

Surname _____ **Unit Record No.**

Forenames _____ **Birth date (Mother)**

Address of usual residence
Number and street _____ **State** _____ **Post code**

Town or suburb _____ **Height (whole cm)**

Maiden name _____ **Telephone**

Establishment _____

Ward _____

Marital status
 1=never married 2=widowed 3=divorced
 4=separated 5=married (incl. defacto)
 6=unknown

Ethnic status
 1=Caucasian 2=Aboriginal/TSI
 Other _____

PREGNANCY DETAILS

PREVIOUS PREGNANCIES:
Total number (excluding this pregnancy):

Previous pregnancy outcomes:
– liveborn, now living
– liveborn, now dead
– stillborn

Previous caesarean section 1=yes 2=no
Caesarean last delivery 1=yes 2=no
Previous multiple births 1=yes 2=no

THIS PREGNANCY:

Antenatal:
Estimated gestation weeks at first antenatal visit (excludes contact to test for pregnancy. None, use '98'; undetermined, use '99'; in 1st incomplete week, use '00')

Date of LMP: 2 0
This date certain 1=yes 2=no

Expected due date: 2 0
based on 1=clinical signs/dates
2=ultrasound <20 wks

Smoking:
Number of tobacco cigarettes usually smoked each day **during first 20 weeks of pregnancy** (none, use '000'; occasional or smoked <1, use '998'; undetermined, use '999')

Number of tobacco cigarettes usually smoked each day **after 20 weeks of pregnancy.** (none, use '000'; occasional or smoked <1, use '998'; undetermined, use '999')

Complications of pregnancy:
1 threatened abortion (<20wks)
2 threatened preterm labour (<37 wks)
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
10 other (specify) _____

Medical conditions:
1 essential hypertension
2 pre-existing diabetes mellitus
3 asthma
4 genital herpes
8 other (specify) _____

Procedures/treatments:
1 fertility treatments (include drugs)
2 cervical suture
3 CVS/placental biopsy
4 amniocentesis
5 ultrasound
6 CTG antepartum
7 CTG intrapartum

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

MIDWIFE

Name _____
Signature _____
Date 2 0
Reg. No.

LABOUR DETAILS

Onset of labour:
1=spontaneous 2=induced 3=no labour

Augmentation (labour has begun):
1 none
2 oxytocin
3 prostaglandins
4 artificial rupture of membranes
8 other

Induction (before labour began):
1 none
2 oxytocin
3 prostaglandins
4 artificial rupture of membranes
8 other

Analgesia (during labour):
1 none
2 nitrous oxide
3 intra-muscular narcotics
4 epidural/caudal
5 spinal
7 combined spinal/epidural
8 other

Duration of labour:
1st stage (hour & min): hr min
2nd stage (hour & min): hr min

DELIVERY 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 delivery (includes the reason for operative delivery):
1 precipitate delivery
2 fetal distress
3 prolapsed cord
4 cord tight around neck
5 cephalopelvic disproportion
6 PPH(≥500mls)
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) _____

Perineal status:
1=intact 2=1st degree tear/vaginal tear
3=2nd degree tear 4=3rd degree tear
5=episiotomy 6=episiotomy plus tear
7= 4th degree tear 8=other

FORWARD FORM TO

Maternal & Child Health Unit
Department of Health, Western Australia
Reply Paid 70042
(Delivery to Locked Bag 52)
Perth BC WA 6849
NB: **Guidelines** for completion of this form are available from the above address or the following email address
BirthData@health.wa.gov.au or website:
www.health.wa.gov.au/publications/subject_index/p/Perinatal_infant_maternal.cfm

BABY DETAILS

(Please use a separate form for each baby)

Adoption: 1=yes 2=no

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 baby born, etc):

Presentation:
1=vertex 2=breech 3=face 4=brow 8=other

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: (record one only – the most invasive or highest number)
1 none
2 suction only
3 oxygen therapy only
4 bag and mask (IPPR)
5 endotracheal intubation
6 ext. cardiac massage and ventilation
8 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:
(specify establishment code)

Special care:
(excludes Level 1; whole days only)

Coder ID:



General guidelines for completion of this form

1. When completing this form, please use a ballpoint pen and place the form on a firm surface to ensure legibility of all three copies.
2. Answer ALL questions.
3. If a particular item of information is not available, then record as “unknown”.
4. When text is required, please PRINT (preferably with the use of block letters).
5. Abbreviations should be limited to those in common use, to avoid miscoding of information.
6. Addressograph labels may be used but please ensure that one is placed on each of the three copies of the form.
7. Wherever possible, insert home or contact telephone number to facilitate continuity of care by Child Health Nurses. If unavailable, indicate with a dash or write “none”.
8. Where there are more boxes provided than required, please “right adjust” your response, e.g. a birth weight of 975 grams inserted as 0975.
9. For all dates, eight boxes are provided, e.g. 6 March 1965 inserted as 06 03 1965.
10. Some items allow more than one response. These are identified by multiple boxes, e.g. Complications of labour and delivery.

Complications not listed in tick boxes should be recorded as text under the appropriate headings.

If further information is required for completion of this form, please refer to the “*Guidelines for Completion of the Notification of Case Attended Health Act (Notification by Midwife) Regulations Form No.2*” available from the website below or from the following:

The Manager
Maternal and Child Health Unit
Department of Health, Western Australia
1st Floor, C Block
189 Royal Street
East Perth WA 6004

Telephone: (08) 9222 2417

Email: BirthData@health.wa.gov.au

Web: www.health.wa.gov.au/publications/subject_index/p/Perinatal_infant_maternal.cfm

