

LEGISLATIVE COUNCIL
Question Without Notice

Wednesday, 11 August 2021

C501. Hon Nick Goiran to the Minister representing the Minister for Health

I refer to your answer to my Question on Notice No.151 and to the MNS Reference Group and I ask:

1. What reason did the Group give the Chief Health Officer for the recommended changes to the Form 2?
2. On what date and in what form was that recommendation made?
3. Is the Group's recommendation and reasons contained in any written document?
4. If yes to 3, will you table those documents?

Answer

I thank the Honourable Member for some notice of the question.

(1) In addition to the changes being recommended by the panel of experts comprising the MNS Reference Group, the changes align Western Australia to national reporting requirements of the Perinatal National Minimum Dataset.

(2) The recommendations were made to the Chief Health Officer on 30 October 2020 in the form of a briefing note.

(3) Yes.

(4) I table the attached document.



Briefing Note

To:	Dr Andy Robertson CHIEF HEALTH OFFICER <i>Robertson 9/11/20</i>
Via:	Jodie South EXECUTIVE DIRECTOR [REDACTED] <i>6/11/20</i> INFORMATION AND SYSTEM PERFORMANCE
From:	Stewart Sandon 5/11/2020 DIRECTOR [REDACTED] INFORMATION AND PERFORMANCE GOVERNANCE
Subject:	RECOMMENDATIONS FOR AMENDMENT TO FORM 2 – NOTIFICATION OF CASE ATTENDED

Purpose

- To request approval for recommended changes to Form 2 – Notification of Case Attended (Form 2), as determined at the annual meeting of the Western Australian MNS Reference Group.

Recommendation

It is recommended that the Chief Health Officer:

- approves the changes to Form 2 as recommended by the MNS Reference Group; and
- supports a request to Legal & Legislative Services to amend Form 2 of the *Health (Notifications by Midwives) Regulations 1994* (the Regulations) to mandate midwife reporting of these additional data items from 1 July 2021.

Current Situation/Issues

- In its annual meeting on 27 July 2020, the MNS Reference Group reviewed and endorsed three new data items and one modified data item (Attachment 2), and recommended that midwives notify this information on Form 2 for all births from 1 July 2021 (Attachment 3).
- As part of their consideration, the MNS Reference Group determined that a negligible increase of human and physical resources would be required to support these additions at health services, private practices, and the Department of Health.

Background

- Section 335 of the *Health (Miscellaneous Provisions) Act 1911* (the Act) requires registered midwives in Western Australia to report information about births they attend, in the form prescribed, to the Chief Health Officer.
- The Regulations prescribe Form 2 as the form in which reports must be furnished.
- Information prescribed on Form 2 (Attachment 1) is submitted to the Chief Health Officer by either paper submission or data transfer, provided to WA Child Health Services, and compiled to the Midwives Notification System (MNS).

- The National Health Information Agreement 2013 requires all jurisdictions to report information specified by the national minimum data sets (NMDS) to the Australian Institute of Health and Welfare (AIHW).
- The National Perinatal Data Development Committee (NPDDC) has jurisdictional representation and is responsible to the National Health Data and Information Standards Committee (NHDISC) for the content of the Perinatal NMDS. All jurisdictions have agreed to provide AIHW with information defined by the perinatal national best endeavours data set (NBEDS) if collected.
- The WA MNS Reference Group meets annually to review submissions for changes to Form 2 and data held in the MNS. They make recommendations for changes that balance available resources with benefits for collecting this additional information.
- The MNS Reference Group's membership comprises midwives and child health nurses who represent public and private health services, metropolitan and country maternity and child health services as well as private practice midwives and the [REDACTED] Professor of Midwifery, who is responsible for midwifery education and research, is also included.
- Since creation of the Regulations on 28 January 1994, amendments to Form 2 have been published in the Government Gazette on 14 June 2019, 16 May 2017, 03 May 2016, 24 Apr 2014, 17 Dec 2012, and 30 Dec 2011.


Prepared by Daniel Bonner
A/Principal Data Management Officer
[REDACTED]
30 October 2020

Approved ☒

Not Approved ☐

Noted ☐

Comments:

Signed 
Dr Andy Robertson
CHIEF HEALTH OFFICER

Date 9/11/20

Att:

1. Form 2 – Current version since 1 July 2017
2. Data item recommendations by the MNS Reference Group from 1 July 2021
3. Form 2 - Markup of proposed changes from 1 July 2021

File Number: F-AA-68350-23

Doc Number [enter doc number]

Page 2 of 2

Last name _____	Unit Record No <input type="text"/>	Etab _____	
First name _____	Birth date (Mother) <input type="text"/>	Ward _____	
Address of usual residence _____		Marital status <input type="text"/>	
Number and street _____	State _____ Post code <input type="text"/>	1=never married 2=widowed 3=divorced 4=separated 5=married (incl. Defacto) 6=unknown	
Town or suburb _____	Height <input type="text"/> (whole cm)	Weight <input type="text"/> (whole kilogram)	
Maiden name _____	Telephone <input type="text"/>		Ethnic status of mother <input type="text"/>
Email _____			1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI
Interpreter service required <input type="checkbox"/>	Mother's language _____		Or Other _____
(1=yes 2=no) (requiring interpreter)			

PREGNANCY DETAILS																																						
<p>PREVIOUS PREGNANCIES:</p> <p>Total number (excluding this pregnancy): <input type="text"/></p> <p>Parity (excluding this pregnancy): <input type="text"/></p> <p>Previous pregnancy outcomes:</p> <p>- liveborn, now living <input type="text"/></p> <p>- liveborn, now dead <input type="text"/></p> <p>- stillborn <input type="text"/></p> <p>Number of previous caesareans <input type="text"/></p> <p>Caesarean last delivery 1=yes 2=no <input type="text"/></p> <p>Previous multiple births 1=yes 2=no <input type="text"/></p> <p>THIS PREGNANCY:</p> <p>Estimated gest wk at 1st antenatal visit <input type="text"/></p> <p>Total number of antenatal care visits <input type="text"/></p> <p>Date of LMP: <input type="text"/></p> <p>This date certain 1=yes 2=no <input type="text"/></p> <p>Expected due date: <input type="text"/></p> <p>Based on 1=clinical signs/dates <input type="text"/></p> <p>2=ultrasound <20 wks <input type="text"/></p> <p>3=ultrasound >=20 wks <input type="text"/></p> <p>Smoking:</p> <p>Number of tobacco cigarettes usually smoked each day during first 20 weeks of pregnancy <input type="text"/></p> <p>Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy <input type="text"/></p> <p>(If none use '000'; occasional or smoked <1 use '998'; undetermined use '999')</p> <p>Alcohol during pregnancy:</p> <table style="width: 100%;"> <tr> <th>First 20 wks</th> <th>After 20 wks</th> </tr> <tr> <td>Frequency of drinking an alcoholic drink <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>01 = never 04 = 2 to 3 times a week</td> <td></td> </tr> <tr> <td>02 = monthly 05 = 4 or more times a week</td> <td></td> </tr> <tr> <td>03 = 2 to 4 times a month 99 = unknown</td> <td></td> </tr> </table> <p>Number of standard alcohol drinks on a typical day <input type="text"/></p> <p>Was screening for depression/anxiety conducted: <input type="text"/></p> <p>1=yes 2=not offered 3=declined 9=unknown</p> <p>Was additional followup indicated for perinatal mental health risk factors? <input type="text"/></p> <p>1=yes 2=no 7=not applicable 9=unknown</p> <p>Complications of pregnancy:</p> <p>1 <input type="checkbox"/> threatened abortion (<20wks)</p> <p>2 <input type="checkbox"/> threatened preterm labour (<37wks)</p> <p>3 <input type="checkbox"/> urinary tract infection</p> <p>4 <input type="checkbox"/> pre-eclampsia</p> <p>5 <input type="checkbox"/> antepartum haemorrhage (APH) placenta praevia</p> <p>6 <input type="checkbox"/> APH – placental abruption</p> <p>7 <input type="checkbox"/> APH – other</p> <p>8 <input type="checkbox"/> pre-labour rupture of membranes</p> <p>9 <input type="checkbox"/> gestational diabetes</p> <p>11 <input type="checkbox"/> gestational hypertension</p> <p>12 <input type="checkbox"/> pre-eclampsia superimposed on essential hypertension</p> <p>99 <input type="checkbox"/> other (specify) _____</p> <p>Medical Conditions:</p> <p>1 <input type="checkbox"/> essential hypertension</p> <p>3 <input type="checkbox"/> asthma</p> <p>4 <input type="checkbox"/> genital herpes</p> <p>5 <input type="checkbox"/> type 1 diabetes</p> <p>6 <input type="checkbox"/> type 2 diabetes</p> <p>8 <input type="checkbox"/> other (specify) _____</p>	First 20 wks	After 20 wks	Frequency of drinking an alcoholic drink <input type="text"/>	<input type="text"/>	01 = never 04 = 2 to 3 times a week		02 = monthly 05 = 4 or more times a week		03 = 2 to 4 times a month 99 = unknown		<p>Vaccinations during pregnancy:</p> <table style="width: 100%;"> <tr> <td>01 Vaccinated during 1st trimester</td> <td>Influenza <input type="text"/></td> <td>Pertussis <input type="text"/></td> </tr> <tr> <td>02 Vaccinated during 2nd trimester</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>03 Vaccinated during 3rd trimester</td> <td></td> <td></td> </tr> <tr> <td>04 Vaccinated in unknown trimester</td> <td></td> <td></td> </tr> <tr> <td>05 Not vaccinated</td> <td></td> <td></td> </tr> <tr> <td>99 Unknown if vaccinated</td> <td></td> <td></td> </tr> </table> <p>Procedures/treatments:</p> <p>1 <input type="checkbox"/> fertility treatments (include drugs)</p> <p>2 <input type="checkbox"/> cervical suture</p> <p>3 <input type="checkbox"/> CVS/placental biopsy</p> <p>4 <input type="checkbox"/> amniocentesis</p> <p>5 <input type="checkbox"/> ultrasound</p> <p>6 <input type="checkbox"/> CTG antepartum</p> <p>7 <input type="checkbox"/> CTG intrapartum</p> <p>Intended place of birth at onset of labour: <input type="text"/></p> <p>1=hospital 2=birth centre attached to hospital 3=birth centre free standing 4=home 8=other</p> <p style="text-align: center;">LABOUR DETAILS</p> <p>Onset of labour: <input type="text"/></p> <p>1=spontaneous 2=induced 3=no labour</p> <p>Principal reason for induction of labour (if induced): _____</p> <p>Augmentation (labour has begun):</p> <p>1 <input type="checkbox"/> none</p> <p>2 <input type="checkbox"/> oxytocin</p> <p>3 <input type="checkbox"/> prostaglandins</p> <p>4 <input type="checkbox"/> artificial rupture of membranes</p> <p>8 <input type="checkbox"/> other</p> <p>Induction (before labour begun):</p> <p>1 <input type="checkbox"/> none</p> <p>2 <input type="checkbox"/> oxytocin</p> <p>3 <input type="checkbox"/> prostaglandins</p> <p>4 <input type="checkbox"/> artificial rupture of membranes</p> <p>5 <input type="checkbox"/> dilatation device i.e. Foley Catheter</p> <p>6 <input type="checkbox"/> antiprogesterone i.e. mifepristone</p> <p>8 <input type="checkbox"/> other</p> <p>Analgesia (during labour):</p> <p>1 <input type="checkbox"/> none</p> <p>2 <input type="checkbox"/> nitrous oxide</p> <p>4 <input type="checkbox"/> epidural/caudal</p> <p>5 <input type="checkbox"/> spinal</p> <p>6 <input type="checkbox"/> systemic opioids</p> <p>7 <input type="checkbox"/> combined spinal/epidural</p> <p>8 <input type="checkbox"/> other</p> <p>Duration of labour</p> <table style="width: 100%;"> <tr> <th>1st stage (hour & min):</th> <th>hr</th> <th>min</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <th>2nd stage (hour & min):</th> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Postnatal blood loss in mLs: <input type="text"/></p> <p>Number of babies born (admin purposes only): <input type="text"/></p> <p>MIDWIFE</p> <p>Name _____</p> <p>Signature _____</p> <p>Date <input type="text"/></p> <p>Reg. No. <input type="text"/></p>	01 Vaccinated during 1 st trimester	Influenza <input type="text"/>	Pertussis <input type="text"/>	02 Vaccinated during 2 nd trimester	<input type="text"/>	<input type="text"/>	03 Vaccinated during 3 rd trimester			04 Vaccinated in unknown trimester			05 Not vaccinated			99 Unknown if vaccinated			1 st stage (hour & min):	hr	min	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 nd stage (hour & min):	<input type="text"/>	<input type="text"/>
First 20 wks	After 20 wks																																					
Frequency of drinking an alcoholic drink <input type="text"/>	<input type="text"/>																																					
01 = never 04 = 2 to 3 times a week																																						
02 = monthly 05 = 4 or more times a week																																						
03 = 2 to 4 times a month 99 = unknown																																						
01 Vaccinated during 1 st trimester	Influenza <input type="text"/>	Pertussis <input type="text"/>																																				
02 Vaccinated during 2 nd trimester	<input type="text"/>	<input type="text"/>																																				
03 Vaccinated during 3 rd trimester																																						
04 Vaccinated in unknown trimester																																						
05 Not vaccinated																																						
99 Unknown if vaccinated																																						
1 st stage (hour & min):	hr	min																																				
<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
2 nd stage (hour & min):	<input type="text"/>	<input type="text"/>																																				

Complete this Pregnancy form once for each woman giving birth, and submit one Baby form for each baby born

For notifying births occurring from 1st July 2019

Health (Notifications by Midwives) Regulations 1994 Form 2 NOTIFICATION OF CASE ATTENDED – BABY DETAILS

Mother last name _____ First name _____ Unit Rec No

--	--	--	--	--	--	--	--

 Estab _____

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: (Tick one box only)

- 1 ☐ fetal compromise
- 2 ☐ suspected fetal macrosomia
- 3 ☐ malpresentation
- 4 ☐ lack of progress ≤ 3cm
- 5 ☐ lack of progress in the 1st stage, 4cm to < 10cm
- 6 ☐ lack of progress in the 2nd stage
- 7 ☐ placenta praevia
- 8 ☐ placental abruption
- 9 ☐ vasa praevia
- 10 ☐ antepartum/intrapartum haemorrhage
- 11 ☐ multiple pregnancy
- 12 ☐ unsuccessful attempt at assisted delivery
- 13 ☐ unsuccessful induction
- 14 ☐ cord prolapse
- 15 ☐ previous caesarean section
- 16 ☐ previous shoulder dystocia
- 17 ☐ previous perineal trauma/4th degree tear
- 18 ☐ previous adverse fetal/neonatal outcome
- 19 ☐ other obstetric, medical, surgical, psychological indications
- 20 ☐ maternal choice in the absence of any obstetric, medical, surgical, psychological indications

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

☐

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 completion of this multi-page form

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

More "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

Further information about completing and reporting this form can be received from:

The Manager
Maternal and Child Health Unit
Department of Health, Western Australia
189 Royal Street
EAST PERTH WA 6004

Telephone: (08) 9222 2417

Email: Birthdata@health.wa.gov.au

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

Email scanned copy of all pages of form to birthdata@health.wa.gov.au

Fax cover sheet and all pages of form to: 08 9222 4408

Post all pages of form to:

Maternal and Child Health Unit
Department of Health, WA
Reply Paid 70042
(Delivery to Locked Bag 52)
Perth BC WA 6849

ATTACHMENT TWO - Data items for MNS

Data items recommended for reporting for births with infant DOB from 1 July 2021

Source of request	Data item	Response values for MNS	N2	BN6	Meteor ID	Comments
AIHW	Primary maternity model of care	NNNNNN e.g. 012345 Model ID number as per the AIHW Maternity Models of Care Classification System (MaCCS).	Yes	Yes	704349	All model IDs are generated from MaCCS. Report one value for each birth. If a woman is managed through pregnancy at one service, then transferred to another service/hospital for birth, the original service model should be reported.
AIHW	Maternity model of care at the onset of labour or non-labour caesarean	NNNNNN e.g. 012345 Model ID number as per the AIHW Maternity Models of Care Classification System (MaCCS).	Yes	Yes	704353	All model IDs are generated from MaCCS. Report one value for each birth.
AIHW	Family violence screening status	1 Yes 2 Not offered 3 Declined 9 Not stated/inadequately described	Yes	Yes	622401	Report one value for each birth. Screening is conducted using a validated screening tool.
MCH	Main indication for induction of labour	1 Prolonged pregnancy 2 Prelabour rupture of membranes 3 Diabetes 4 Hypertensive disorders 5 Multiple pregnancy 6 Chorioamnionitis (includes suspected) 7 Cholestasis of pregnancy 8 Antepartum haemorrhage 9 Maternal age 10 Body Mass Index (BMI) 11 Maternal mental health indication	Yes	Yes	695720	Existing data item. Addition of "82 – Late term pregnancy" will address a validation issue for long term pregnancies which have not reached 41 weeks. This item does not require amendment to Form 2 because each option is not included on the form. It will, however, be added to the data feeder file

Source of request	Data item	Response values for MNS	N2	BN6	Meteor ID	Comments
		12 Previous adverse perinatal outcome 19 Other maternal obstetric or medical indication 20 Fetal compromise (includes suspected) 21 Fetal growth restriction (includes suspected) 22 Fetal macrosomia (includes suspected) 23 Fetal death 24 Fetal congenital anomaly 80 Administrative or geographical indication 81 Maternal choice in the absence of any obstetric, medical, fetal, administrative or geographical indication 82 Late term pregnancy 89 Other indication not elsewhere classified 99 Not stated/inadequately described				specifications for electronic submissions.

N2 – specification version for Midwives' NOCA extract for births from 1 July 2021
BN6 – specification version for Birth Notification data file (version 5) for births from 1 July 2021
Meteor ID is national data dictionary definition

Last name _____	Unit Record No <input type="text"/>	Etab _____	
First name _____	Birth date (Mother) <input type="text"/>	Ward _____	
Address of usual residence _____		Marital status <input type="text"/>	
Number and street _____	State _____	1=never married 2=widowed 3=divorced	
	Post code <input type="text"/>	4=separated 5=married (incl. Defacto)	
Town or suburb _____	Height <input type="text"/>	6=unknown	
Maiden name _____	(whole cm) _____	Ethnic status of mother <input type="text"/>	
Email _____	Weight <input type="text"/>	1=Caucasian 10=Aboriginal not TSI	
Telephone _____	(whole kilogram) _____	11=TSI not Aboriginal 12=Aboriginal and TSI	
Interpreter service required <input type="checkbox"/>	Mother's language _____	Or Other _____	
(1=yes 2=no)	(requiring interpreter)		

PREVIOUS PREGNANCIES:

Total number (excluding this pregnancy):

Parity (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:

Estimated gest wk at 1st 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

3 = ultrasound ≥20 wks

Smoking:

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

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

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

Alcohol during pregnancy:

Frequency of drinking an alcoholic drink

01 = never 04 = 2 to 3 times a week

02 = monthly 05 = 4 or more times a week

03 = 2 to 4 times a month 99 = unknown

Number of standard alcohol drinks on a typical day

Was screening for depression/anxiety conducted:

1=yes 2=not offered 3=declined 9=unknown

Was additional followup indicated for perinatal mental health risk factors?

1=yes 2=no 7= not applicable 9= unknown

Was family violence screening conducted:

1=yes 2=not offered 7= declined 9= not stated

Complications of pregnancy:

1 ☐ threatened abortion (<20wks)

2 ☐ threatened preterm labour (<37wks)

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

11 ☐ gestational hypertension

12 ☐ pre-eclampsia superimposed on essential hypertension

99 ☐ other (specify) _____

Medical Conditions:

1 ☐ essential hypertension 5 ☐ type 1 diabetes

3 ☐ asthma 6 ☐ type 2 diabetes

4 ☐ genital herpes 8 ☐ other (specify) _____

Vaccinations during pregnancy:

01 Vaccinated during 1st trimester

02 Vaccinated during 2nd trimester

03 Vaccinated during 3rd trimester

04 Vaccinated in unknown trimester

05 Not vaccinated

99 Unknown if vaccinated

Procedures/treatments:

1 ☐ fertility treatments (include drugs)

2 ☐ cervical suture

3 ☐ CVS/placental biopsy

4 ☐ amniocentesis

5 ☐ ultrasound

6 ☐ CTG antepartum

7 ☐ CTG intrapartum

Primary maternity model of care:

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

LABOUR DETAILS

Primary maternity model of care at onset of labour or non-labour caesarean:

Onset of labour:

1=spontaneous 2=induced 3=no labour

Principal reason for induction of labour (if induced): _____

<p>Augmentation (labour has begun):</p> <p>1 <input type="checkbox"/> none</p> <p>2 <input type="checkbox"/> oxytocin</p> <p>3 <input type="checkbox"/> prostaglandins</p> <p>4 <input type="checkbox"/> artificial rupture of membranes</p> <p>8 <input type="checkbox"/> other</p>	<p>Induction (before labour begun):</p> <p>1 <input type="checkbox"/> none</p> <p>2 <input type="checkbox"/> oxytocin</p> <p>4 <input type="checkbox"/> prostaglandins</p> <p>5 <input type="checkbox"/> artificial rupture of membranes</p> <p>6 <input type="checkbox"/> dilatation device i.e. Foley Catheter</p> <p>7 <input type="checkbox"/> antiprogesterone i.e. mifepristone</p> <p>8 <input type="checkbox"/> other</p>
---	--

Analgesia (during labour):

1 ☐ none 6 ☐ systemic opioids

2 ☐ nitrous oxide 7 ☐ combined spinal/epidural

4 ☐ epidural/caudal 8 ☐ other

5 ☐ spinal

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

Reg. No.

Complete this Pregnancy form once for each woman giving birth, and submit one Baby form for each baby born

Health (Notifications by Midwives) Regulations 1994 Form 2 **NOTIFICATION OF CASE ATTENDED – BABY DETAILS**

Mother last name _____ First name _____ Unit Rec No Estab _____

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: (Tick one box only)

- 1 ☐ fetal compromise
- 2 ☐ suspected fetal macrosomia
- 3 ☐ malpresentation
- 4 ☐ lack of progress ≤ 3cm
- 5 ☐ lack of progress in the 1st stage, 4cm to < 10cm
- 6 ☐ lack of progress in the 2nd stage
- 7 ☐ placenta praevia
- 8 ☐ placental abruption
- 9 ☐ vasa praevia
- 10 ☐ antepartum/intrapartum haemorrhage
- 11 ☐ multiple pregnancy
- 12 ☐ unsuccessful attempt at assisted delivery
- 13 ☐ unsuccessful induction
- 14 ☐ cord prolapse
- 15 ☐ previous caesarean section
- 16 ☐ previous shoulder dystocia
- 17 ☐ previous perineal trauma/4th degree tear
- 18 ☐ previous adverse fetal/neonatal outcome
- 19 ☐ other obstetric, medical, surgical, psychological indications
- 20 ☐ maternal choice in the absence of any obstetric, medical, surgical, psychological indications

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 ☐

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 completion of this multi-page form

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

More "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

Further information about completing and reporting this form can be received from:

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

Telephone: (08) 9222 2417

Email: Birthdata@health.wa.gov.au

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

Email scanned copy of all pages of form to birthdata@health.wa.gov.au

Fax cover sheet and all pages of form to: 08 9222 4408

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