

Midwives Regulations (Health Act) Form 2  
**NOTIFICATION OF CASE ATTENDED** 1 Hospital

1980-1981  
**FORM A**

PARTICULARS RELATING TO MOTHER

PRINT  
 IN  
 BLOCK  
 LETTERS

2 SURNAME	6 UNIT RECORD No.
3 FORENAMES	7 BIRTH DATE
4 ADDRESS OF USUAL RESIDENCE	8 POSTCODE
5 MAIDEN NAME	

9 Current Conjugal State:

single ( ) 1  
 married (incl. de facto) ( ) 2  
 other

10 Race:

Caucasian ( ) 1  
 Aboriginal (full or part) ( ) 2  
 Other ( ) 3

11 Height (cms)

**PREGNANCY**

PREVIOUS PREGNANCIES (excluding this pregnancy)

Total number of:

12 Previous Pregnancies

13 Previous children - now living

14 born alive, now dead

15 stillborn

**THIS PREGNANCY**

16 Date of LMP

17 This date - certain ( ) 1  
 - not certain ( ) 2

18 Expected due date

19 Complications of Pregnancy:

Threatened abortion (under 20 weeks) ( ) A

urinary tract infection ( ) B  
 pre eclampsia ( ) C  
 APH - placenta praevia ( ) D  
 - abruptio ( ) E  
 - other ( ) F  
 prem. rupture of membranes ( ) G

20 other..... H

21 Medical Conditions:

**LABOUR AND DELIVERY**

23 Onset of Labour:

spontaneous [ ] A  
 induced [ ] B  
 augmented [ ] C  
 no labour [ ] D

24 Presentation:

vertex ( ) 1  
 breech ( ) 2  
 other ( ) 3

25 Type of Delivery:

normal [ ] A  
 vacuum - successful [ ] B  
 - failed [ ] C  
 forceps - successful [ ] D  
 - failed [ ] E  
 breech manoeuvre [ ] F  
 caesarean - elective [ ] G  
 - emergency [ ] H

26 Hours of established labour:

27 Complications of Labour, Delivery:  
 (Include reason for Caesarean)

precipitate delivery [ ] A  
 foetal distress [ ] B  
 prolapsed cord [ ] C  
 cord tight around neck [ ] D  
 cephalopelvic disproportion [ ] E

28 other..... F

**BABY**

Separate Form for each Baby

Adoption Yes ( ) No ( )

33 Birth Date:

34 Time (24 hr. clock)

35 Plurality:

single birth ( ) 1  
 first twin ( ) 2  
 second twin ( ) 3  
 other multiple birth: ( ) 4

36 (specify baby number \_\_\_ of \_\_\_)

37 Sex: male ( ) 1  
 female ( ) 2

38 Condition: liveborn ( ) 1  
 stillborn ( ) 2

39 Birthweight (grams)

40 Length (cms)

41 Time to Spontaneous Respiration (mins)

42 Resuscitation:

none [ ] 0  
 intubation [ ] 3  
 oxygen only [ ] 8  
 other.....

43 Apgar Score (5 mins)

Estimated Gestation (weeks)

44 Congenital Anomalies.....

45 Birth Trauma (Eg. cephalhaematoma)

**COMPLETE SECTION ON SEPARATION**  
 Attach to Mother and Baby's Inpatient Summaries (HA22). Forward to Health Statistics Branch after discharge of Mother and/or baby whichever is later.

**MIDWIFE**

Name.....

Signature.....

22 Reg. No. .... Date ..../..../..

**BABY'S SEPARATION DETAILS**

Date of Discharge

29 Transfer or Death

30 Type of Separation:

Discharged home ( ) 1  
 Died ( ) 2  
 Transferred to ( ) 3

31 Special Care (whole days only)

32 Separate HA22 for baby:

yes, attached ( ) 2