

Mother last name _____ First name _____ Unit Rec No

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 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 (specify) _____

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

BABY DETAILS (continued)

Born before arrival: 1=yes 2=no

Birth date:

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Birth time: (24hr clock)

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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):

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Length: (whole cm):

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Head circumference: (whole cm):

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Time to establish unassisted regular breathing: (whole min)

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Resuscitation: (Record one only – the most intensive or highest number)

- 1 none
- 2 suction only
- 3 oxygen therapy only
- 4 continuous positive airway pressure (CPAP)
- 5 bag and mask (IPPV)
- 6 endotracheal intubation
- 7 ext. cardiac massage and ventilation
- 8 other

Apgar score: 1 minute

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5 minutes

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Estimated gestation: (whole weeks):

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Birth defects: (specify): _____

Birth trauma: (specify): _____

BABY SEPARATION DETAILS

Separation date:

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Mode of separation:

1=transferred 8=died 9=discharged home

Transferred to: (specify establishment code)

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Special care number of days:

(excludes Level 1; whole days only)

MIDWIFE

Name _____

Date _____

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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 2014 report 12032014.
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. history of appendectomy.

More "Guidelines for Completion of the Notification of Case Attended Form 2" are available at <http://www.health.wa.gov.au/healthdata/statewide/midwives.cfm>

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://www.health.wa.gov.au/healthdata/statewide/midwives.cfm>

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