



Western Australia

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

Compare between:

[14 Jun 2019, 02-b0-00] and [01 Jul 2019, 02-c0-00]



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

### **1. Citation**

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

[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 Chief Health Officer of his or her intention to do so in the form of Form 1 in the Schedule.

*[Regulation 3 amended: Gazette 10 Jan 2017 p. 270.]*

### **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: Gazette 14 Dec 2012 p. 6200.]*

**Schedule**

**Form 1**

[r. 3]

*HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911*

*HEALTH (NOTIFICATIONS BY MIDWIVES) REGULATIONS 1994*

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

CHIEF HEALTH OFFICER

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: Gazette 14 Dec 2012 p. 6200; amended: Gazette  
10 Jan 2017 p. 270.]*



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

**Form 2**

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/4<sup>th</sup> 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  1<sup>st</sup> degree tear/vaginal tear  
3  2<sup>nd</sup> degree tear  
4  3<sup>rd</sup> degree tear  
5  episiotomy  
7  4<sup>th</sup> 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=1<sup>st</sup> baby born, 2=2<sup>nd</sup>)**

**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**

*[Heading inserted: 14 Jun 2019 p. 1895.]*



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

**Form 2**

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**

**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/4<sup>th</sup> 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  1<sup>st</sup> degree tear/vaginal tear  
 3  2<sup>nd</sup> degree tear  
 4  3<sup>rd</sup> degree tear  
 5  episiotomy  
 7  4<sup>th</sup> degree tear  
 8  other

**BORN BEFORE ARRIVAL:** 1=yes 2=no

**Birth date:** \_\_\_\_\_ **Birth time: (24hr clock)** \_\_\_\_\_

**Plurality: (number of babies this birth)** \_\_\_\_\_

**Birth order: (specify this baby, eg, 1=1<sup>st</sup> baby born, 2=2<sup>nd</sup>)** \_\_\_\_\_

**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  
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 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

**Sex:** 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: (All methods used)**

1  none  
 2  suction  
 3  oxygen  
 4  continuous positive airway pressure (CPAP)  
 6  endotracheal intubation  
 10  intermittent positive pressure ventilation (IPPV)  
 11  external cardiac compressions  
 88  other

**Apgar score:** 1 minute \_\_\_\_\_ 5 minutes \_\_\_\_\_

**Estimated gestation: (whole weeks)** \_\_\_\_\_

**Birth defects: (specify)** \_\_\_\_\_

**Birth trauma: (specify)** \_\_\_\_\_

**BABY SEPARATION DETAILS**

**Separation date:** \_\_\_\_\_

**Mode of separation:** 1=transferred 8=died 9=discharged home

**Transferred to:** \_\_\_\_\_ hospital/service

**Special care number of days:** \_\_\_\_\_ (Excludes Level 1; whole days only)

**MIDWIFE**

Name \_\_\_\_\_

Date \_\_\_\_\_

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

**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

[Form 2 inserted: Gazette ~~16 May 2017~~ 14 Jun 2019 p. 2490-1-1895-6.]



### **Notes**

- <sup>1</sup> 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<sup>+a</sup>. The table also contains information about any reprint. |

**Compilation table**

<b>Citation</b>	<b>Gazettal</b>	<b>Commencement</b>
<i>Health (Notifications by Midwives) Regulations 1994</i>	28 Jan 1994 p. 283-5	28 Jan 1994
<b>Reprint 1: The Health (Notifications by Midwives) Regulations 1994 as at 11 Jun 2004</b>		
<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 (Notifications 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))
<i>Health (Notifications by Midwives) Amendment Regulations 2014</i>	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))
<i>Health (Notifications by Midwives) Amendment Regulations 2016</i>	3 May 2016 p. 1356-8	r. 1 and 2: 3 May 2016 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jul 2016 (see r. 2(b))
<i>Health Regulations Amendment (Public Health) Regulations 2016 Pt. 17</i>	10 Jan 2017 p. 237-308	24 Jan 2017 (see r. 2(b) and <i>Gazette</i> 10 Jan 2017 p. 165)
<i>Health (Notifications by Midwives) Amendment Regulations 2017</i>	16 May 2017 p. 2489-91	r. 1 and 2: 16 May 2017 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jul 2017 (see r. 2(b))
<b>Reprint 2: The Health (Notifications by Midwives) Regulations 1994 as at 22 Sep 2017</b> (includes amendments listed above)		

~~<sup>1a</sup> 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**

<b>Citation</b>	<b>Gazettal</b>	<b>Commencement</b>
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## Health (Notifications by Midwives) Regulations 1994

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<b>Citation</b>	<b>Gazettal</b>	<b>Commencement</b>
<i>Health (Notifications by Midwives) Amendment Regulations 2019</i> <del>r. 3-4</del> <sup>2</sup>	14 Jun 2019 p. 1894-6	<a href="#">r. 1 and 2: 14 Jun 2019 (see r. 2(a));</a> <a href="#">Regulations other than r. 1 and 2: 1 Jul 2019 (see r. 2(b))</a>

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<sup>2</sup>—~~On the date as at which this compilation was prepared, the *Health (Notifications by Midwives) Amendment Regulations 2019* r. 3-4 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) _____	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 _____	
Maiden name _____	(whole cm)	(whole kilogram)	Ethnic status of mother _____
Email _____	Telephone _____		1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI
Interpreter service required <input type="checkbox"/>	Mother's language _____	Or Other _____	
(1=yes 2=no)	(requiring interpreter)		
<b>PREGNANCY DETAILS</b>			
<b>PREVIOUS PREGNANCIES:</b>		<b>Vaccinations during pregnancy:</b>	
Total number (excluding this pregnancy): _____	Parity (excluding this pregnancy): _____	01 Vaccinated during 1 <sup>st</sup> trimester _____	Influenza Pertussis
<b>Previous pregnancy outcomes:</b>		02 Vaccinated during 2 <sup>nd</sup> trimester _____	
- liveborn, now living _____		03 Vaccinated during 3 <sup>rd</sup> trimester _____	
- liveborn, now dead _____		04 Vaccinated in unknown trimester _____	
- stillborn _____		05 Not vaccinated _____	
Number of previous caesareans _____		99 Unknown if vaccinated _____	
Caesarean last delivery 1=yes 2=no _____		<b>Procedures/treatments:</b>	
Previous multiple births 1=yes 2=no _____		1 _____ fertility treatments (include drugs)	
<b>THIS PREGNANCY:</b>		2 _____ cervical suture	
Estimated gest wk at 1 <sup>st</sup> antenatal visit _____		3 _____ CVS/placental biopsy	
Total number of antenatal care visits _____		4 _____ amniocentesis	
Date of LMP: _____		5 _____ ultrasound	
This date certain 1=yes 2=no _____		6 _____ CTG antepartum	
Expected due date: _____		7 _____ CTG intrapartum	
Based on 1 = clinical signs/dates _____		<b>Intended place of birth at onset of labour:</b>	
2 = ultrasound <20 wks _____		1=hospital 2=birth centre attached to hospital	
3 = ultrasound >=20 wks _____		3=birth centre free standing 4=home 8=other	
<b>Smoking:</b>		<b>LABOUR DETAILS</b>	
Number of tobacco cigarettes usually smoked		<b>Onset of labour:</b>	
each day during first 20 weeks of pregnancy _____		1=spontaneous 2=induced 3=no labour	
Number of tobacco cigarettes usually smoked		<b>Principal reason for induction of labour (if induced):</b>	
each day after 20 weeks of pregnancy _____			
(if none use '000'; occasional or smoked < 1 use '998'; undetermined use '999')		<b>Augmentation (labour has begun):</b>	
<b>Alcohol during pregnancy:</b>	First 20 wks _____	After 20 wks _____	1 _____ none
<b>Frequency of drinking an alcoholic drink:</b>			2 _____ oxytocin
01 = never _____	04 = 2 to 3 times a week _____		3 _____ prostaglandins
02 = monthly _____	05 = 4 or more times a week _____		4 _____ artificial rupture of membranes
03 = 2 to 4 times a month _____	99 = unknown _____		8 _____ other
<b>Number of standard alcohol drinks on a typical day:</b> _____			<b>Induction (before labour begun):</b>
<b>Was screening for depression/anxiety conducted:</b>			1 _____ none
1=yes 2=not offered 3=declined 9=unknown _____			2 _____ oxytocin
<b>Was additional followup indicated for perinatal mental health risk factors?</b>			3 _____ prostaglandins
1=yes 2=no 7= not applicable 9= unknown _____			4 _____ artificial rupture of membranes
<b>Complications of pregnancy:</b>			5 _____ dilatation device i.e. Foley Catheter
1 _____ threatened abortion (<20wks)			6 _____ antiprogesterone i.e. mifepristone
2 _____ threatened preterm labour (<37wks)			8 _____ other
3 _____ urinary tract infection			<b>Analgesia (during labour):</b>
4 _____ pre-eclampsia			1 _____ none
5 _____ antepartum haemorrhage (APH) placenta praevia			2 _____ nitrous oxide
6 _____ APH – placental abruption			4 _____ epidural/caudal
7 _____ APH – other			5 _____ spinal
8 _____ pre-labour rupture of membranes			6 _____ systemic opioids
9 _____ gestational diabetes			7 _____ combined spinal/epidural
11 _____ gestational hypertension			8 _____ other
12 _____ pre-eclampsia superimposed on essential hypertension			<b>Duration of labour</b>
99 _____ other (specify) _____			1 <sup>st</sup> stage (hour & min): _____ hr _____ min
<b>Medical Conditions:</b>			2 <sup>nd</sup> stage (hour & min): _____ hr _____ min
1 _____ essential hypertension			<b>Postnatal blood loss in mLs:</b> _____
3 _____ asthma			Number of babies born (admin purposes only): _____
4 _____ genital herpes			<b>MIDWIFE</b>
5 _____ type 1 diabetes			Name _____
6 _____ type 2 diabetes			Signature _____
8 _____ other (specify) _____			Date _____
			Reg. No. _____

# 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**

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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/4<sup>th</sup> 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  1<sup>st</sup> degree tear/vaginal tear

3  2<sup>nd</sup> degree tear

4  3<sup>rd</sup> degree tear

5  episiotomy

7  4<sup>th</sup> 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=1<sup>st</sup> baby born, 2=2<sup>nd</sup>)**

**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

**Accoucher(s):**

1  obstetrician

2  other medical officer

3  midwife

4  student

5  self/no attendant

8  other \_\_\_\_\_

**Sex:** 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: (All methods used)**

1  none

2  suction

3  oxygen

4  continuous positive airway pressure (CPAP)

6  endotracheal intubation

10  intermittent positive pressure ventilation (IPPV)

11  external cardiac compressions

88  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:** \_\_\_\_\_ hospital/service

**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