
HEALTH

HE301

Health (Miscellaneous Provisions) Act 1911

**Health (Notifications by Midwives) Amendment
Regulations 2017**

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Health (Notifications by Midwives) Amendment Regulations 2017*.

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 2017.

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 _____		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 11=TSI not Aboriginal 12=Aboriginal and TSI Or Other _____	
Interpreter service required (1=yes 2=no) _____ 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 _____	
(if none use '000'; occasional or smoked < 1 use '998'; undetermined use '999')			
Alcohol during pregnancy:			
Frequency of drinking an alcoholic drink _____		01 = never 04 = 2 to 3 times a week 02 = monthly 05 = 4 or more times a week 03 = 2 to 4 times a month 08 = unknown	
Number of standard alcohol drinks on a typical day _____			
Was screening for depression/anxiety conducted:			
1=yes 2=not offered 3=declined 8=unknown _____		Was additional followup indicated for perinatal mental health risk factors? _____	
1=yes 2=no 7=not applicable 8=unknown _____			
Complications of pregnancy:			
1 _____ threatened abortion (<20wks)		2 _____ threatened preterm labour (<37wks)	
3 _____ urinary tract infection		4 _____ pre-eclampsia	
5 _____ antepartum haemorrhage (APH) placenta praevia		6 _____ APH – placental abruption	
7 _____ APH – other		8 _____ pre-labour rupture of membranes	
9 _____ gestational diabetes		11 _____ gestational hypertension	
12 _____ pre-eclampsia superimposed on essential hypertension		99 _____ other (specify) _____	
Medical Conditions:			
1 _____ essential hypertension		3 _____ asthma	
4 _____ genital herpes		5 _____ type 1 diabetes	
6 _____ type 2 diabetes		8 _____ 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 _____ fertility treatments (include drugs)		2 _____ cervical suture	
3 _____ CVS/placental biopsy		4 _____ amniocentesis	
5 _____ ultrasound		6 _____ CTG antepartum	
7 _____ 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 _____ none		2 _____ oxytocin	
3 _____ prostaglandins		4 _____ artificial rupture of membranes	
8 _____ other			
Induction (before labour begun):			
1 _____ none		2 _____ oxytocin	
3 _____ prostaglandins		4 _____ artificial rupture of membranes	
5 _____ dilatation device i.e. Foley Catheter		8 _____ other	
Analgesia (during labour):			
1 _____ none		2 _____ nitrous oxide	
4 _____ epidural/caudal		5 _____ spinal	
6 _____ systemic opioids		7 _____ combined spinal/epidural	
8 _____ 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. _____ N M W _____			
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 file 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, eg, 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 (PPV)
- 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

R. NEILSON, Clerk of the Executive Council.