

HE305

Health (Miscellaneous Provisions) Act 1911

**Health (Notifications by Midwives) Amendment
Regulations 2023**

SL 2023/104

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Health (Notifications by Midwives) Amendment Regulations 2023*.

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 2023.

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 _____ Telephone _____		1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI	
Email _____		Or Other _____	
Interpreter service required <input type="checkbox"/> 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 _____		Vaccinations during pregnancy: 01 Vaccinated during 1 st trimester _____ 02 Vaccinated during 2 nd trimester _____ 03 Vaccinated during 3 rd trimester _____ 04 Vaccinated in unknown trimester _____ 05 Not vaccinated _____ 99 Unknown if vaccinated _____ Was syphilis screening conducted during the following periods: 1=yes 2=not offered 3=declined 8=unknown At first antenatal contact, before 28 weeks _____ Between 28 weeks and 35 weeks _____ Between 36 weeks and birth _____	
THIS PREGNANCY: Estimated gest wk at 1 st antenatal visit _____ Total number of antenatal care visits _____ Date of LMP: This date certain 1=yes 2=no _____ Expected due date: Based on 1 = clinical signs/dates _____ 2 = ultrasound <20 wks _____ 3 = ultrasound >=20 wks _____		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	
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')		Primary maternity model of care: _____ 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 _____	
Alcohol during pregnancy: First 20 wks _____ After 20 wks _____ 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 99 = unknown		LABOUR DETAILS Maternity model of care at onset of labour or non-labour caesarean: _____ Onset of labour: 1=spontaneous 2=induced 3=no labour _____ Principal reason for induction of labour (if induced): _____	
Number of standard alcohol drinks on a typical day _____ Was screening for depression/anxiety conducted: 1=yes 2=not offered 3=declined 9=unknown _____ Was additional followup indicated for perinatal mental health risk factors? 1=yes 2=no 7=not applicable 9=unknown _____ Was family violence screening conducted: 1=yes 2=not offered 3=declined 9=unknown _____		Augmentation (labour has begun): Induction (before labour begun): 1 <input type="checkbox"/> none 1 <input type="checkbox"/> none 2 <input type="checkbox"/> oxytocin 2 <input type="checkbox"/> oxytocin 3 <input type="checkbox"/> prostaglandins 4 <input type="checkbox"/> prostaglandins 4 <input type="checkbox"/> artificial rupture of membranes 5 <input type="checkbox"/> artificial rupture of membranes 6 <input type="checkbox"/> dilatation device i.e. Foley Catheter 8 <input type="checkbox"/> other 7 <input type="checkbox"/> antiprogesterone i.e. mifepristone 8 <input type="checkbox"/> other	
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) _____		Analgia (during labour): 1 <input type="checkbox"/> none 6 <input type="checkbox"/> systemic opioids 2 <input type="checkbox"/> nitrous oxide 7 <input type="checkbox"/> combined spinal/epidural 4 <input type="checkbox"/> epidural/caudal 8 <input type="checkbox"/> other 5 <input type="checkbox"/> spinal	
Medical Conditions: 1 <input type="checkbox"/> essential hypertension 5 <input type="checkbox"/> type 1 diabetes 3 <input type="checkbox"/> asthma 6 <input type="checkbox"/> type 2 diabetes 4 <input type="checkbox"/> genital herpes 8 <input type="checkbox"/> other (specify) _____		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: _____ Reg. No. _____	

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

