</sup> baby born, 2=2 <sup>nd</sup> baby born, etc) <b>Presentation:</b> _____ 1=vertex 2=breech 3=face 4=brow 8=other	
<b>Principal reason for Caesarean Section</b> (Tick one box only) 1 <input type="checkbox"/> fetal compromise 2 <input type="checkbox"/> suspected fetal macrosomia 3 <input type="checkbox"/> malpresentation 4 <input type="checkbox"/> lack of progress <= 3cm 5 <input type="checkbox"/> lack of progress in the 1st stage, 4cm to < 10cm 6 <input type="checkbox"/> lack of progress in the 2nd stage 7 <input type="checkbox"/> placenta praevia 8 <input type="checkbox"/> placental abruption 9 <input type="checkbox"/> vasa praevia 10 <input type="checkbox"/> antepartum/intrapartum haemorrhage 11 <input type="checkbox"/> multiple pregnancy 12 <input type="checkbox"/> unsuccessful attempt at assisted delivery 13 <input type="checkbox"/> unsuccessful induction 14 <input type="checkbox"/> cord prolapse 15 <input type="checkbox"/> previous caesarean section 16 <input type="checkbox"/> previous shoulder dystocia 17 <input type="checkbox"/> previous perineal trauma/4 <sup>th</sup> degree tear 18 <input type="checkbox"/> previous adverse fetal/neonatal outcome 19 <input type="checkbox"/> other obstetric, medical, surgical, psychological indications 20 <input type="checkbox"/> maternal choice in the absence of any obstetric, medical, surgical, psychological indications		<b>Method of birth:</b> 1 <input type="checkbox"/> spontaneous 2 <input type="checkbox"/> vacuum successful 3 <input type="checkbox"/> vacuum unsuccessful 4 <input type="checkbox"/> forceps successful 5 <input type="checkbox"/> forceps unsuccessful 6 <input type="checkbox"/> breech (vaginal) 7 <input type="checkbox"/> elective caesarean 8 <input type="checkbox"/> emergency caesarean <b>Accoucheur(s):</b> 1 <input type="checkbox"/> obstetrician 2 <input type="checkbox"/> other medical officer 3 <input type="checkbox"/> midwife 4 <input type="checkbox"/> student 5 <input type="checkbox"/> self/no attendant 8 <input type="checkbox"/> other	
<b>Perineal status</b> 1 <input type="checkbox"/> intact 2 <input type="checkbox"/> 1 <sup>st</sup> degree tear/vaginal tear 3 <input type="checkbox"/> 2 <sup>nd</sup> degree tear 4 <input type="checkbox"/> 3 <sup>rd</sup> degree tear 5 <input type="checkbox"/> episiotomy 7 <input type="checkbox"/> 4 <sup>th</sup> degree tear 8 <input type="checkbox"/> other		<b>Gender:</b> 1=male 2=female 3=indeterminate <input type="checkbox"/> <b>Status of baby at birth:</b> 1=liveborn 2=stillborn (unspecified) <input type="checkbox"/> 3=antepartum stillborn 4=intrapartum stillborn	
<b>ABORIGINAL STATUS OF BABY</b> (Tick one box only) 1 <input type="checkbox"/> Aboriginal but not Torres Strait Islander 2 <input type="checkbox"/> Torres Strait Islander but not Aboriginal 3 <input type="checkbox"/> Aboriginal and Torres Strait Islander 4 <input type="checkbox"/> other		<b>Infant weight:</b> (whole gram): _____ <b>Length:</b> (whole cm): _____ <b>Head circumference:</b> (whole cm): _____ <b>Time to establish unassisted regular breathing:</b> (whole min) _____ <b>Resuscitation:</b> (Record one only – the most intensive or highest number) 1 <input type="checkbox"/> none 2 <input type="checkbox"/> suction only 3 <input type="checkbox"/> oxygen therapy only 4 <input type="checkbox"/> continuous positive airway pressure (CPAP) 5 <input type="checkbox"/> bag and mask (IPPV) 6 <input type="checkbox"/> endotracheal intubation 7 <input type="checkbox"/> ext. cardiac massage and ventilation 8 <input type="checkbox"/> other	
		<b>Resuscitation:</b> (Record one only – the most intensive or highest number) 1 <input type="checkbox"/> none 2 <input type="checkbox"/> suction only 3 <input type="checkbox"/> oxygen therapy only 4 <input type="checkbox"/> continuous positive airway pressure (CPAP) 5 <input type="checkbox"/> bag and mask (IPPV) 6 <input type="checkbox"/> endotracheal intubation 7 <input type="checkbox"/> ext. cardiac massage and ventilation 8 <input type="checkbox"/> other	
		<b>Appgar score:</b> 1 minute _____ 5 minutes _____	
		<b>Estimated gestation:</b> (whole weeks): _____ <b>Birth defects:</b> (specify): _____ <b>Birth trauma:</b> (specify): _____	
		<b>BABY SEPARATION DETAILS</b> <b>Separation date:</b> _____ 2 0 _____ <b>Mode of separation:</b> _____ 1=transferred 8=died 9=discharged home <b>Transferred to:</b> (specify establishment code) _____ <b>Special care number of days:</b> _____ (excludes Level 1; whole days only)	
		<b>MIDWIFE</b> Name _____ Date _____ 2 0 _____	

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

R. KENNEDY, Clerk of the Executive Council.