

Health (Notifications by Midwives) Amendment Regulations (No. 2) 2011

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Health (Notifications by Midwives) Amendment Regulations (No. 2) 2011*.

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 the day after that day.

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** MR15

Last name <input style="width: 100%;" type="text"/>		Unit Record No. <input style="width: 100%;" type="text"/>	Establishment
First name <input style="width: 100%;" type="text"/>		Birth date (Mother) <input style="width: 100%;" type="text"/>	Ward
Address of usual residence		State <input style="width: 100%;" type="text"/>	Marital status
Number and street <input style="width: 100%;" type="text"/>		Post code <input style="width: 100%;" type="text"/>	1=never married 2=widowed 3=divorced
Town or suburb <input style="width: 100%;" type="text"/>		Height <input style="width: 100%;" type="text"/>	4=separated 5=married (incl. defacto)
Maiden name <input style="width: 100%;" type="text"/>		Weight <input style="width: 100%;" type="text"/>	6=unknown
Telephone <input style="width: 100%;" type="text"/>		Ethnic status	1=Caucasian 2=Aboriginal/TSI
		Other	<input style="width: 100%;" type="text"/>

PREGNANCY DETAILS	LABOUR DETAILS	BABY DETAILS
PREVIOUS PREGNANCIES: Total number (excluding this pregnancy): <input style="width: 50px;" type="text"/>	Onset of labour: 1=spontaneous 2=induced 3=no labour	(Please use a separate form for each baby)
Previous pregnancy outcomes: - liveborn, now living <input style="width: 50px;" type="text"/> - liveborn, now dead <input style="width: 50px;" type="text"/> - stillborn <input style="width: 50px;" type="text"/>	Augmentation (labour has begun): 1 <input type="checkbox"/> none 2 <input type="checkbox"/> oxytocin 3 <input type="checkbox"/> prostaglandins 4 <input type="checkbox"/> artificial rupture of membranes 8 <input type="checkbox"/> other	Adoption: 1=yes 2=no <input style="width: 50px;" type="text"/>
Number of previous caesareans <input style="width: 50px;" type="text"/> Caesarean last delivery 1=yes 2=no <input style="width: 50px;" type="text"/> Previous multiple births 1=yes 2=no <input style="width: 50px;" type="text"/>	Induction (before labour began): 1 <input type="checkbox"/> none 2 <input type="checkbox"/> oxytocin 3 <input type="checkbox"/> prostaglandins 4 <input type="checkbox"/> artificial rupture of membranes 8 <input type="checkbox"/> other	Born before arrival: 1=yes 2=no <input style="width: 50px;" type="text"/>
THIS PREGNANCY: Antenatal: Estimated gestation weeks at first antenatal visit <input style="width: 50px;" type="text"/> Total number of antenatal care visits <input style="width: 50px;" type="text"/>	Analgnesia (during labour): 1 <input type="checkbox"/> none 2 <input type="checkbox"/> nitrous oxide 3 <input type="checkbox"/> intra-muscular narcotics 4 <input type="checkbox"/> epidural/caudal 5 <input type="checkbox"/> spinal 7 <input type="checkbox"/> combined spinal/epidural 8 <input type="checkbox"/> other	Birth date: <input style="width: 50px;" type="text"/>
Date of LMP: <input style="width: 50px;" type="text"/>	Duration of labour: <input style="width: 50px;" type="text"/> hr <input style="width: 50px;" type="text"/> min 1 st stage (hour & min): <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> 2 nd stage (hour & min): <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>	Birth time (24hr clock): <input style="width: 50px;" type="text"/>
This date certain 1=yes 2=no <input style="width: 50px;" type="text"/>	Analgesia (during delivery): 1 <input type="checkbox"/> none 2 <input type="checkbox"/> local anaesthesia to perineum 3 <input type="checkbox"/> pudendal 4 <input type="checkbox"/> epidural/caudal 5 <input type="checkbox"/> spinal 6 <input type="checkbox"/> general 7 <input type="checkbox"/> combined spinal/epidural 8 <input type="checkbox"/> other	Plurality (number of babies this birth): <input style="width: 50px;" type="text"/>
Expected due date: <input style="width: 50px;" type="text"/>	Complications of labour and delivery (includes the reason for operative delivery): 1 <input type="checkbox"/> precipitate delivery 2 <input type="checkbox"/> fetal distress 3 <input type="checkbox"/> prolapsed cord 4 <input type="checkbox"/> cord tight around neck 5 <input type="checkbox"/> cephalopelvic disproportion 6 <input type="checkbox"/> PPH(≥500mls) 7 <input type="checkbox"/> retained placenta - manual removal 8 <input type="checkbox"/> persistent occipito posterior 9 <input type="checkbox"/> shoulder dystocia 10 <input type="checkbox"/> failure to progress ≤3cm 11 <input type="checkbox"/> failure to progress > 3cm 12 <input type="checkbox"/> previous caesarean section 13 <input type="checkbox"/> other (specify) <input style="width: 100px;" type="text"/>	Birth order (specify this baby, eg, 1=1 st baby born, 2=2 nd baby born, etc): <input style="width: 100px;" type="text"/>
based on 1=clinical signs/dates <input style="width: 50px;" type="text"/> 2=ultrasound <20 wks <input style="width: 50px;" type="text"/>	Complications of pregnancy: 1 <input type="checkbox"/> threatened abortion (<20wks) 2 <input type="checkbox"/> threatened preterm labour (<37 wks) 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 10 <input type="checkbox"/> other (specify) <input style="width: 100px;" type="text"/>	Presentation: 1=vertex 2=breech 3=face 4=brow 8=other <input style="width: 50px;" type="text"/>
Smoking: Number of tobacco cigarettes usually smoked each day during first 20 weeks <input style="width: 50px;" type="text"/>	Medical conditions: 1 <input type="checkbox"/> essential hypertension 2 <input type="checkbox"/> pre-existing diabetes mellitus 3 <input type="checkbox"/> asthma 4 <input type="checkbox"/> genital herpes 8 <input type="checkbox"/> other (specify) <input style="width: 100px;" type="text"/>	Method of birth: 1 <input type="checkbox"/> spontaneous 2 <input type="checkbox"/> vacuum successful 3 <input type="checkbox"/> vacuum unsuccessful 4 <input type="checkbox"/> forceps successful 5 <input type="checkbox"/> forceps unsuccessful 6 <input type="checkbox"/> breech (vaginal) 7 <input type="checkbox"/> elective caesarean 8 <input type="checkbox"/> emergency caesarean
Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy. (none, use '000'; occasional or smoked <1, use '999'; undetermined, use '999') <input style="width: 50px;" type="text"/>	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	Accoucheur(s): 1 <input type="checkbox"/> obstetrician 2 <input type="checkbox"/> other medical officer 3 <input type="checkbox"/> midwife 4 <input type="checkbox"/> student 5 <input type="checkbox"/> self/no attendant 8 <input type="checkbox"/> other
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 <input style="width: 50px;" type="text"/>	ABORIGINAL STATUS OF BABY (Tick one box only)	Gender: 1=male 2=female 3=indeterminate <input style="width: 50px;" type="text"/>
MIDWIFE Name <input style="width: 100%;" type="text"/> Signature <input style="width: 100%;" type="text"/> Date <input style="width: 100%;" type="text"/> Reg. No. <input style="width: 100%;" type="text"/>	1 Aboriginal but not TSI <input style="width: 50px;" type="text"/> 2 TSI but not Aboriginal <input style="width: 50px;" type="text"/> 3 Aboriginal and TSI <input style="width: 50px;" type="text"/> 4 Other <input style="width: 50px;" type="text"/>	Status of baby at birth: 1=liveborn 2=stillborn (unspecified) <input style="width: 50px;" type="text"/> 3= antepartum stillborn 4=intrapartum stillborn
		Infant weight (whole gram): <input style="width: 50px;" type="text"/>
		Length (whole cm): <input style="width: 50px;" type="text"/>
		Head circumference (whole cm): <input style="width: 50px;" type="text"/>
		Time to establish unassisted regular breathing (whole min): <input style="width: 50px;" type="text"/>
		Resuscitation: (record one only - the most invasive or highest number) 1 <input type="checkbox"/> none 2 <input type="checkbox"/> suction only 3 <input type="checkbox"/> oxygen therapy only 4 <input type="checkbox"/> bag and mask (IPPR) 5 <input type="checkbox"/> endotracheal intubation 6 <input type="checkbox"/> ext. cardiac massage and ventilation 8 <input type="checkbox"/> other
		Recovery: 1 minute <input style="width: 50px;" type="text"/> 5 minutes <input style="width: 50px;" type="text"/>
		Estimated gestation (whole weeks): <input style="width: 50px;" type="text"/>
		Birth defects (specify): <input style="width: 100px;" type="text"/>
		Birth trauma (specify): <input style="width: 100px;" type="text"/>
		BABY SEPARATION DETAILS Separation date: <input style="width: 50px;" type="text"/>
		Mode of separation: 1=transferred 8=died 9=discharged home <input style="width: 50px;" type="text"/>
		Transferred to: <input style="width: 50px;" type="text"/> (specify establishment code)
		Special care: (excludes Level 1; whole days only) <input style="width: 50px;" type="text"/>
		Coder ID: <input style="width: 50px;" type="text"/>

By Command of the Governor,

R. KENNEDY, Clerk of the Executive Council.