

MIDWIVES REGULATIONS (HEALTH ACT) FORM 2
NOTIFICATION OF CASE ATTENDED

Hospital.....

[To be forwarded to Commissioner of Public Health within 48 hours of birth]

INFORMATION CONCERNING THE MOTHER

Name..... Record Number

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Address..... Postcode

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Marital State:

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 1. Single 4. Separated
 2. Married 5. Divorced
 3. De facto 6. Widowed

Race: 1. White
 2. Aboriginal Full Blood
 3. Aboriginal Caste
 4. Other

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Number of:

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 Previous pregnancies

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 Previous children --
 Now living

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 Born alive, now deceased

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 Stillborn

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Date of birth

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 Date of L.M.P.

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 Date of admission

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 Date of discharge

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Weight (kg)

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 Height (cm)

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 Duration of labour (hrs)

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 Type of discharge.....

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Morbid conditions and obstetrical complications

Not related to pregnancy

Previous pregnancies

Current pregnancy

Congenital abnormalities of previous children

Operations — Antenatal

Postnatal

INFORMATION CONCERNING THE BABY (Separate details on another form where more than one baby)

Name.....

Date of birth

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 Time of birth

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 Date commence special care

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 Date commence normal care

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 Date of discharge

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Sex: 1. Male
 2. Female

Condition: 1. Live
 2. Stillborn

T.S.R. (minutes)

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Race (codes 1-4 as defined above)

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 Plurality

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 Birthweight (g)

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 Length (cm)

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 Apgar (5 min.)

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Presentation.....

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 Position.....

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Birth trauma

Congenital anomalies

Other morbid conditions

Operations

Type of discharge.....

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 For adoption: Yes No

NAME OF DOCTOR..... NAME OF MIDWIFE

Signature of midwife..... Registration Number..... Date.....