

Duration of labour

1st stage (hour & min): hr min

2nd stage (hour & min): hr min

Postnatal blood loss in mLs:

Number of babies born (admin purposes only):

MIDWIFE

Name _____

Signature _____

Date 2 0

Reg. No. N M W

BIRTH 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 birth

(include the **reason** for instrument delivery):

- 1 precipitate delivery
- 2 fetal distress
- 3 prolapsed cord
- 4 cord tight around neck
- 5 cephalopelvic disproportion
- 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) _____

Principal reason for Caesarean Section: (specify)

Perineal status:

- 1 intact
- 2 1st degree tear/vaginal tear
- 3 2nd degree tear
- 4 3rd degree tear
- 5 episiotomy
- 7 4th degree tear
- 8 other

BABY DETAILS

ABORIGINAL STATUS OF BABY (Tick one box only)

- 1 Aboriginal but not Torres Strait Islander
- 2 Torres Strait Islander but not Aboriginal
- 3 Aboriginal and Torres Strait Islander
- 4 other

Born before arrival: 1=yes 2=no

Birth date: 2 0

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=brow 8=other

Mother last name _____ First name _____

Unit Rec No

Estab _____

Water birth: 1=yes 2=no

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: (All methods used)

- 1 none
- 2 suction
- 3 oxygen
- 4 continuous positive airway pressure (CPAP)
- 6 endotracheal intubation
- 10 intermittent positive pressure ventilation (IPPV)
- 11 external cardiac compressions
- 88 other

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: _____ hospital/service

Special care number of days:

(Excludes Level 1; whole days only)

MIDWIFE

Name _____

Date 2 0

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



Government of **Western Australia**
Department of **Health**

Guidelines for notification

This notification is available as an e-form at [E-form midwives notification \(health.wa.gov.au\)](http://health.wa.gov.au)

To complete and submit this notification form manually, instructions are provided below.

1. Print the three-page form.
2. Complete two pages of the form, a PREGNANCY and a BABY details page.
3. If more than one baby born, then one BABY details page must be completed for each baby.
4. Ensure birth site, mother's name and reporting midwife's name are recorded on each page of the form before submission.
5. Use a ballpoint pen.
6. Complete ALL items.
7. If information is not available record "unknown".
8. When providing a text response, PRINT using block letters.
9. Limit abbreviations to those in common use.
10. Printed patient address labels may be used, but ensure all pages are labelled correctly.
11. Always provide mothers' contact telephone number for Child Health Nurse. If no phone is available record "No phone" or "Nil".
12. Where there are more boxes provided than required, "right adjust" your response e.g. a birthweight of 975 grams should be reported as 0975 grams.
13. All dates must be recorded as DDMMYYYY e.g. for 12th March 2016 report 12032016.
14. Some questions allow more than one response. Report all appropriate items.
15. Report conditions relevant to the pregnancy and birth as Other when they are not specified e.g. "DEPRESSION" as Other Medical Condition
16. Do not report conditions irrelevant to the pregnancy and birth e.g. childhood appendectomy, tooth removal etc.

Further information is available in "Guidelines for Completion of the Notification of Case Attended Form 2" are available in "Resources" at http://ww2.health.wa.gov.au/Articles/J_M/Midwives-Notification-System

Assistance is available from:

Maternal and Child Health, Data Management
Department of Health, Western Australia
189 Royal Street
EAST PERTH WA 6004

Telephone: (08) 6373 1882

Email: Birthdata@health.wa.gov.au

Web: http://ww2.health.wa.gov.au/Articles/J_M/Midwives-Notification-System

1. Scan and email all pages of form to birthdata@health.wa.gov.au OR
2. Fax cover sheet and all pages of form to: **08 9222 4408**
3. Post all pages of form to:
Maternal and Child Health
Department of Health, WA
Reply Paid 70042
(Delivery to Locked Bag 52)
Perth BC WA 6849