





<b>Last name</b> _____	<b>Unit</b> <input type="text"/>	<b>Establishment</b> _____
<b>First name</b> _____	<b>Record No.</b> <input type="text"/>	<b>Ward</b> _____
<b>Address of usual residence</b>	<b>Birth date (Mother)</b> <input type="text"/>	<b>Marital status</b>
<b>Number and street</b> _____	<b>State</b> _____	1=never married 2=widowed 3=divorced <input type="checkbox"/>
<b>Town or suburb</b> _____	<b>Post code</b> <input type="text"/>	4=separated 5=married (incl. defacto) <input type="checkbox"/>
<b>Maiden name</b> _____	<b>Height</b> <input type="text"/>	6=unknown <input type="checkbox"/>
	<b>Weight</b> <input type="text"/>	<b>Ethnic status</b>
	(whole cm) (whole kilogram)	1=Caucasian 2=Aboriginal/TSI <input type="checkbox"/>
	<b>Telephone</b> <input type="text"/>	Other _____ <input type="checkbox"/>

### PREGNANCY DETAILS

**PREVIOUS PREGNANCIES:**

Total number (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:**

**Antenatal:**

Estimated gestation weeks at first 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/dates

2=ultrasound <20 wks

**Smoking:**

Number of tobacco cigarettes usually smoked each day **during first 20 weeks**

Number of tobacco cigarettes usually smoked each day **after 20 weeks of pregnancy.**

(none, use '000'; occasional or smoked <1, use '998'; undetermined, use '999')

**Complications of pregnancy:**

- 1  threatened abortion (<20wks)
- 2  threatened preterm labour (<37 wks)
- 3  urinary tract infection
- 4  pre-eclampsia
- 5  Antepartum haemorrhage (APH) – placenta praevia
- 6  APH – placental abruption
- 7  APH – other
- 8  pre-labour rupture of membranes
- 9  gestational diabetes
- 10  other (specify) \_\_\_\_\_

**Medical conditions:**

- 1  essential hypertension
- 2  pre-existing diabetes mellitus
- 3  asthma
- 4  genital herpes
- 8  other (specify) \_\_\_\_\_

**Procedures/treatments:**

- 1  fertility treatments (include drugs)
- 2  cervical suture
- 3  CVS/placental biopsy
- 4  amniocentesis
- 5  ultrasound
- 6  CTG antepartum
- 7  CTG intrapartum

**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

**MIDWIFE**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date

Reg. No.

### LABOUR DETAILS

**Onset of labour:**

1=spontaneous 2=induced 3=no labour

**Augmentation (labour has begun):**

- 1  none
- 2  oxytocin
- 3  prostaglandins
- 4  artificial rupture of membranes
- 8  other

**Induction (before labour began):**

- 1  none
- 2  oxytocin
- 3  prostaglandins
- 4  artificial rupture of membranes
- 8  other

**Analgesia (during labour):**

- 1  none
- 2  nitrous oxide
- 3  intra-muscular narcotics
- 4  epidural/caudal
- 5  spinal
- 7  combined spinal/epidural
- 8  other

**Duration of labour:**

1<sup>st</sup> stage (hour & min):  hr  min

2<sup>nd</sup> stage (hour & min):  hr  min

### DELIVERY DETAILS

**Anaesthesia (during delivery):**

- 1  none
- 2  local anaesthesia to perineum
- 3  pudendal
- 4  epidural/caudal
- 5  spinal
- 6  general
- 7  combined spinal/epidural
- 8  other

**Complications of labour and delivery**  
(includes the reason for operative delivery):

- 1  precipitate delivery
- 2  fetal distress
- 3  prolapsed cord
- 4  cord tight around neck
- 5  cephalopelvic disproportion
- 6  PPH(≥500mls)
- 7  retained placenta - manual removal
- 8  persistent occipito posterior
- 9  shoulder dystocia
- 10  failure to progress ≤3cm
- 11  failure to progress > 3cm
- 12  previous caesarean section
- 13  other (specify) \_\_\_\_\_

**Perineal status:**

1=intact 2=1<sup>st</sup> degree tear/vaginal tear  
3=2<sup>nd</sup> degree tear 4=3<sup>rd</sup> degree tear  
5=episiotomy 6=episiotomy plus tear  
7=4<sup>th</sup> degree tear 8=other

### ABORIGINAL STATUS OF BABY

(Tick one box only)

- 1 Aboriginal but not TSI
- 2 TSI but not Aboriginal
- 3 Aboriginal and TSI
- 4 Other

### BABY DETAILS

(Please use a separate form for each baby)

**Adoption:** 1=yes 2=no

**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=1<sup>st</sup> baby born, 2=2<sup>nd</sup> baby born, etc):

**Presentation:**

1=vertex 2=breech 3=face 4=brow 8=other

**Method of birth:**

- 1  spontaneous
- 2  vacuum successful
- 3  vacuum unsuccessful
- 4  forceps successful
- 5  forceps unsuccessful
- 6  breech (vaginal)
- 7  elective caesarean
- 8  emergency caesarean

**Accoucheur(s):**

- 1  obstetrician
- 2  other medical officer
- 3  midwife
- 4  student
- 5  self/no attendant
- 8  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 invasive or highest number)**

- 1  none
- 2  suction only
- 3  oxygen therapy only
- 4  bag and mask (IPPR)
- 5  endotracheal intubation
- 6  ext. cardiac massage and ventilation
- 8  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:**

(excludes Level 1; whole days only)

**Coder ID:**

<b>Last name</b> _____	<b>Unit</b> <input type="text"/>	<b>Establishment</b> _____
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Name \_\_\_\_\_

Signature \_\_\_\_\_

Date  2 0

Reg. No.

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**Apgar score:** 1 minute

5 minutes

**Estimated gestation (whole weeks):**

**Birth defects (specify):** \_\_\_\_\_

**Birth trauma (specify):** \_\_\_\_\_

### BABY SEPARATION DETAILS

**Separation date:**  2 0

**Mode of separation:**

1=transferred 8=died 9=discharged home

**Transferred to:**

(specify establishment code)

**Special care:**

(excludes Level 1; whole days only)

**Coder ID:**



## General guidelines for completion of this form

1. When completing this form, please use a ballpoint pen and place the form on a firm surface to ensure legibility of all three copies.
2. Answer ALL questions.
3. If a particular item of information is not available, then record as "unknown".
4. When text is required, please PRINT (preferably with the use of block letters).
5. Abbreviations should be limited to those in common use, to avoid miscoding of information.
6. Addressograph labels may be used but please ensure that one is placed on each of the three copies of the form.
7. Wherever possible, insert home or contact telephone number to facilitate continuity of care by Child Health Nurses. If unavailable, indicate with a dash or write "none".
8. Where there are more boxes provided than required, please "right adjust" your response, e.g. a birth weight of 975 grams inserted as 0975.
9. For all dates, eight boxes are provided, e.g. 6 March 1965 inserted as 06 03 1965.
10. Some items allow more than one response. These are identified by multiple boxes, e.g. Complications of labour and delivery.

Complications not listed in tick boxes should be recorded as text under the appropriate headings.

If further information is required for completion of this form, please refer to the "*Guidelines for Completion of the Notification of Case Attended Health Act (Notification by Midwife) Regulations Form No.2*" available from the website below or from the following:

The Manager

Maternal and Child Health Unit

Department of Health, Western Australia

1<sup>st</sup> Floor, C Block

189 Royal Street

EAST PERTH WA 6004

Telephone: (08) 9222 2417

Email: [BirthData@health.wa.gov.au](mailto:BirthData@health.wa.gov.au)

Web: [www.health.wa.gov.au/publications/subject\\_index/p/Perinatal\\_infant\\_maternal.cfm](http://www.health.wa.gov.au/publications/subject_index/p/Perinatal_infant_maternal.cfm)

### FORWARD FORM TO

Maternal and Child Health Unit

Department of Health, Western Australia

Reply Paid 70042

**(Delivery to Locked Bag 52)**

Perth BC WA 6849

*NB: **Guidelines** for completion of this form are available from the above address or the following email address [BirthData@health.wa.gov.au](mailto:BirthData@health.wa.gov.au) or website:*

**[www.health.wa.gov.au/publications/subject\\_index/p/Perinatal\\_infant\\_maternal.cfm](http://www.health.wa.gov.au/publications/subject_index/p/Perinatal_infant_maternal.cfm)**