



Western Australia

Health (Miscellaneous Provisions) Act 1911

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

Western Australia

Health (Notifications by Midwives) Regulations 1994

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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 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.]*

Form 2

[r. 4]

Health (Notifications by Midwives) Regulations 1994 Form 2 NOTIFICATION OF CASE ATTENDED - PREGNANCY DETAILS MR15

Last name _____ Unit Record No. _____		Etab _____	
First name _____ Birth date (dd/mm/yy) _____		Ward _____	
Address of usual residence Number and street _____ State _____ Post code _____		Marital status 1=never married 2=married 3=divorced 4=separated 5=married (incl. De Facto) 6=unknown	
Town or suburb _____ Height _____ Weight _____ (include unit) (include kilogram)		Ethnic status of mother 1=Caucasian 10=Aboriginal not TB 11=TB not Aboriginal 12=Aboriginal and TB Or Other _____	
Maiden name _____ Telephone _____		Interpreter service required (1=yes 2=no) _____	
Mother's language requiring interpreter _____			
PREGNANCY DETAILS			
PREVIOUS PREGNANCIES:			
Total number (including this pregnancy): _____			
Parity (including 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: _____			
This date certain: 1=yes 2=no _____			
Expected due date: _____			
Based on: 1 = clinical signs/symptoms 2 = ultrasound <32 wks 3 = ultrasound >=32 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 '000', unknown use '999')			
Alcohol during pregnancy:			
Frequency of drinking an alcoholic drink 01 = never 02 = 1 to 2 times a week 03 = monthly 04 = 4 or more times a week 05 = 2 to 3 times a month 06 = unknown			
Number of standard alcohol drinks on a typical day _____			
Was screening for depression/anxiety conducted: 1 = yes 2 = not offered 3 = declined 4 = unknown			
Was additional follow-up indicated for perinatal mental health risk factors? 1 = yes 2 = no 3 = not applicable 4 = unknown			
Complications of pregnancy:			
1 <input type="checkbox"/> threatened abortion (<20wks)			
2 <input type="checkbox"/> threatened preterm labour (>20wks)			
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			
10 <input type="checkbox"/> gestational hypertension			
11 <input type="checkbox"/> pre-eclampsia superimposed on essential hypertension			
12 <input type="checkbox"/> other (specify): _____			
Medical Conditions:			
1 <input type="checkbox"/> essential hypertension			
2 <input type="checkbox"/> asthma			
3 <input type="checkbox"/> genital herpes			
4 <input type="checkbox"/> type 1 diabetes			
5 <input type="checkbox"/> type 2 diabetes			
6 <input type="checkbox"/> other (specify): _____			
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 _____			
06 unknown if vaccinated _____			
Influenza Pertussis			
Procedures/treatments:			
1 <input type="checkbox"/> fertility treatments (include drugs)			
2 <input type="checkbox"/> cervical sutures			
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: 1=home 2=birth centre attached to hospital 3=birth centre free-standing 4=home 5=other _____			
Onset of labour: 1=spontaneous 2=induced 3=not labour _____			
Principal reason for induction of labour (if induced): _____			
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			
5 <input type="checkbox"/> other _____			
Induction (before labour begun):			
1 <input type="checkbox"/> none			
2 <input type="checkbox"/> oxytocin			
3 <input type="checkbox"/> prostaglandins			
4 <input type="checkbox"/> artificial rupture of membranes			
5 <input type="checkbox"/> dilation device i.e. Foley Catheter			
6 <input type="checkbox"/> other _____			
Analgesia (during labour):			
1 <input type="checkbox"/> none			
2 <input type="checkbox"/> nitrous oxide			
3 <input type="checkbox"/> epidural/caudal			
4 <input type="checkbox"/> spinal			
5 <input type="checkbox"/> systemic opioids			
6 <input type="checkbox"/> combined spinal/epidural			
7 <input type="checkbox"/> other _____			
Duration of labour			
1 st stage (hour & min): _____ hr _____ min			
2 nd stage (hour & min): _____ hr _____ min			
Postnatal blood loss in mL: _____			
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.			

**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 No. No. _____ Enab. _____

BIRTH 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 labour and birth <i>(include the cause 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) _____
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
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
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
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+1st baby born, 2+2nd) _____	
Presentation:	
1=vertex 2=breech 3=face 4=trans 8=other	
Water birth: 1=Yes 2=No	
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
Attendant(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	
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 extensive 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 (PPV)
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 _____	
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: (specify establishment code) _____	
Special care number of days: _____	
<i>(Excludes Level 1, whole days only)</i>	
MIDWIFE	
Name _____	
Date _____	
Complete this Baby form once for each baby born, and submit with Pregnancy form	

[Form 2 inserted: Gazette 16 May 2017 p. 2490-1.]

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 Health (Notifications by Midwives) Regulations 1994 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 (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))

Citation	Gazettal	Commencement
Reprint 2: The <i>Health (Notifications by Midwives) Regulations 1994</i> as at 22 Sep 2017 (includes amendments listed above)		

^{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 2019</i> r. 3-4 ²	14 Jun 2019 p. 1894-6	1 Jul 2019 (see r. 2(b))

² 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 _____		Estate _____	
First name _____ Birth date (Month) _____		Ward _____	
Address of usual residence _____		Marital status <input type="checkbox"/> 1=Never married 2=married 3=divorced 4=separated 5=married (incl. DeFacto) 6=unknown	
Number and street _____	State _____	Post code _____	
Town or suburb _____		Height _____	Weight _____
Maiden name _____ (Whole only)		Ethnic status of mother <input type="checkbox"/> 1=Caucasian 10=Aboriginal not TSJ 11=TSJ not Aboriginal 12=Aboriginal and TSJ	
Email _____ Telephone _____		Dr Other _____	
Interpreter service required <input type="checkbox"/> (Forms 2-100)		Mother's language _____ (requiring interpreter)	

PREVIOUS PREGNANCIES:	
Total number (excluding this pregnancy):	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Parity (excluding this pregnancy):	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Previous pregnancy outcomes:	
- liveborn, now living	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
- liveborn, now dead	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
- stillborn	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Number of previous caesareans	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Caesarean last delivery	<input type="checkbox"/> 1 yes <input type="checkbox"/> 2 no
Previous multiple births	<input type="checkbox"/> 1 yes <input type="checkbox"/> 2 no

THIS PREGNANCY:	
Estimated gest wk at 1 st antenatal visit	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Total number of antenatal care visits	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Date of LMP: _____	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10 11 12
This date certain	<input type="checkbox"/> 1 yes <input type="checkbox"/> 2 no
Expected due date: _____	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10 11 12
Based on:	<input type="checkbox"/> 1 = clinical signs/symptoms <input type="checkbox"/> 2 = ultrasound <20 wks <input type="checkbox"/> 3 = ultrasound >=20 wks
Smoking:	
Number of tobacco cigarettes usually smoked each day during first 20 weeks of pregnancy	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
(If none use '00'; occasional or smoked < 1 year 'SM'; undetermined use '99')	
Alcohol during pregnancy:	
Frequency of drinking an alcoholic drink	First 20 wks <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
	After 20 wks <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
0 = never	00 = 1 to 3 times a week
01 = monthly	02 = 4 or more times a week
03 = 2 to 4 times a month	09 = unknown
Number of standard alcohol drinks on a typical day	
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
Was screening for depression/anxiety conducted:	
<input type="checkbox"/> 1 yes <input type="checkbox"/> 2 not offered <input type="checkbox"/> 3 = not done <input type="checkbox"/> 4 = unknown	
Was additional followup indicated for perinatal mental health risk factors?	
<input type="checkbox"/> 1 yes <input type="checkbox"/> 2 no <input type="checkbox"/> 3 = not applicable <input type="checkbox"/> 4 = unknown	

Vaccinations during pregnancy:	
01 Vaccinated during 1 st trimester	Influenza <input type="checkbox"/> Pertussis <input type="checkbox"/>
02 Vaccinated during 2 nd trimester	
03 Vaccinated during 3 rd trimester	
04 Vaccinated in unknown trimester	
05 Not vaccinated	
06 Unknown if vaccinated	

Procedures/treatments:	
1 Fertility treatments (include drug)	<input type="checkbox"/>
2 Cervical sutures	<input type="checkbox"/>
3 CVS/placental biopsy	<input type="checkbox"/>
4 Amniocentesis	<input type="checkbox"/>
5 Ultrasound	<input type="checkbox"/>
6 CTG antepartum	<input type="checkbox"/>
7 CTG intrapartum	<input type="checkbox"/>

Intended place of birth at onset of labour:	
1 Hospital 2 Birth centre attached to hospital	<input type="checkbox"/>
3 Birth centre free standing 4 Home 5 Other	

LABOUR DETAILS	
Onset of labour:	
1 Spontaneous 2 Induced 3 No labour	<input type="checkbox"/>
Principal reason for induction of labour (if induced):	
<input type="checkbox"/> 1 none <input type="checkbox"/> 2 other	
Augmentation (labour has begun):	
1 none	<input type="checkbox"/>
2 oxytocin	<input type="checkbox"/>
3 prostaglandins	<input type="checkbox"/>
4 artificial rupture of membranes	<input type="checkbox"/>
5 other	<input type="checkbox"/>
Induction (before labour begun):	
1 none	<input type="checkbox"/>
2 oxytocin	<input type="checkbox"/>
3 prostaglandins	<input type="checkbox"/>
4 artificial rupture of membranes	<input type="checkbox"/>
5 dilatation device i.e. Foley Catheter	<input type="checkbox"/>
6 other prostaglandins i.e. misoprostol	<input type="checkbox"/>
7 other	<input type="checkbox"/>
Analgesia (during labour):	
1 none	<input type="checkbox"/>
2 nitrous oxide	<input type="checkbox"/>
3 epidural	<input type="checkbox"/>
4 epidural/caudal	<input type="checkbox"/>
5 spinal	<input type="checkbox"/>
6 systemic opioids	<input type="checkbox"/>
7 combined spinal/epidural	<input type="checkbox"/>
8 other	<input type="checkbox"/>
Duration of labour:	
1 st stage (hour & min):	hr min <input type="checkbox"/>
2 nd stage (hour & min):	hr min <input type="checkbox"/>
Potential blood loss in ml:	
Number of babies born (admin/purpose only):	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
MIDWIFE	
Name _____	
Signature _____	
Date _____	
Reg. No. _____	

Complete this Pregnancy Score card 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 last name _____ First name _____ Date of birth _____ Sex _____

BIRTH DETAILS

Anaesthesia (during delivery):

- none
- local anaesthesia to perineum
- pudendal
- epidural/caudal
- spinal
- general
- combined spinal/epidural
- other

Complications of labour and birth (Indicate the reason for instrument delivery)

- precipitate delivery
- fetal distress
- prolapsed cord
- cord tight around neck
- cephalopelvic disproportion
- retained placenta – manual removal
- persistent occipito posterior
- shoulder dystocia
- failure to progress <= 3cm
- failure to progress > 3cm
- previous caesarean section
- other (specify) _____

Principal reasons for Caesarean Section: (Tick one box only)

- fetal compromise
- suspected fetal macrosomia
- malpresentation
- lack of progress <= 3cm
- lack of progress in the 1st stage, 4cm to < 10cm
- lack of progress in the 2nd stage
- placenta praevia
- placental abruption
- vasa praevia
- antepartum/intrapartum haemorrhage
- multiple pregnancy
- unsuccessful attempt at assisted delivery
- unsuccessful induction
- cord prolapse
- previous caesarean section
- previous shoulder dystocia
- previous perineal trauma/4th degree tear
- previous adverse fetal/neonatal outcome
- other obstetric, medical, surgical, psychological indications
- maternal choice in the absence of any obstetric, medical, surgical, psychological indications

Perineal status:

- intact
- 1st degree tear/vaginal tear
- 2nd degree tear
- 3rd degree tear
- episiotomy
- 4th degree tear
- other

BORN BEFORE ARRIVAL: yes no

Birth date: _____

Birth time: (24hr clock) _____

Plurality: (number of babies this birth) _____

Birth order: (specify the baby, eg. 1st baby born, 2nd) _____

Presentation:

- vertex
- breech
- face
- brow
- other

Water birth: yes no

Method of birth:

- spontaneous
- vacuum successful
- vacuum unsuccessful
- forceps successful
- forceps unsuccessful
- breech (vaginal)
- elective caesarean
- emergency caesarean

Accoucher(s):

- obstetrician
- other medical officer
- midwife
- student
- self/no attendant
- other

Sex: male female indeterminate

Status of baby at birth: liveborn stillborn (unspecified) antepartum stillborn 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)

- none
- suction
- oxygen
- continuous positive airway pressure (CPAP)
- endotracheal intubation
- intermittent positive pressure ventilation (IPPV)
- external cardiac compressions
- 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: transferred died discharged home

Transferred to: _____ hospital/service

Special care number of days: (Excludes Level 1; whole days only) _____

ABORIGINAL STATUS OF BABY (Tick one box only)

- Aboriginal but not Torres Strait Islander
- Torres Strait Islander but not Aboriginal
- Aboriginal and Torres Strait Islander
- other

MIDWIFE

Name: _____

Date: _____

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