**Midwives' Notification System**

# Interface Specification

## Health Statistical Events Common Store

### Feeder File: N3

| Document Version Number | 1.3 |
|---|---|
| Document Version Released | July 2023 |
| What's new in this version? | These specifications incorporate three new data items and all new items are ==highlighted in yellow==. The N3 specification must be used when notifying of births occurring from 01 July 2023.

The format and content of this document has been completely revised to remove duplicate statements, errors, and to align description of procedures with current technical environment. |
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# Contents

# Overview

## Background

This document provides file, data, and submission specifications for records and files to be submitted to the Chief Health Officer for notification of a birth occurring in Western Australia (WA).

Version "N3" must be used to notify all births occurring from 01 July 2023.

For notification of births by private practice midwives or health services without a maternity service, the e-form must be used.

## HSECS-MNS

The Health Statistical Events Common Store (HSECS) is an Oracle database containing the Midwives Notification System data and other Department of Health collections. HSECS supports data input via direct data entry and upload of digital data in Character format. Data files must be submitted via a secure messaging service. WA Health staff may submit data files by File Transfer Protocol (FTP) or delivered via other means.

This specification relates to the compilation of data files in Character format and their submission for processing by the Maternal and Child Health (MCH) team at the Department of Health.

File receipt and upload to HSECS-MNS is managed by the MCH team. The MCH team can be contacted by emailing birthdata@health.wa.gov.au.

## Data file receipt process

All data files received at the Department of Health will be processed (logged and loaded) within one business day of receipt.

Validation rules are applied to every record loaded and reports of records that failed validation rules (validation edits) will be available for retrieval by WA Health employees or will be provided to private health service staff on a regular basis.

# File submission specifications

Data files must conform to the following file naming standards, formats, and procedures.

## Record completion

All data in every record must be complete before being submitted. Data cannot be completed until both the mother and infant have been discharged or transferred from the birth site.

Discharge or transfer destinations may be to home, foster care, a facility like prison, to another hospital or outcome may be death.

## Submission deadline

For efficiency, birth record submission should be in batch files and occur at least once a month.

Batch files of first time records (never been submitted before) should include all birth records where baby Date of Birth occurred in the same calendar month.

Each batch file of first time records must be submitted within one month of the end of the birth month.

It is recommended that corrected records (in response to validation errors) be returned as quickly as possible, preferably within 2 weeks of advice of errors.

Corrected birth records requiring resubmission can be included in a batch file of first time records or can be submitted in their own batch file on an ad hoc basis.

## File delivery

For public maternity services, data files are to be submitted to the designated shared folder "Births – Reports/NOCA Submission".

For private hospital maternity services, data files are to be submitted to the email account birthdata@health.wa.gov.au using the maternity services' preferred secure file transfer process.

The Department of Health uses My File Transfer (MyFT) for secure file transfer. The email account birthdata@health.wa.gov.au has MyFT enabled to send and receive sensitive data files. MyFT is available for use by personnel employed within and outside WA Health.
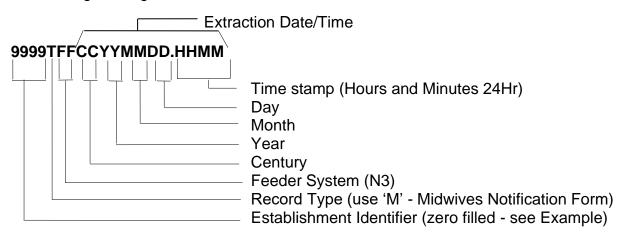
For notification of births by private practice midwives or health services without a maternity service, the e-form must be used.

## File name

The file name must be:

- unique across all Provider Sites and Record Types;
- easily identifiable by System Administrators and Users;
- unique across time;
- logical in their naming conventions;
- able to be maintained in a single directory if required; and,
- able to be sequenced and loaded in the correct order as indicated by the extraction time stamp.

Thus the following naming convention is to be used.



Extraction Date/Time

**9999TFFCCYYMMDD.HHMM**

Time stamp (Hours and Minutes 24Hr)
Day
Month
Year
Century
Feeder System (N3)
Record Type (use 'M' - Midwives Notification Form)
Establishment Identifier (zero filled - see Example)

The current feeder system identifier is the two characters N3. The previous identifiers for the feeder system were:

N3      July 2023
N2      July 2021 – Jun 2023
N1      July 2019 – Jun 2021
M9      July 2017 – Jun 2019
*M8*      *July 2017 – (this version was not implemented)*
M7      July 2016 – Jun 2017
M6      July 2014 – Jun 2016
M5      Jan 2013 – Jun 2014

| M4 | July 2012 – Dec 2012 |
| M3 | Jan 2012 – Jun 2012 |
| O2 | Jan 2011 – Dec 2011 |
| O1 | Jan 2010 – Dec 2010 |
| O0 | Jan 2009 – Dec 2009 |

The midwives' feeder code was changed from O in 2011 because it was confused with the number 0.

Valid Establishment Identifiers are supplied by the Department of Health.

**Example: 0104MN320230726.1323**

Batch file in format (N3) for births at King Edward Memorial Hospital (establishment number 0104). The file contains Midwives (M) records extracted 26 July 2023 at 1:23pm.

## File format

Data files may include one or more birth records.

The five parts of each birth record must be submitted in one batch file and not be split across data files.

The five parts of each birth record must be listed in the correct order within the batch file as described below.

### Single record structure

Each birth record must be in five parts identified by three characters as follows:
- DEL for mother's details
- MED for mother's pre-existing medical conditions
- PRG for mother's pregnancy complications
- BIR for infant's birth details, and
- LAB for labour and birth complications occurring during birth.

To enable accurate grouping of these five parts for each mother and infant, a unique "record linking identifier" must be provided in each of the five parts.

The unique "record linking identifier" must be unique to the birth event and must never be re-assigned.

Resubmitted records must retain the original "record linking identifier" to enable the original record to be replaced with the updating record.

The following diagrams illustrates this structure for birth records held in HSECS-MNS.

## Singleton birth

Mothers record ("DEL" - Delivery Event Type)
- Plurality = 1-singleton
- Record Linking Identifier = 123456789
- Client Identifier = G6262626 or 888181812

Medical conditions ("MED" – record type)
- Record Linking Identifier = 123456789
- Mothers Client Identifier = G6262626 or 888181812

Pregnancy Complications ("PRG" – record type)
- Record Linking Identifier = 123456789
- Mothers Client Identifier = G6262626 or 888181812

Babies record ("BIR" - Birth Event Type)
- Plurality = 1-singleton
- Birth Order = 1
- Record Linking Identifier = 123456789
- Client Identifier = A8818813  or 100032653 (NULL for stillborn infant)
- Mothers Client Identifier = G6262626 or 888181812

Labour and Birth complications ("LAB" – record type)
- Birth Order = 1
- Record Linking Identifier = 123456789
- Client Identifier = A8818813 (will be NULL for stillborn)
- Mothers Client Identifier = G6262626 or 888181812

## Multiple Birth

Mothers record ("DEL" - Delivery Event Type)
- Plurality = 3-triplet
- Record Linking Identifier = 123456789
- Client Identifier = G6262626 or 888181812

Medical conditions ("MED" – record type)
- Record Linking Identifier = 123456789
- Mothers Client Identifier = G6262626 or 888181812

Pregnancy Complications ("PRG" – record type)
- Record Linking Identifier = 123456789
- Mothers Client Identifier = G6262626 or 888181812

Babies record ("BIR" - Birth Event Type)
- Plurality = 3-triplet
- Birth Order = 1
- Record Linking Identifier = 123456789
- Client Identifier = A8818813 or 100032653 (NULL for stillborn infant)
- Mothers Client Identifier = G6262626 or 888181812

Labour and Birth complications ("LAB" – record type)
- Birth Order = 1
- Record Linking Identifier = 123456789
- Client Identifier = G8818813 or 100032653 (NULL for stillborn infant)
- Mothers Client Identifier = G6262626

Babies record ("BIR" - Birth Event Type)
- Plurality = 3-triplet
- Birth Order = 2
- Record Linking Identifier = 123456789
- Client Identifier = B8818814 or 100032654 (NULL for stillborn infant)
- Mothers Client Identifier = G6262626

Labour and Birth complications ("LAB" – record type)
- Birth Order = 2
- Record Linking Identifier = 123456789
- Client Identifier = B88188814 or 100032654 (NULL for stillborn infant)
- Mothers Client Identifier = G6262626

Babies record ("BIR" - Birth Event Type)
- Plurality = 3-triplet
- Birth Order = 3
- Record Linking Identifier = 123456789
- Client Identifier = C8818815 or 100032655 (NULL for stillborn infant)
- Mothers Client Identifier = G6262626

Labour and Birth complications ("LAB" – record type)
- Birth Order = 3
- Record Linking Identifier = 123456789
- Client Identifier = C8818815 or 100032655  (NULL for stillborn infant)
- Mothers Client Identifier = G6262626

## Updates or corrections

Resubmission of updated/corrected birth records will be required if the record has failed the validation rules applied at time of loading to HSECS-MNS.

Resubmission will be required if data in the source system has been changed since the birth record was submitted.

Resubmitted records must be flagged with "Y" in the "Update" location - specified in Table 1.

A resubmitted birth record must have all five parts resubmitted in the correct order in the file.

# Data items and formats

Tables 1 to 5 below, list and describe the data items, format, and order in which the birth record must be compiled to be included in this data file and be loaded to HSECS-MNS. Some formatting considerations for this Character format file are listed here.

1. Some data items have had their reporting ceased and their location and character length in the Character file have been quarantined to maintain the integrity of the data file. For example, ICD-10-AM codes for reporting "other" values in Pregnancy Complications. These quarantined locations must have a space in submitted data files.

2. Data items with multiple values must have the values stored positionally. For example, 'Treatments and Procedures' has 24 positions in the DEL record allocated between character 536 and 559 and has 01 to 07 as possible values, of which 0 to 7 values may be reported. For this feeder file, if:

   - all seven values apply to a birth record then they must be reported as "01020304050607      ".

   - if three items like 01, 03 and 07 apply, report as "01  03    07      ".

   - no values apply, report as spaces e.g. 24 spaces for Treatments and Procedures.

3. The only 'white space' character to be used is a space character.

4. Residential address and other Character values must not contain tabs or new line/carriage return characters.

## Psychosocial screening (positions 723 to 726 in DEL record)

Public maternity services use Stork to record results of psychosocial screening conducted in both trimester 1 and 3 of pregnancy. It was agreed (5 Jan 2017) that MNS will accept both results from screening. Private maternity services (SJOG, Ramsay, and private homebirth providers) report the results for one psychosocial screening conducted at any time during the pregnancy and report 4 spaces for positions 723 to 726.

## Establishments

All establishments in WA have an Establishment ID, a four digit value assigned via the Establishments Register managed by the Department of Health.

An Establishment ID must be reported for "Establishment" where an infant was born (location 55 to 58 in DEL record) or as the Establishment where an infant was transferred to when they left their birth site (location 333 to 336 in BIR record).

To request information about Establishment IDs assigned to WA health services email birthdata@health.wa.gov.au.

# Table 1: Delivery (DEL) record structure and content

| Input Field - DEL | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Event Type<br>**MANDATORY** | X(4) | 1 | 4 | DEL | Left justified<br>DEL= Delivery |
| HSECS Record Type<br>**MANDATORY** | X(1) | 5 | 5 | M | M = Midwives |
| Feeder Identifier<br>**NOT MANDATORY** | X(20) | 6 | 25 | X20 | Unique identifier for system providing the record |
| Record Linking Identifier<br>**MANDATORY** | N(10) | 26 | 35 | N(N9)<br>Refer to example page 5.<br>e.g. 123456789 | Unique identifier for record group<br>Used to group five parts of birth record as described page 5. |
| Update Flag<br>**CONDITIONAL**<br>Provide when record being resubmitted with amended data | X(1) | 36 | 36 | X<br>Y- Yes, this record is being resubmitted' | Set to 'Y' if an update or resubmission of record |
| Previous Batch ID (HSECS)<br>If value provided i.e. not NULL, then Update Flag must = Y | N(9) | 37 | 45 | N(N8) | If system enables, add the MNS Case ID provided in the HSECS-MNS edits file for records being resubmitted. |
| Previous Case ID (HSECS)<br>If value provided i.e. not NULL, then Update Flag must = Y | N(9) | 46 | 54 | N(N8) | If system enables, add the MNS Case ID provided in the HSECS-MNS edits file for records being resubmitted |
| Establishment<br>**MANDATORY** | N(4) | 55 | 58 | NNN(N)<br>Refer to page 8 for more information | |
| Client Identifier<br>**MANDATORY** | X(10) | 59 | 68 | X(X9)<br>Refer to example page 5.<br>e.g. 888181812 or G6262626 | Unit Medical Record Number of the Mother (UMRN). |
| Event Date<br>**MANDATORY** | Date | 69 | 78 | DD/MM/CCYY<br>e.g. 17/04/2023 | Date<br>Delivery Date – also DOB of the Baby |
| Event Time<br>**MANDATORY** | N(4) | 79 | 82 | HHMM (24 hr clock)<br>e.g. 0840 is 8.40am or 1725 is 5.25pm | Delivery Time also Time of Birth of infant |
| Surname<br>**MANDATORY** | X(30) | 83 | 112 | XXXX(X26)<br>e.g. Smith | |
| First Forename<br>**MANDATORY** | X(30) | 113 | 142 | XXXX(X26)<br>e.g. Anita | |
| Second Forename<br>**MANDATORY** | X(30) | 143 | 172 | XXXX(X26)<br>e.g. Mary | |

| Input Field - DEL | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Maiden Name<br>**MANDATORY** | X(30) | 173 | 202 | XXXX(X26)<br>e.g. Ann | |
| Residential Address<br>**MANDATORY** | X(50) | 203 | 252 | XXXX(X46)<br>e.g. 123 Flower St | |
| Suburb<br>**MANDATORY** | X(30) | 253 | 282 | XXXX(X26)<br>e.g. Thornlie | |
| Postcode<br>**MANDATORY** | N(6) | 283 | 288 | NNNN(NN)<br>e.g. 6147 | |
| State/Territory of Residence<br>**MANDATORY** | N(1) | 289 | 289 | N<br>0-Overseas<br>1-New South Wales<br>2-Victoria<br>3-Queensland<br>4-South Australia<br>5-Western Australia<br>6-Tasmania<br>7-Northern Territory<br>8-Australian Capital Territory<br>9-Other | |
| Locality | X(6) | 290 | 295 | X(6)<br>Never used | Public Health Locality code - future field |
| Date of Birth<br>**MANDATORY** | Date | 296 | 305 | DD/MM/CCYY<br>17/01/1980 | Mothers DOB |
| Height<br>**MANDATORY** | N(3) | 306 | 308 | NNN<br>999-Unknown<br>e.g. 166 for 166cm | In centimetres |
| Telephone Number<br>**NOT MANDATORY**<br>Supply value if woman has provided a phone number | X(12) | 309 | 320 | X(12)<br>e.g. 0894511234 | Landline or mobile number<br>For landline provide area code |
| Location<br>**MANDATORY** | X(20) | 321 | 340 | XXXXX(X14)<br>e.g. Delivery Suite or Family Birth Centre or Public Homebirth | Ward name |
| Marital Status<br>**MANDATORY** | N(1) | 341 | 341 | N<br>1-Never married<br>2-Widowed<br>3-Divorced<br>4-Separated<br>5-Married/Defacto<br>6-Not stated | |

| Input Field - DEL | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Ethnic Origin<br>**MANDATORY** | N(2) | 342 | 343 | NN<br>01-Caucasian<br>03-Asian<br>04-Indian<br>05-African<br>06-Polynesian<br>07-Maori<br>08-Other<br>10-Aboriginal not Torres Strait Islander<br>11-Torres Strait Islander not Aboriginal<br>12-Both Aboriginal and Torres Strait Islander | |
| Previous Pregnancies<br>**MANDATORY** | N(2) | 344 | 345 | N(N)<br>e.g. 2 or 02 | |
| Children Living<br>**MANDATORY** | N(2) | 346 | 347 | N(N)<br>e.g. 2 or 02 | |
| Children Died<br>**MANDATORY** | N(2) | 348 | 349 | N(N)<br>e.g. 2 or 02 | |
| Stillbirths<br>**MANDATORY** | N(2) | 350 | 351 | N(N)<br>e.g. 2 or 02 | |
| Previous Caesarean Indicator<br>**MANDATORY** | N(1) | 352 | 352 | N<br>1-Yes<br>2-No | |
| Caesarean Last Delivery Indicator<br>**MANDATORY** | N(1) | 353 | 353 | N<br>1-Yes<br>2-No | |
| Previous Multiple Birth Indicator<br>**MANDATORY** | N(1) | 354 | 354 | N<br>1-Yes<br>2-No | |
| Estimated gestation weeks at first antenatal visit<br>**MANDATORY**<br>NOT the same as "Estimated Gestation" of infant at birth. | N(2) | 355 | 356 | NN<br>08-eight weeks<br>98-No antenatal care<br>99-Unknown | Use leading 0 if less than 10 wks<br>Between 04 and 42 unless 98 or 99 |
| Total Number of antenatal visits<br>**MANDATORY** | N(2) | 357 | 358 | N(N)<br>e.g. 8 or 08 or 12 | |
| Date LMP<br>**CONDITIONAL**<br>Provide value if Date LMP Certain = Yes | Date | 359 | 368 | DD/MM/CCYY<br>e.g. 25/07/2022 | Date of last menstrual period |
| Date LMP Certain<br>**MANDATORY** | N(1) | 369 | 369 | N<br>1-Yes<br>2-No | |
| Expected Due Date<br>**MANDATORY** | Date | 370 | 379 | DD/MM/CCYY<br>e.g. 17/04/2023 | |

| Input Field - DEL | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Basis Expected Due Date<br>**MANDATORY** | N(1) | 380 | 380 | N<br>1-Clinical signs/date<br>2-Ultrasound <20 weeks<br>3-Ultrasound at >- 20/40<br>8-Unknown | |
| Smoking During Pregnancy Indicator<br>**MANDATORY** | N(1) | 381 | 381 | N<br>1-Yes<br>2-No | |
| Number of tobacco cigarettes usually smoked each day during FIRST 20 weeks of pregnancy<br>**MANDATORY** | N(3) | 382 | 384 | NNN<br>000-None<br>998-Occasional or less than 1 per day<br>999-Unknown | Use leading 00 if less than 10<br>Use leading 0 if less than 100 |
| Number of cigarettes usually smoked each day AFTER 20 weeks of pregnancy<br>**MANDATORY** | N(3) | 385 | 387 | NNN<br>000-None<br>998-Occasional or less than 1 per day<br>999-Unknown | Use leading 00 if less than 10<br>Use leading 0 if less than 100 |
| **Complications of Pregnancy** | X(26) | 388 | 413 | X(26)<br>No values to be reported | Data item no longer required |
| Complications of Pregnancy ICD1 | X(10) | 414 | 423 | X(10)<br>No values to be reported | Data item no longer required |
| Complications of Pregnancy ICD2 | X(10) | 424 | 433 | X(10)<br>No values to be reported | Data item no longer required |
| Complications of Pregnancy ICD3 | X(10) | 434 | 443 | X(10)<br>No values to be reported | Data item no longer required |
| Complications of Pregnancy ICD4 | X(10) | 444 | 453 | X(10)<br>No values to be reported | Data item no longer required |
| Complications of Pregnancy ICD5 | X(10) | 454 | 463 | X(10)<br>No values to be reported | Data item no longer required |
| **Medical Conditions** | X(22) | 464 | 485 | X(22)<br>No values to be reported | Data item no longer required |
| Medical Conditions ICD1 | X(10) | 486 | 495 | X(10)<br>No values to be reported | Data item no longer required |
| Medical Conditions ICD2 | X(10) | 496 | 505 | X(10)<br>No values to be reported | Data item no longer required |
| Medical Conditions ICD3 | X(10) | 506 | 515 | X(10)<br>No values to be reported | Data item no longer required |
| Medical Conditions ICD4 | X(10) | 516 | 525 | X(10)<br>No values to be reported | Data item no longer required |
| Medical Conditions ICD5 | X(10) | 526 | 535 | X(10)<br>No values to be reported | Data item no longer required |

| Input Field - DEL | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Procedures & Treatments<br>**NOT MANDATORY**<br>Only report value/s for woman who had a procedure or treatment during pregnancy. | X(24) | 536 | 559 | X(24)<br>01 to 07 values to be listed positionally as 01020304050607<br>e.g. "01 03    0607"<br>01-Fertility drug treatment<br>02-Cervical suture<br>03-CVS/placental biopsy<br>04-Amniocentesis<br>05-Ultrasound<br>06-CTG-antepartum<br>07-CTG-intrapartum | 0 to 7 procedures may be reported |
| Intended Place of Birth<br>**MANDATORY** | N(1) | 560 | 560 | N<br>1-Hospital<br>2-Birth centre, hospital<br>3-Birth centre, free standing<br>4-Home<br>8-Other<br>9-Not stated | "Other" includes concealed pregnancy, no antenatal care, intended freebirth |
| Onset of Labour<br>**MANDATORY** | N(1) | 561 | 561 | N<br>1-Spontaneous<br>2-Induced<br>3-No Labour<br>9-Not Stated | |
| Type of Augmentation<br>**MANDATORY** | X(24) | 562 | 585 | XX(X22)<br>01 to 08 values to be listed positionally as "01" or as " 020304    08"<br>1-None<br>2-Oxytocin<br>3-Prostaglandins<br>4-Artificial rupture of Membranes<br>8-Other<br>Example: " 02 04" | 1 to 4 methods may be reported.<br>If 01 is reported then no other value may be reported |
| Type of Induction<br>**MANDATORY** | X(24) | 586 | 609 | XX(X22)<br>01 to 08 values to be listed positionally as "01" or as " 0203040506 08"<br>01-None<br>02-Oxytocin<br>03-Prostaglandins<br>04-Artificial rupture of Membranes<br>05-Dilatation device i.e. Foley Catheter<br>06-Antiprogestogen i.e. mifepristone<br>08-Other<br>Example: " 02 04" | 1 to 7 methods may be reported.<br>If 01 is reported then no other value may be reported |

| Input Field - DEL | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Analgesia<br>**MANDATORY** | X(24) | 610 | 633 | XX(X22)<br>01 to 08 values to be listed positionally as "01" or as " 0203040506 08"<br>01-None<br>02-Nitrous Oxide<br>04-Epidural or Caudal<br>05-Spinal<br>06-Systemic Opioids<br>07-Combined Spinal/epidural<br>08-Other<br>Example: " 02 04" | 1 to 7 types may be reported.<br>If 01 is reported then no other value may be reported |
| Plurality<br>**MANDATORY** | N(1) | 634 | 634 | N<br>1-Singleton<br>2-Twins<br>3-Triplets<br>4-Quadruplets<br>5-Quintuplets<br>6-Sextuplets<br>8-Other<br>9-Not Stated | |
| Duration of Labour - 1st Stage<br>**MANDATORY** | N(4) | 635 | 638 | HHMM<br>Example: 1050 means first stage was 10 hours and 50 minutes long | |
| Duration of Labour - 2nd Stage<br>**MANDATORY** | N(4) | 639 | 642 | HHMM<br>Example: 0039 means second stage was 39 minutes long | |
| Midwife Name<br>**MANDATORY** | X(20) | 643 | 662 | XXXX(X16)<br>e.g. Jones, Amy Maree | |
| Midwife Registration Number<br>**MANDATORY** | X(13) | 663 | 675 | AAANNNNNNNXX<br>e.g. NMW0001234567 | |
| Coder Identifier<br>**MANDATORY** | X(20) | 676 | 695 | XXXXX(X15)<br>e.g. HE12345 | |
| Mothers Weight<br>**MANDATORY** | N(3) | 696 | 698 | NN(N)<br>Example 70 - 70 kgs | Weight in kgs within range of 20 to 300 kg<br>Report 999 if weight not known |
| Number of Previous Caesareans<br>**MANDATORY** | N(2) | 699 | 700 | N(N) | |
| Previous Parity<br>**MANDATORY** | N(2) | 701 | 702 | N(N) | |
| Postnatal blood loss in mLs<br>**MANDATORY** | N(5) | 703 | 707 | NN(NNN)<br>Example: 460<br>or 10000 | In Millilitres |

| Input Field - DEL | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Interpreter service required<br>**MANDATORY** | N(1) | 708 | 708 | N<br>1-Yes<br>2-No | |
| Mother's language requiring interpreter<br>**CONDITIONAL**<br>Report value if "Interpreter service required" = 1-Yes | N(4) | 709 | 712 | NNNN<br>Australian Bureau of Statistics (ABS) 4-digit value for language<br>Example: 1401 is German | |
| Influenza vaccination during pregnancy<br>**MANDATORY** | N(2) | 713 | 714 | NN<br>01-Vaccinated during 1st trimester<br>02-Vaccinated during 2nd trimester<br>03-Vaccinated during 3rd trimester<br>04-Vaccinated in unknown trimester<br>05-Not vaccinated<br>99-Unknown if vaccinated | |
| Pertussis vaccination during pregnancy<br>**MANDATORY** | N(2) | 715 | 716 | NN<br>01-Vaccinated during 1st trimester<br>02-Vaccinated during 2nd trimester<br>03-Vaccinated during 3rd trimester<br>04-Vaccinated in unknown trimester<br>05-Not vaccinated<br>99-Unknown if vaccinated | |

| Input Field - DEL | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Principal reason for induction of labour<br>**CONDITIONAL**<br>Report value if "Onset of Labour" = 2-induced | N(2) | 717 | 718 | NN<br>01-Prolonged pregnancy<br>02-Prelabour rupture of membranes<br>03-Diabetes<br>04-Hypertensive disorders<br>05-Multiple pregnancy<br>06-Chorioamnionitis (includes suspected)<br>07-Cholestasis of pregnancy<br>08-Antepartum haemorrhage<br>09-Maternal age<br>10-Body Mass Index (BMI)<br>11-Maternal mental health indication<br>12-Previous adverse perinatal outcome<br>19-Other maternal obstetric or medical indication<br>20-Fetal compromise (includes suspected)<br>21-Fetal growth restriction (includes suspected)<br>22-Fetal macrosomia (includes suspected)<br>23-Fetal death<br>24-Fetal congenital anomaly<br>80-Administrative or geographical indication<br>81-Maternal choice in the absence of any obstetric, medical, fetal, administrative or geographical indication<br>82-Late term pregnancy<br>89-Other indication not elsewhere classified | |
| First 20 weeks of pregnancy, the frequency (how often) of drinking an alcoholic drink<br>**MANDATORY** | N(2) | 719 | 720 | NN<br>01-Never<br>02-Monthy<br>03-two to four times a month<br>04-two to three times a week<br>05-four or more times a week<br>99-Unknown | |
| First 20 weeks of pregnancy, the number of standard drinks containing alcohol on a typical day when alcohol is consumed<br>**MANDATORY** | N(2) | 721 | 722 | NN<br>00-Zero<br>01-One or two<br>02-Three or four<br>03-Five or six<br>04-Seven to nine<br>05-10 or more<br>99-Unknown | |

| Input Field - DEL | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| During pregnancy, was screening for depression/anxiety conducted? **MANDATORY** For Stork users this is trimester 1 screening | N(1) | 723 | 723 | N<br>1-Yes<br>2-Not offered<br>3-Declined<br>9-Unknown | |
| Was additional follow-up indicated for perinatal mental health risk factors identified? **MANDATORY** For Stork users this is trimester 1 screening | N(1) | 724 | 724 | N<br>1-Yes<br>2-No<br>7-Not applicable<br>9-Unknown | |
| Was screening for depression/anxiety conducted in 3rd trimester? **Only for public sites (Stork)** | N(1) | 725 | 725 | N<br>1-Yes<br>2-Not offered<br>3-Declined<br>9-Unknown | NULL for other sites |
| Was additional follow-up indicated for perinatal mental health risk factors in 3rd trimester? **Only for public sites (Stork)** | N(1) | 726 | 726 | 1-Yes<br>2-No<br>7-Not applicable<br>9-Unknown | NULL for other sites |
| Email **NOT MANDATORY** Supply value if woman has provided an email address | X(64) | 727 | 790 | X(64)<br>eg.Jane.Smith@mail.com.au | |
| After 20 weeks of pregnancy, the frequency (how often) of drinking an alcoholic drink **MANDATORY** | N(2) | 791 | 792 | NN<br>01-Never<br>02-Monthy<br>03-two to four times a month<br>04-two to three times a week<br>05-four or more times a week<br>99-Unknown | |
| After 20 weeks of pregnancy, the number of standard drinks containing alcohol on a typical day when alcohol is consumed **MANDATORY** | N(2) | 793 | 794 | NN<br>00-Zero<br>01-One or two<br>02-Three or four<br>03-Five or six<br>04-Seven to nine<br>05-10 or more<br>99-Unknown | |
| During pregnancy, was screening for family violence conducted? **MANDATORY** For Stork system this is trimester 1 screening | N(1) | 795 | 795 | NN<br>1-Yes<br>2-Not offered<br>3-Declined<br>9-Unknown | |
| Primary maternity model of care **MANDATORY** | N(6) | 796 | 801 | NNNNNN<br>e.g. "012345" | Number assigned to WA models of care by AIHW MaCCS. |

| Input Field - DEL | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Maternity model of care at onset of labour or non-labour caesarean<br>**MANDATORY** | N(6) | 802 | 807 | NNNNNN<br>e.g. "012345" | Number (6 digits).<br>Number assigned to WA models of care by AIHW MaCCS. |
| Syphilis screening at first antenatal contact (before 28 weeks gestation)?<br>**MANDATORY** | N(1) | 808 | 808 | N<br>1-Yes<br>2-Not offered<br>3-Declined<br>8-Unknown<br>9-Not Stated | |
| Syphilis screening conducted between 28 and 35 weeks?<br>**MANDATORY** | N(1) | 809 | 809 | N<br>1-Yes<br>2-Not offered<br>3-Declined<br>8-Unknown<br>9-Not Stated | |
| Syphilis screening conducted between 36 weeks and birth?<br>**MANDATORY** | N(1) | 810 | 810 | N<br>1-Yes<br>2-Not offered<br>3-Declined<br>8-Unknown<br>9-Not Stated | |

## Table 2: Medical Conditions (MED) record structure and content

| Input Field – MED | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Event Type<br>**MANDATORY** | X(4) | 1 | 4 | MED | Left justified<br>MED = pre-existing Medical Conditions of the mother |
| Morbidity Record Type<br>**MANDATORY** | X(1) | 5 | 5 | M | M = Midwives |
| Feeder Identifier<br>**NOT MANDATORY** | X(20) | 6 | 25 | X(20) | Unique identifier for system providing the record |
| Record Linking Identifier<br>**MANDATORY** | N(10) | 26 | 35 | N(N9)<br>Refer to example page 5.<br>e.g. 123456789 | Unique identifier for record group<br>Used to group five parts of birth record as described page 5. |
| Update Flag<br>**NOT MANDATORY**<br>Provide when record being resubmitted with amended data | X(1) | 36 | 36 | X<br>Y-Yes, this record is being resubmitted with updates | Set to 'Y' if an update or resubmission of record |
| Client Identifier<br>**MANDATORY** | X(10) | 37 | 46 | X(X9)<br>Refer to example page 5.<br>Example: 888181812 or G6262626 | Unit Medical Record Number of the Mother (UMRN). |
| Medical Conditions<br>**NOT MANDATORY**<br>Only report value/s for woman who had a pre-existing medical condition during pregnancy. | X(999) | 47 | 1046 | X(999)<br>Values between 001 and 999 to be listed positionally like "001002003004    008" or "001   003      008"<br>Click here to see reference table for MED values | Multiple conditions can be reported<br>Spaces are not required to fill record after last value reported |

## Table 3: Pregnancy (PRG) complications record structure and content

| Input Field - PRG | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Event Type<br>**MANDATORY** | X(4) | 1 | 4 | PRG | Left justified<br>PRG = Pregnancy Complications of the mother |
| Morbidity Record Type<br>**MANDATORY** | X(1) | 5 | 5 | M | M = Midwives |
| Feeder Identifier<br>**NOT MANDATORY** | X(20) | 6 | 25 | X(20) | Unique identifier for system providing the record |
| Record Linking Identifier<br>**MANDATORY** | N(10) | 26 | 35 | N(N9)<br>Refer to example page 5.<br>e.g. 123456789 | Unique identifier for record group.<br>Used to group five parts of birth record as described page 5 |
| Update Flag<br>**CONDITIONAL**<br>Provide when record being resubmitted with amended data | X(1) | 36 | 36 | X<br>Y- Yes, this record is being resubmitted' | Set to 'Y' if an update or resubmission of record |
| Client Identifier<br>**MANDATORY** | X(10) | 37 | 46 | X(X9)<br>Refer to example page 5.<br>e.g. 888181812 or G6262626 | Unit Medical Record Number of the Mother (UMRN). |
| Complications of Pregnancy<br>**NOT MANDATORY**<br>Only report value/s for woman who had a complication of pregnancy. | X(999) | 47 | 1046 | Values between 001 and 999 to be listed positionally like "001002003004      008" or "001   003            008"<br>Click here to see reference table for PRG values | Multiple conditions can be reported<br>Spaces not required to fill record after last value reported |

For a multiple birth, one BIR record must be provided for each infant born:

## Table 4: Birth (BIR) and Infant record structure and content

| Input Field - BIR | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Event Type<br>**MANDATORY** | X(4) | 1 | 4 | BIR | Left justified<br>BIR = birth and infant details |
| Morbidity Record Type<br>**MANDATORY** | X(1) | 5 | 5 | M | M = Midwives |
| Feeder Identifier<br>**NOT MANDATORY** | X(20) | 6 | 25 | X(20) | Unique identifier for system providing the record |
| Record Linking Identifier<br>**MANDATORY** | N(10) | 26 | 35 | N(N9)<br>Refer to example page 5.<br>e.g. 123456789 | Unique identifier for record group. Used to group five parts of birth record as described page 5 |
| Update Flag<br>**CONDITIONAL**<br>Provide when record being resubmitted with amended data | X(1) | 36 | 36 | Null or 'Y' | Set to 'Y' if an update or resubmission of record |
| Previous Batch ID (HSECS)<br>If value provided i.e. not NULL, then Update Flag must = Y<br>**CONDITIONAL**<br>Provide value if record being submitted and system is able | N(9) | 37 | 45 | N(9) | If system enables, add the MNS Batch ID provided in the HSECS-MNS edits file for records being resubmitted. |
| Previous Case ID (HSECS)<br>If value provided i.e. not NULL, then Update Flag must = Y<br>**CONDITIONAL**<br>Provide value if record being submitted and system is able | N(9) | 46 | 54 | N(9) | If system enables, add the MNS Case ID provided in the HSECS-MNS edits file for records being resubmitted |
| Establishment<br>**MANDATORY** | N(4) | 55 | 58 | NNN(N)<br>Refer to page 8 for more information | |
| Client Identifier<br>**CONDITIONAL**<br>Provide value if "Birth status" = Livebirth | X(10) | 59 | 68 | X(10)<br>Refer to example page 5.<br>Example: 100032653 or A8818813 | Unit Medical Record Number of the Infant (UMRN).<br>A stillborn infant will have no UMRN |
| Mothers Client Identifier<br>**MANDATORY** | X(10) | 69 | 78 | X(10)<br>Refer to example page 5.<br>Example: 888181812 or G6262626 | Unit Medical Record Number (UMRN) of the Mother |
| Event Date<br>**MANDATORY** | Date | 79 | 88 | DD/MM/CCYY<br>Example: 17/04/2023 | Date of Birth of the infant |
| Event Time<br>**MANDATORY** | N(4) | 89 | 92 | HHMM (24 hr clock)<br>Example: 0612 = 6.12 am and 1430 = 2.30 pm | Time of Birth of the infant |

| Input Field - BIR | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Plurality<br>**MANDATORY** | N(2) | 93 | 94 | N(N)<br>1-Singleton<br>2-Twins<br>3-Triplets<br>4-Quadruplets<br>5-Quintuplets<br>6-Sextuplets | Leading 0s not required e.g. "1 " or "01" accepted<br>Number of infants born from this pregnancy |
| Birth Order<br>**MANDATORY** | N(2) | 95 | 96 | N(N)<br>Value between 1 and 6<br>1-born first<br>2-born second<br>3-born third<br>4-born fourth | Leading 0s not required e.g. "1 " or "01" accepted.<br>The birth order of this infant |
| Adoption Indicator | X(1) | 97 | 97 | X<br>No value to be reported | Data item no longer required |
| Born Before Arrival Indicator<br>**MANDATORY** | N(1) | 98 | 98 | N<br>1-Yes<br>2-No | |
| Presentation<br>**MANDATORY** | N(1) | 99 | 99 | N<br>1-Vertex<br>2-Breech<br>3-Face<br>4-Brow<br>8-Other | |
| Method of Birth<br>**MANDATORY** | X(24) | 100 | 123 | XX(X22)<br>Values of 01 to 08 to be listed positionally as 0102030405060708<br>Example: " 03    08"<br>01-Spontaneous<br>02-Vacuum-successful<br>03-Vacuum-unsuccessful<br>04-Forceps-successful<br>05-Forceps-unsuccessful<br>06-Breech-vaginal<br>07-Caesarean Elective<br>08-Caesarean Emergency | 1 to 5 values may be reported. |
| Accoucheurs<br>**MANDATORY** | X(24) | 124 | 147 | XX(X22)<br>01 to 08 values to be listed positionally as 0102030405   08<br>e.g. "01 03       08"<br>01-Obstetrician<br>02-Medical Officer<br>03-Midwife<br>04-Student<br>05-Self/no attendant<br>08-Other | 1 to 6 values may be reported. |

| Input Field - BIR | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Gender<br>**MANDATORY** | N(1) | 148 | 148 | N<br>1-Male<br>2-Female<br>3-Indeterminate | |
| Status of the Baby<br>**MANDATORY** | N(1) | 149 | 149 | N<br>1-Livebirth<br>2-Stillbirth (not specified when died)<br>3-Stillbirth (antepartum)<br>4-Stillbirth (intrapartum) | |
| Infant Weight<br>**MANDATORY** | N(4) | 150 | 153 | NNN(N)<br>e.g. 3500 or 150 | In whole grams |
| Length<br>**MANDATORY** | N(2) | 154 | 155 | NN<br>e.g. 50 | In whole centimetres |
| Head Circumference<br>**MANDATORY** | N(2) | 156 | 157 | NN<br>e.g. 35 | In whole centimetres |
| Time to establish unassisted regular breathing<br>**MANDATORY** | N(2) | 158 | 159 | N(N)<br>e.g. 1 or 01 | Round partial minutes up e.g. 25 seconds round up to 1 minute.<br>0 only reported when birth status is stillbirth |
| Resuscitation | N(1) | 160 | 160 | Other purpose, leave NULL | No longer required here |
| Apgar Score - 1 Minute<br>**MANDATORY** | N(2) | 161 | 162 | N(N) | |
| Apgar Score - 5 Minutes<br>**MANDATORY** | N(2) | 163 | 164 | N(N) | |
| Estimated Gestation | N(2) | 165 | 166 | Other purpose, leave NULL | No longer required here |
| Birth Defects<br>**NOT MANDATORY**<br>Report if infant has birth defect possible | X(100) | 167 | 266 | X(100)<br>e.g. Polydactyly left hand | Describe any birth defect observed, diagnosed or suspected |
| Birth Trauma ICD1<br>**NOT MANDATORY**<br>Report first birth trauma | X(10) | 267 | 276 | X(10)<br>e.g."P12.1" for Chignon | Characters (Valid ICD-10-AM values |
| Birth Trauma ICD2<br>**NOT MANDATORY**<br>Report second birth trauma | X(10) | 277 | 286 | X(10)<br>e.g."P12.1" for Chignon | (Valid ICD-10-AM values |
| Birth Trauma ICD3<br>**NOT MANDATORY**<br>Report third birth trauma | X(10) | 287 | 296 | X(10)<br>e.g."P12.1" for Chignon | Valid ICD-10-AM values |
| Birth Trauma ICD4<br>**NOT MANDATORY**<br>Report fourth birth trauma | X(10) | 297 | 306 | X(10)<br>e.g."P12.1" for Chignon | Valid ICD-10-AM values |
| Birth Trauma ICD5<br>**NOT MANDATORY**<br>Report fifth birth trauma | X(10) | 307 | 316 | X(10)<br>e.g."P12.1" for Chignon | Valid ICD-10-AM values |

| Input Field - BIR | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Event End Date<br>**MANDATORY** | Date | 317 | 326 | DD/MM/CCYY<br>e.g. 17/04/2023 | Separation date from birth site |
| Event End Time<br>**MANDATORY** | N(4) | 327 | 330 | HHMM (24 hr clock)<br>e.g. 0950 for 9.50 am<br>or 1825 for 6.25 pm | Separation time from birth site |
| Mode of Separation<br>**MANDATORY** | N(2) | 331 | 332 | N(N)<br>1-Other acute hospital<br>*2-Transfer to Residential Aged Care Service*<br>*3-Transfer to Psychiatric Hospital*<br>*4-Transfer to Other Health Care Accommodation*<br>*5-Statistical discharge*<br>*6-Against medical advice/at own risk*<br>*7-Statistical discharge from leave*<br>8-Deceased<br>9-Home | Values 2 to 7 are not suitable for separation of an infant and should not be used. |
| Separated/Transferred To<br>**MANDATORY** | N(4) | 333 | 336 | NNNN<br>Refer to page 8 for these values and the items they are assigned to.<br>e.g. 0900- own home or private house<br>e.g. 0106 - Fiona Stanley Hospital | Place the infant will be located following separation or transfer from birth site |
| Special Care Days<br>**MANDATORY** | N(3) | 337 | 339 | NNN<br>e.g. report 002 if stay in SCN between 17/02/2023 and 19/02/2023 | Count the number of midnights the infant was in SCN.<br>If 0 midnights report 000 |
| Anaesthesia<br>**MANDATORY** | X(24) | 340 | 363 | XX(X22)<br>01 to 08 values to be listed positionally as 0102030405060708<br>e.g. "   03   06  08"<br>01-None<br>02-Local Anaesthesia to Perineum<br>03-Pudendal<br>04-Epidural or Caudal<br>05-Spinal<br>06-General<br>07-Combined Spinal/Epidural<br>08-Other | 1 to 7 procedures may be reported<br>Anaesthesia utilised by the mother during delivery process for this infant.<br>Values may be different for other infant's birth from a multiple pregnancy.<br>If 01 is reported then no other value may be reported. |
| Complications of Labour and Delivery | X(30) | 364 | 393 | Fill position with 30 spaces | No longer required in this location |
| Complications of Labour and Delivery ICD1 | X(10) | 394 | 403 | Fill position with 10 spaces | No longer required in this location |

| Input Field - BIR | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Complications Labour and Delivery ICD2 | X(10) | 404 | 413 | Fill position with 10 spaces | No longer required in this location |
| Complications Labour and Delivery ICD3 | X(10) | 414 | 423 | Fill position with 10 spaces | No longer required in this location |
| Complications Labour and Delivery ICD4 | X(10) | 424 | 433 | Fill position with 10 spaces | No longer required in this location |
| Complications Labour and Delivery ICD5 | X(10) | 434 | 443 | Fill position with 10 spaces | No longer required in this location |
| Perineal Status<br>**MANDATORY** | X(24) | 444 | 467 | XX(X22)<br>01 to 08 values to be listed positionally as 01020304050607<br>e.g. "01"<br>or " 03    0607"<br>01-Intact<br>02-First degree and/or vaginal tear<br>03-Second degree tear<br>04-Third degree tear<br>05-Episiotomy<br>07-Fourth degree tear<br>08-Other | 1 to 3 values may be reported<br>Status of the perineum of the mother following the delivery of this infant.<br>Value 06 no longer used.<br>If 01 reported, no other values are valid.<br>Episiotomy extending to third degree must be reported as " 0405" |
| Indigenous Status of Baby<br>**MANDATORY** | N(1) | 468 | 468 | N<br>1-Aboriginal but not Torres Strait Islander<br>2- Torres Strait Islander but not  Aboriginal<br>3-Aboriginal and Torres Strait Islander<br>4-Other | |

| Input Field - BIR | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Principal Reason for Caesarean Section<br><br>**CONDITIONAL**<br><br>Provide when Method of Birth has a value of 07(Caesarean Elective) or 08(Caesarean Emergency) | N(2) | 469 | 470 | NN<br>01-Fetal compromise<br>02-suspected fetal macrosomia<br>03-malpresentation<br>04-lack of progress <- 3cm<br>05-lack of progress in the 1st stage, 4cm to < 10cm<br>06-lack of progress in the 2nd stage<br>07-placenta praevia<br>08-placental abruption<br>09-vasa praevia<br>10- antepartum/ intrapartum haemorrhage<br>11-multiple pregnancy<br>12-unsuccessful attempt at assisted delivery<br>13-unsuccessful induction<br>14-cord prolapse<br>15-previous caesarean section<br>16-previous shoulder dystocia<br>17-previous perineal trauma/4th degree tear<br>18-previous adverse fetal/neonatal outcome<br>19-other obstetric, medical, surgical, psychological indications<br>20-maternal choice in the absence of any obstetric, medical, surgical, psychological indications | Report 1 value when condition is met. |
| Water immersion at Birth<br>**MANDATORY** | N(1) | 471 | 471 | N<br>1-Yes<br>2-No | |

| Input Field - BIR | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Resuscitation **MANDATORY** | X(176) | 472 | 647 | XX(X174) 01 to 88 values to be listed positionally. 01-None 02-Suction 03-Oxygen 04 - continuous positive airway pressure (CPAP) 06-Endotracheal Intubation 10-intermittent positive pressure ventilation (IPPV) 11-External cardiac compressions 88-Other | One to multiple values may be reported. Include all methods of resuscitation used at birth for this infant. Report 01 if infant did not require resuscitation or no attempts were made for stillbirth. If 01 reported, no other values are valid. |
| Estimated Gestation **MANDATORY** | N(4) | 648 | 651 | NNN E.g. 395 represents 39 weeks and 5 days. | Last digit must be between 0 and 6. The 3 numbers represent WWD or Week Week Day |

## Table 5: Labour & Birth (LAB) complications record structure and content

| Input Field - LAB | Format | Start | End | Value | Comment |
|---|---|---|---|---|---|
| Event Type<br>**MANDATORY** | X(4) | 1 | 4 | LAB | Left justified<br>LAB = Labour and Birth Complications for the mother for the delivery of this infant |
| Morbidity Record Type<br>**MANDATORY** | X(1) | 5 | 5 | M | M - Midwives |
| Feeder Identifier<br>**NOT MANDATORY** | X(20) | 6 | 25 | X(20) | Unique identifier for system providing the record |
| Record Linking Identifier<br>**MANDATORY** | N(10) | 26 | 35 | N(N9)<br>Refer to example page 5.<br>e.g. 123456789 | Unique identifier for record group.<br>Used to group five parts of birth record as described page 5 |
| Update Flag<br>**CONDITIONAL**<br>Provide when record being resubmitted with amended data | X(1) | 36 | 36 | X<br>Y- Yes, this record is being resubmitted' | Set to 'Y' if an update or resubmission of record |
| Client Identifier<br>**CONDITIONAL**<br>Provide when birth status is liveborn | X(10) | 37 | 46 | X(X9)<br>Refer to example page 5.<br><br>e.g. 100032653 or A8818813 | Unit Medical Record Number of the Infant (UMRN).<br>A stillborn infant will have no UMRN |
| Mother's Client Identifier<br>**MANDATORY** | X(10) | 47 | 56 | X(X9)<br>Refer to example page 5.<br><br>e.g. 888181812 or G6262626 | Unit Medical Record Number of the Mother (UMRN). |
| Complications of Labour and Birth<br>**NOT MANDATORY**<br>Report value/s for woman who had a complication of labour or birth. | X(999) | 57 | 1056 | X(999)<br>Values between 001and 999 to be listed positionally like "001002003004   008"<br>e.g. "001  003      007"<br><br>Click here to see reference table for LAB values | Multiple conditions can be reported<br>Spaces are not required to fill record after last value reported |