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.*

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)	2 0 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
(whole cm)	(whole kilogram) 1=Caucasian 10=Aboriginal not TSI
Maiden name Telephone	11=TSI not Aboriginal 12=Aboriginal and TSI
	Other
PREGNANCY DETAILS	Procedures/treatments:
PREVIOUS PREGNANCIES:	1 fertility treatments (include drugs)
Total number (excluding this pregnancy):	2 cervical suture
Parity (excluding this pregnancy):	3 CVS/placental biopsy 4 amniocentesis
Previous pregnancy outcomes:	ultrasound
- liveborn, now living	6 CTG antepartum
- liveborn, now dead	7 CTG intrapartum
- stillborn	Intended place of birth at onset of labour:
Number of previous caesareans	1=hospital 2=birth centre allocated to hospital
Caesarean last delivery 1=yes 2=no	3=birth centre free standing 4=home 8=other
Previous multiple births 1=yes 2=no	LABOUR DETAILS
THIS PREGNANCY:	Onset of labour:
Estimated gest wk at 1 st antenatal visit	1=spontaneous 2=induced 3=no labour
Total number of antenatal care visits	Augmentation (labour has begun):
Date of LMP:	1 none
This date certain 1=yes 2=no	2 oxytocin
Expected due date: 2 0	3 prostaglandins
Based on 1=clinical signs/dates	4 artificial rupture of membranes
2=ultrasound <20 wks 3=ultrasound >=20 wks	8 other Induction (before labour begun)
Smoking:	1 none
Number of tobacco cigarettes usually smoked each day	2 oxytocin
during first 20 weeks of pregnancy	3 prostaglandins
Number of tobacco cigarettes usually smoked each day	4 artificial rupture of membranes
after 20 weeks of pregnancy	5 dilatation device i.e. Foley Catheter
(If none use '000'; occasional or smoked < 1 use '998', undetermined use '999')	□ 8 □ other
Complications of pregnancy:	Analgesia (during labour) 1 none
1 threatened abortion (<20wks)	2 nitrous oxide
2 threatened preterm labour (<37wks)	4 epidural/caudal
3 urinary tract infection	5 spinal
4 pre-eclampsia	6 systemic opioids
antepartum haemorrhage (APH) - placenta praevia APH – placental abruption	7 combined spinal/epidural
7 APH - other	8 other Duration of labour hr min
8 pre-labour rupture of membranes	
9 gestational diabetes	1st stage (hour & min): 2nd stage (hour & min):
gestational hypertension	Postnatal blood loss in mLs:
pre-eclampsia superimposed on essential hypertension other (specify)	
99 other (specify)	Number of babies born (admin purposes only):
Medical conditions:	MIDWIFE
1 essential hypertension	Name
3 asthma	Signature
4 genital herpes	Date 2 0
type 1 diabetes type 2 diabetes	Reg. No.
6 type 2 diabetes 8 other (specify)	Complete this December from case for each warmen giving birth and
	Complete this Pregnancy form once for each woman giving birth, and submit one Baby form for each baby born
	1 Submitted States (Smith Section 5) South

Health (Notifications by Midwives) Regulations 1994 Form 2 NOTIFICATION OF CASE ATTENDED - BABY DETAILS			
Mothe	r las	t name First name	Unit Rec No Estab
		BIRTH DETAILS	BABY DETAILS (continued)
Ana	Anaesthesia (during delivery):		Born before arrival: 1=yes 2=no
1		none	Birth date:
2		local anaesthesia to perineum	
3		pudendal	Birth time: (24hr clock)
4		epidural/caudal	Plurality: (number of babies this birth)
5		spinal	Birth order:
6		general	(specify this baby, eg, 1=1 st baby born, 2=2 nd baby born, etc)
7		combined spinal/epidural	Presentation:
8		other (specify)	1=vertex 2=breech 3=face 4=brow 8=other
Complications of labour and birth		ations of labour and birth	Method of birth:
(incl	ude t	he reason for instrument delivery):	1 spontaneous
1		precipitate delivery	2 vacuum successful
2		fetal distress	3 vacuum unsuccessful
3		prolapsed cord	4 forceps successful
4		cord tight around neck	5 forceps unsuccessful
5		cephalopelvic disproportion	6 breech (vaginal)
7		retained placenta – manual removal	7 elective caesarean
8		persistant occipito posterior	8 emergency caesarean
9		shoulder dystocia	Accoucheur(s):
10		failure to progress <= 3cm	1 obstetrician
11		failure to progress > 3cm	2 other medical officer
12		previous caesarean section	3 midwife
13		other (specify)	4 student
			5 self/no attendant
	cipa	I reason for Caesarean Section (Tick one box only)	8 other
1	Ш	fetal compromise	Gender: 1=male 2=female 3=indeterminate
2	Ш	suspected fetal macrosomia	Status of baby at birth: 1=liveborn 2=stillborn (unspecified)
3	Ш	malpresentation	3=antepartum stillborn 4=intrapartum stillborn
4	-	lack of progress <= 3cm	Infant weight: (whole gram):
5	-	lack of progress in the 1st stage, 4cm to < 10cm	Length: (whole cm):
6 7	-	lack of progress in the 2nd stage	Head circumference: (whole cm):
8	-	placenta praevia placental abruption	Time to establish unassisted regular breathing: (whole min)
9	\vdash	vasa praevia	Resuscitation: (Record one only – the most intensive or highest number)
10	\dashv	antepartum/intrapartum haemorrhage	1 none
11	\vdash	multiple pregnancy	
12	\vdash	unsuccessful attempt at assisted delivery	
13	-	unsuccessful induction	3 oxygen therapy only
14	П	cord prolapse	4 continuous positive airway pressure (CPAP)
15	П	previous caesarean section	5 bag and mask (IPPV)
16	H	previous shoulder dystocia	6 endotrachaeal intubation
17	П	previous perineal trauma/4 th degree tear	7 ext. cardiac massage and ventilation
18	П	previous adverse fetal/neonatal outcome	8 other
19		other obstetric, medical, surgical, psychological indications	Apgar score: 1 minute
20		maternal choice in the absence of any obstetric, medical,	5 minutes
		surgical, psychological indications	
Peri	nea	status	Estimated gestation: (whole weeks):
1		intact	Birth defects: (specify):
2		1 st degree tear/vaginal tear	Birth trauma: (specify):
3	\square	2 nd degree tear	BABY SEPARATION DETAILS
4		3 rd degree tear	Separation date: 2 0
5		episiotomy	Mode of separation:
7	Ш	4 th degree tear	1=transferred 8=died 9=discharged home
8		other	
BABY DETAILS Transferred to: (specify establishment code)			
400			Special care number of days:
	KIG	INAL STATUS OF BABY (Tick one box only)	(excludes Level 1; whole days only)
1	Ш	Aboriginal but not Torres Strait Islander	MIDWIFE Name
2		Torres Strait Islander but not Aboriginal	Date 2 0
3	L	Aboriginal and Torres Strait Islander	
4		other	Complete this Baby form once for each baby born, and submit with Pregnancy form

R. KENNEDY, Clerk of the Executive Council.
