

1993-1994

Health Act (Midwifery Nurses) Regulations Form 2
NOTIFICATION OF CASE ATTENDED

Hospital

PARTICULARS RELATING TO MOTHER

SURNAME, UNIT RECORD No., FORENAMES, BIRTH DATE, ADDRESS OF USUAL RESIDENCE, POSTCODE, MAIDEN NAME, TELEPHONE NUMBER

PRINT IN BLOCK LETTERS

Current Conjugal State: 1. single, 2. married (incl. de facto) or other, Race: 1. Caucasian, 2. Aboriginal (full or part), 3. Other, Height (cms)

PREGNANCY: PREVIOUS PREGNANCIES (excluding this pregnancy), THIS PREGNANCY, Date of LMP, Expected due date, Complications of Pregnancy, Medical Conditions, Procedures/Treatments

LABOUR AND DELIVERY: Onset of Labour, Augmentation of Labour, Presentation, Type of Delivery, Anaesthesia/Analgesia, Hours of established labour, Complications of Labour, Delivery, Repair Perineum and/or Vagina

BABY: Separate Form for each Baby, Birth Date, Plurality, Sex, Condition, Birthweight, Length, Head circumference, Time to establish unassisted regular breathing, Resuscitation, Apgar Score, Estimated Gestation, Birth Defects, Birth Trauma

BABY'S SEPARATION DETAILS: Date of Discharge, Type of Separation, Special Care (wholedays only)

COMPLETE SECTION ON SEPARATION Attach to Mother and Baby's Inpatient Summaries (HA22). Forward to Health Services Statistics and Epidemiology Branch, Health Dept of Western Australia P.O. Box 8172, Stirling Street, PERTH 6849 after discharge of mother and/or baby whichever is later.

MIDWIFE: Name, Signature, Reg. No., Date