



Western Australia

Health (Notifications by Midwives) Regulations 1994

Compare between:

[24 Apr 2014, 01-e0-01] and [01 Jul 2014, 01-f0-02]

Western Australia

Health Act 1911

Health (Notifications by Midwives) Regulations 1994

1. Citation

These regulations may be cited as the *Health (Notifications by Midwives) Regulations 1994*¹.

[2. *Omitted under the Reprints Act 1984 s. 7(4)(f).*]

3. Notification of private practice as midwife

A midwife is not to enter into private practice as a midwife unless he or she has notified the Executive Director, Public Health of his or her intention to do so in the form of Form 1 in the Schedule.

4. Notification of case or delivery attended

For the purposes of —

- (a) section 335(1) of the Act, the report required to be furnished of a case attended by a midwife, whether of living, premature or full term birth, or stillbirth, or abortion; and
- (b) section 335(5)(b) of the Act, the notice required to be furnished of a delivery attended by a midwife,

is to be in the form of Form 2 in the Schedule.

[Regulation 4 amended in Gazette 14 Dec 2012 p. 6200.]

Schedule

FORM 1

[r. 3]

HEALTH ACT 1911

HEALTH (NOTIFICATIONS BY MIDWIVES) REGULATIONS 1994

**NOTIFICATION OF INTENTION TO ENTER INTO PRIVATE
PRACTICE AS A MIDWIFE**

EXECUTIVE DIRECTOR

PUBLIC HEALTH

I intend to enter into private practice as a midwife on ____/____/____

PERSONAL PARTICULARS

Full Name: _____

Date of Birth: ____/____/____

Telephone Numbers (*Business or *Private):

(Tel) _____ (Mob) _____

Address (*Business or *Private): _____

Suburb: _____ Postcode: _____

Australian Health Practitioner Regulation Agency Midwifery Registration
Number: NMW_____

Professional Indemnity Insurance Provider: _____

Signature: _____

Date: ____/____/____

* Delete if not applicable

[Form 1 inserted in Gazette 14 Dec 2012 p. 6200.]

**Health (Notifications by Midwives) Regulations 1994
Schedule**

FORM 2

[r. 4]

Health (Notifications by Midwives) Regulations 1994 Form 2 NOTIFICATION OF CASE ATTENDED		MR15
Last name <input type="text"/> Unit <input type="text"/> Record No. <input type="text"/>		Establishment <input type="text"/> Ward <input type="text"/>
First name <input type="text"/> Birth date (Mother) <input type="text"/>		Marital status 1=never married 2=widowed 3=divorced <input type="checkbox"/> 4=separated 5=married (incl. de facto) <input type="checkbox"/> 6=unknown <input type="checkbox"/>
Address of usual residence Number and street <input type="text"/> State <input type="text"/> Post code <input type="text"/>		Ethnic status of mother 1=Caucasian 10=Aboriginal not TSI <input type="checkbox"/> 11=TSI not Aboriginal 12=Aboriginal and TSI <input type="checkbox"/> Other <input type="text"/>
Town or suburb <input type="text"/> Height <input type="text"/> Weight <input type="text"/> (whole cm) (whole kilogram)		
Maiden name <input type="text"/> Telephone <input type="text"/>		
PREVIOUS PREGNANCIES LABOUR DETAILS BABY DETAILS		
(Please use a separate form for each baby)		
PREVIOUS PREGNANCIES: Total number (excluding this pregnancy): <input type="text"/> Previous pregnancy outcomes: - liveborn, now living <input type="checkbox"/> - liveborn, now dead <input type="checkbox"/> - stillborn <input type="checkbox"/> Number of previous caesareans <input type="text"/> Caesarean last delivery 1=yes 2=no <input type="checkbox"/> Previous multiple births 1=yes 2=no <input type="checkbox"/>	Onset of labour: <input type="checkbox"/> 1=spontaneous 2=induced 3=no labour 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 began): 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 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: hr min 1 st stage (hour & min): <input type="text"/> 2 nd stage (hour & min): <input type="text"/>	Adoption: 1=yes 2=no <input type="checkbox"/> Born before arrival: 1=yes 2=no <input type="checkbox"/> Birth date: <input type="text"/> Birth time (24hr clock): <input type="text"/> Plurality (number of babies this birth): <input type="text"/> Birth order (specify this baby, eg. 1=1 st baby born, 2=2 nd baby born, etc): <input type="text"/> Presentation: 1=vertex 2=breech 3=face 4=brow 8=other <input type="checkbox"/> Method of birth: 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 Accoucheur(s): 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 Gender: 1=male 2=female 3=indeterminate <input type="checkbox"/> Status of baby at birth: 1=liveborn 2=stillborn (unspecified) <input type="checkbox"/> 3=ante partum stillborn 4=intrapartum stillborn <input type="checkbox"/> Infant weight (whole gram): <input type="text"/> Length (whole cm): <input type="text"/> Head circumference (whole cm): <input type="text"/> Time to establish unassisted regular breathing (whole min): <input type="text"/> Resuscitation: (record one only - the most invasive 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"/> bag and mask (PPPR) 5 <input type="checkbox"/> endotracheal intubation 6 <input type="checkbox"/> ext. cardiac massage and ventilation 8 <input type="checkbox"/> other Apgar score: 1 minute <input type="text"/> 5 minutes <input type="text"/> Estimated gestation (whole weeks): <input type="text"/> Birth defects (specify): <input type="text"/> Birth trauma (specify): <input type="text"/>
DELIVERY DETAILS		
Anaesthesia (during delivery): 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		
Complications of pregnancy: 1 <input type="checkbox"/> threatened abortion (<20wks) 2 <input type="checkbox"/> threatened preterm labour (<37 wks) 3 <input type="checkbox"/> urinary tract infection 4 <input type="checkbox"/> pre-eclampsia 5 <input type="checkbox"/> Ante partum 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 10 <input type="checkbox"/> other (specify) <input type="text"/>		
Complications of labour and delivery (includes the reason for operative 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 6 <input type="checkbox"/> PPH(>500mls) 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) <input type="text"/>		
Medical conditions: 1 <input type="checkbox"/> essential hypertension 2 <input type="checkbox"/> pre-existing diabetes mellitus 3 <input type="checkbox"/> asthma 4 <input type="checkbox"/> genital herpes 8 <input type="checkbox"/> other (specify) <input type="text"/>		
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: <input type="checkbox"/> 1=hospital 2=birth centre attached to hospital 3=birth centre free standing 4=home 8=other		
MIDWIFE Name <input type="text"/> Signature <input type="text"/> Date <input type="text"/>		
ABORIGINAL STATUS OF BABY (Tick one box only) 1 <input type="checkbox"/> Aboriginal but not TSI 2 <input type="checkbox"/> TSI but not Aboriginal 3 <input type="checkbox"/> Aboriginal and TSI 4 <input type="checkbox"/> Other		
BABY SEPARATION DETAILS Separation date: <input type="text"/> Mode of separation: <input type="checkbox"/> 1=transferred 8=died 9=discharged home Transferred to: <input type="text"/> (specify establishment code) Special care number of days: <input type="text"/> (excludes Level 1; whole days only) Coder ID: <input type="text"/>		

HEALTH DEPARTMENT COPY

**Health (Notifications by Midwives) Regulations 1994
Schedule**

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) _____ 2 0 _____	Ward _____
Address of usual residence _____		Marital status _____
Number and street _____	State _____	1=never married 2=widowed 3=divorced 4=separated 5=married (incl. Defacto) 6=unknown
Town or suburb _____	Post code _____	Ethnic status of mother _____
Height _____	Weight _____	1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI Other _____
Maiden name _____	Telephone _____	

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 '998'; undetermined use '999')</i>	
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) _____	

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 allocated to hospital	
3=birth centre free standing 4=home 8=other	
LABOUR DETAILS	
Onset of labour:	
1=spontaneous 2=induced 3=no labour	
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 _____	
Reg. No. _____ 2 0 _____	

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
Schedule**

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

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

[Form 2 inserted in Gazette 14 Dec 2012/24 Apr 2014
p. 6201-1144-5.]

Notes

- ¹ This is a compilation of the *Health (Notifications by Midwives) Regulations 1994* and includes the amendments made by the other written laws referred to in the following table-^{1a}. The table also contains information about any reprint.

Compilation table

Citation	Gazettal	Commencement
<i>Health (Notifications by Midwives) Regulations 1994</i>	28 Jan 1994 p. 283-5	28 Jan 1994
Reprint 1: The <i>Health (Notifications by Midwives) Regulations 1994</i> as at 11 Jun 2004		
<i>Health (Notifications by Midwives) Amendment Regulations 2011</i>	1 Apr 2011 p. 1178	r. 1 and 2: 1 Apr 2011 (see r. 2(a)); Regulations other than r. 1 and 2: 2 Apr 2011 (see r. 2(b))
<i>Health (Notification by Midwives) Amendment Regulations (No. 2) 2011</i>	30 Dec 2011 p. 5577-8	r. 1 and 2: 30 Dec 2011 (see r. 2(a)); Regulations other than r. 1 and 2: 31 Dec 2011 (see r. 2(b))
<i>Health (Notifications by Midwives) Amendment Regulations 2012</i>	14 Dec 2012 p. 6199-201	r. 1 and 2: 14 Dec 2012 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jan 2013 (see r. 2(b))

- ^{1a} ~~On the date as at which this compilation was prepared, provisions referred to in the following table had not come into operation and were therefore not included in this compilation. For the text of the provisions see the endnotes referred to in the table.~~

~~Provisions that have not come into operation~~

Citation	Gazettal	Commencement
<i>Health (Notifications by Midwives) Amendment Regulations 2014 r. 3 and 4</i> ²	24 Apr 2014 p. 1143-5	r. 1 and 2: 24 Apr 2014 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jul 2014 (see r. 2(b))

- ² ~~On the date as at which this compilation was prepared, the *Health (Notifications by Midwives) Amendment Regulations 2014 r. 3 and 4* had not come into operation. They read as follows:~~

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) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0	Ward _____
Address of usual residence		Marital status <input type="checkbox"/>
Number and street _____	State _____ Post code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1=never married 2=widowed 3=divorced 4=separated 5=married (incl. Defacto) 6=unknown
Town or suburb _____	Height <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Weight <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Ethnic status of mother <input type="checkbox"/>
Maiden name _____	Telephone <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI Other _____

PREGNANCY DETAILS		Procedures/treatments:
PREVIOUS PREGNANCIES:		1 <input type="checkbox"/> fertility treatments (include drugs)
Total number (excluding this pregnancy):	<input type="text"/> <input type="text"/>	2 <input type="checkbox"/> cervical suture
Parity (excluding this pregnancy):	<input type="text"/> <input type="text"/>	3 <input type="checkbox"/> CVS/placental biopsy
Previous pregnancy outcomes:		4 <input type="checkbox"/> amniocentesis
- liveborn, now living	<input type="text"/> <input type="text"/>	5 <input type="checkbox"/> ultrasound
- liveborn, now dead	<input type="text"/> <input type="text"/>	6 <input type="checkbox"/> CTG antepartum
- stillborn	<input type="text"/> <input type="text"/>	7 <input type="checkbox"/> CTG intrapartum
Number of previous caesareans	<input type="text"/>	Intended place of birth at onset of labour:
Caesarean last delivery 1=yes 2=no	<input type="text"/>	1=hospital 2=birth centre allocated to hospital
Previous multiple births 1=yes 2=no	<input type="text"/>	3=birth centre free standing 4=home 8=other
THIS PREGNANCY:		LABOUR DETAILS
Estimated gest wk at 1 st antenatal visit	<input type="text"/> <input type="text"/> <input type="text"/>	Onset of labour:
Total number of antenatal care visits	<input type="text"/> <input type="text"/>	1=spontaneous 2=induced 3=no labour
Date of LMP:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0	Augmentation (labour has begun):
This date certain 1=yes 2=no	<input type="text"/>	1 <input type="checkbox"/> none
Expected due date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0	2 <input type="checkbox"/> oxytocin
Based on 1=clinical signs/dates	<input type="text"/>	3 <input type="checkbox"/> prostaglandins
2=ultrasound <20 wks	<input type="text"/>	4 <input type="checkbox"/> artificial rupture of membranes
3=ultrasound ≥20 wks	<input type="text"/>	8 <input type="checkbox"/> other
Smoking:		Induction (before labour begun)
Number of tobacco cigarettes usually smoked each day during first 20 weeks of pregnancy	<input type="text"/> <input type="text"/>	1 <input type="checkbox"/> none
Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy	<input type="text"/> <input type="text"/>	2 <input type="checkbox"/> oxytocin
(If none use '000', occasional or smoked < 1 use '998', undetermined use '999')	<input type="text"/>	3 <input type="checkbox"/> prostaglandins
Complications of pregnancy:		4 <input type="checkbox"/> artificial rupture of membranes
1 <input type="checkbox"/> threatened abortion (<20wks)	<input type="text"/>	5 <input type="checkbox"/> dilatation device i.e. Foley Catheter
2 <input type="checkbox"/> threatened preterm labour (<37wks)	<input type="text"/>	8 <input type="checkbox"/> other
3 <input type="checkbox"/> urinary tract infection	<input type="text"/>	Analgesia (during labour)
4 <input type="checkbox"/> pre-eclampsia	<input type="text"/>	1 <input type="checkbox"/> none
5 <input type="checkbox"/> antepartum haemorrhage (APH) - placenta praevia	<input type="text"/>	2 <input type="checkbox"/> nitrous oxide
6 <input type="checkbox"/> APH - placental abruption	<input type="text"/>	4 <input type="checkbox"/> epidural/caudal
7 <input type="checkbox"/> APH - other	<input type="text"/>	5 <input type="checkbox"/> spinal
8 <input type="checkbox"/> pre-labour rupture of membranes	<input type="text"/>	6 <input type="checkbox"/> systemic opioids
9 <input type="checkbox"/> gestational diabetes	<input type="text"/>	7 <input type="checkbox"/> combined spinal/epidural
11 <input type="checkbox"/> gestational hypertension	<input type="text"/>	8 <input type="checkbox"/> other
12 <input type="checkbox"/> pre-eclampsia superimposed on essential hypertension	<input type="text"/>	Duration of labour
99 <input type="checkbox"/> other (specify) _____	<input type="text"/>	1 st stage (hour & min):
Medical conditions:		2 nd stage (hour & min):
1 <input type="checkbox"/> essential hypertension	<input type="text"/>	Postnatal blood loss in mLs:
3 <input type="checkbox"/> asthma	<input type="text"/>	Number of babies born (admin purposes only):
4 <input type="checkbox"/> genital herpes	<input type="text"/>	<input type="text"/>
5 <input type="checkbox"/> type 1 diabetes	<input type="text"/>	<input type="text"/>
6 <input type="checkbox"/> type 2 diabetes	<input type="text"/>	<input type="text"/>
8 <input type="checkbox"/> other (specify) _____	<input type="text"/>	<input type="text"/>

MIDWIFE	Signature _____
Name _____	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0
Reg. No. _____	Reg. No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

Mother last name		First name	Unit Rec No	Estab
BIRTH DETAILS		BABY DETAILS (continued)		
Anaesthesia (during delivery): 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) _____		Born before arrival: 1=yes 2=no <input type="checkbox"/>		
Complications of labour and birth <i>(include the reason for instrument delivery):</i> 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) _____		Birth date: _____ 2 0 _____ Birth time: (24hr clock) _____ Plurality: (number of babies this birth) _____ Birth order: _____ <i>(specify this baby, eg, 1=1st baby born, 2=2nd baby born, etc)</i> Presentation: _____ 1=vertex 2=breech 3=face 4=brow 8=other		
Principal reason for Caesarean Section (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 th 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		Method of birth: 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 Accoucheur(s): 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 Gender: 1=male 2=female 3=indeterminate <input type="checkbox"/> Status of baby at birth: 1=liveborn 2=stillborn (unspecified) <input type="checkbox"/> 3=antepartum stillborn 4=intrapartum stillborn		
Perineal status 1 <input type="checkbox"/> intact 2 <input type="checkbox"/> 1 st degree tear/vaginal tear 3 <input type="checkbox"/> 2 nd degree tear 4 <input type="checkbox"/> 3 rd degree tear 5 <input type="checkbox"/> episiotomy 7 <input type="checkbox"/> 4 th degree tear 8 <input type="checkbox"/> other		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 <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 Apgar score: 1 minute _____ 5 minutes _____		
BABY DETAILS ABORIGINAL STATUS OF BABY (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		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: _____ <i>(excludes Level 1; whole days only)</i> MIDWIFE Name _____ Date _____ 2 0 _____		

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