

HE302

Health (Miscellaneous Provisions) Act 1911

Health (Notifications by Midwives) Amendment Regulations 2021

SL 2021/62

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Health (Notifications by Midwives) Amendment Regulations 2021*.

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 2021.

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)	
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 _____ 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 _____ (If none use '000', occasional or smoked < 1 use '998', undetermined use '999') 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 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 7=declined 9=unknown 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) _____ 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) _____	
Vaccinations during pregnancy: 01 Vaccinated during 1 st trimester _____ Influenza Pertussis 02 Vaccinated during 2 nd trimester _____ 03 Vaccinated during 3 rd trimester _____ 04 Vaccinated in unknown trimester _____ 05 Not vaccinated _____ 99 Unknown if vaccinated _____ 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 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 LABOUR DETAILS Maternity model of care at onset of labour or non-labour caesarean: _____ Onset of labour: _____ 1=pontaneous 2=induced 3=no labour Principal reason for induction of labour (if induced): _____ 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 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 Analgesia (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 Duration of labour: hr min 1 st stage (hour & min): _____ 2 nd stage (hour & min): _____ Postnatal blood loss in mLs: _____ Number of babies born (admin purposes only): _____ MIDWIFE Name _____ Signature _____ Date _____ 2 0 Reg. No. _____ N M W _____	
Complete this Pregnancy form once for each woman giving birth, and submit one Baby form for each baby born	

