

Health (Notifications by Midwives) Amendment Regulations 2021

SL 2021/62

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Health (Notifications by Midwives) Amendment Regulations 2021*.

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 1 July 2021.

3. Regulations amended

These regulations amend the *Health (Notifications by Midwives) Regulations 1994*.

4. Schedule amended

In the Schedule delete Form 2 and insert:

Mother last name _____ First name _____		Baby sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
BIRTH DETAILS			
Anaesthesia (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		Born before arrival: 1=yes 2=no <input type="checkbox"/> Birth date: _____ 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=trans 8=other <input type="checkbox"/> Water birth: 1=yes 2=no <input type="checkbox"/> 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	
Complications of labour and birth (include the reason for instrument 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 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) _____		Accoucher(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 Gender: 1=male 2=female 3=indeterminate <input type="checkbox"/> Status of baby at birth: 1=liveborn 2=stillborn (unspecified) <input type="checkbox"/> 3=antepartum stillborn 4=intrapartum stillborn	
Principal reason for Caesarean Section: (Tick one box only) 1 <input type="checkbox"/> fetal compromise 2 <input type="checkbox"/> suspected fetal macrosomia 3 <input type="checkbox"/> malpresentation 4 <input type="checkbox"/> lack of progress <= 3cm 5 <input type="checkbox"/> lack of progress in the 1st stage, 4cm to < 10cm 6 <input type="checkbox"/> lack of progress in the 2nd stage 7 <input type="checkbox"/> placenta praevia 8 <input type="checkbox"/> placental abruption 9 <input type="checkbox"/> vasa praevia 10 <input type="checkbox"/> antepartum/intrapartum haemorrhage 11 <input type="checkbox"/> multiple pregnancy 12 <input type="checkbox"/> unsuccessful attempt at assisted delivery 13 <input type="checkbox"/> unsuccessful induction 14 <input type="checkbox"/> cord prolapse 15 <input type="checkbox"/> previous caesarean section 16 <input type="checkbox"/> previous shoulder dystocia 17 <input type="checkbox"/> previous perineal trauma/4 th degree tear 18 <input type="checkbox"/> previous adverse fetal/neonatal outcome 19 <input type="checkbox"/> other obstetric, medical, surgical, psychological indications 20 <input type="checkbox"/> maternal choice in the absence of any obstetric, medical, surgical, psychological indications		Infant weight: (whole gram) _____ Length: (whole cm) _____ Head circumference: (whole cm) _____ Time to establish unassisted regular breathing: (whole min) _____ Resuscitation: (All methods used) 1 <input type="checkbox"/> none 2 <input type="checkbox"/> suction 3 <input type="checkbox"/> oxygen 4 <input type="checkbox"/> continuous positive airway pressure (CPAP) 6 <input type="checkbox"/> endotracheal intubation 10 <input type="checkbox"/> intermittent positive pressure ventilation (IPPV) 11 <input type="checkbox"/> external cardiac compressions 88 <input type="checkbox"/> other Apgar score: 1 minute _____ 5 minutes _____ Estimated gestation: (whole weeks) _____ Birth defects: (specify) _____ Birth trauma: (specify) _____	
Perineal status: 1 <input type="checkbox"/> intact 2 <input type="checkbox"/> 1 st degree tear/vaginal tear 3 <input type="checkbox"/> 2 nd degree tear 4 <input type="checkbox"/> 3 rd degree tear 5 <input type="checkbox"/> episiotomy 7 <input type="checkbox"/> 4 th degree tear 8 <input type="checkbox"/> other		BABY SEPARATION DETAILS Separation date: _____ Mode of separation: 1=transferred 8=died 9=discharged home <input type="checkbox"/> Transferred to: _____ (hospital/service) Special care number of days: (Excludes Level 1; whole days only) _____ MIDWIFE Name: _____ Date: _____	
ABORIGINAL STATUS OF BABY (Tick one box only) 1 <input type="checkbox"/> Aboriginal but not Torres Strait Islander 2 <input type="checkbox"/> Torres Strait Islander but not Aboriginal 3 <input type="checkbox"/> Aboriginal and Torres Strait Islander 4 <input type="checkbox"/> other		Complete this Baby form once for each baby born, and submit with Pregnancy form	

N. HAGLEY, Clerk of the Executive Council.