

Health (Notifications by Midwives) Amendment Regulations 2023

SL 2023/104

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Health (Notifications by Midwives) Amendment Regulations 2023*.

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 2023.

3. Regulations amended

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

4. Schedule amended

In the Schedule delete Form 2 and insert:

Form 2

[r. 4]

Last name		Unit Record No		Etabl	
First name		Birth date (Mother)		Ward	
Address of usual residence		State		Marital status	
Number and street		Post code		1=never married 2=widowed 3=divorced 4=separated 5=married (incl. De Facto) 6=unknown	
Town or suburb		Height		Ethnic status of mother	
Maiden name		Weight		1-Caucasian 2-Aboriginal not Tj 3-Tj not Aboriginal 4-Aboriginal and Tj 5-Other	
Email		Telephone			
Interpreter service required		Mother's language			
(2=yes 3=no)		(requiring interpreter)			

PREGNANCY DETAILS PREVIOUS PREGNANCIES: Total number (excluding this pregnancy): Parity (excluding this pregnancy): Previous pregnancy outcomes: - liveborn, now living - liveborn, now dead - stillborn Number of previous caesareans: Caesarean last delivery 1=yes 2=no Previous multiple births 1=yes 2=no THIS PREGNANCY: Estimated gest wk at 1 st antenatal visit: Total number of antenatal care visits: Date of LMP: This date certain 1=yes 2=no Expected due date: Based on: 1 = clinical signs/dates 2 = ultrasound <20 wks 3 = ultrasound >20 wks Smoking: Number of tobacco cigarettes usually smoked each day during first 20 weeks of pregnancy: Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy: (If none see '000': occasional or smoked < 1 per '000': undetermined see '999') Alcohol during pregnancy: First 20 wks After 20 wks Frequency of drinking an alcoholic drink: 00 = none 01 = 1 to 3 times a week 02 = monthly 03 = 4 or more times a week 04 = 7 to 8 times a month 05 = unknown Number of standard alcohol drinks on a typical day: Was screening for depression/anxiety conducted: 1=yes 2=not offered 3=declined 4=unknown Was additional followup indicated for perinatal mental health risk factors? 1=yes 2=no 3=not applicable 4=unknown Was family violence screening conducted: 1=yes 2=not offered 3=declined 4=unknown Complications of pregnancy: 1 threatened abortion (<20wks) 2 threatened preterm labour (<37wks) 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 gestational hypertension 11 pre-eclampsia superimposed on essential hypertension 12 other (specify) Medical Conditions: 1 essential hypertension 5 type 1 diabetes 2 asthma 6 type 2 diabetes 3 genital herpes 7 other (specify)		Vaccinations during pregnancy: 01 Vaccinated during 1 st trimester 02 Vaccinated during 2 nd trimester 03 Vaccinated during 3 rd trimester 04 Vaccinated or unknown trimester 05 Not vaccinated 06 Unknown (if vaccinated) Was syphilis screening conducted during the following periods: 1=yes 2=not offered 3=declined 4=unknown At first antenatal contact, before 28 weeks: Between 28 weeks and 35 weeks: Between 36 weeks and birth: Procedures/treatments: 1 fertility treatments (include drugs) 2 cervical sutures 3 CVS/placental biopsy 4 amniocentesis 5 ultrasound 6 CTG antepartum 7 CTG intrapartum Primary maternity model of care: Intended place of birth at onset of labour: 1-hospital 2-birth centre attached to hospital 3-birth centre free standing 4-home 5-other LABOUR DETAILS Maternity model of care at onset of labour or non-labour caesarean: Onset of labour: 1-spontaneous 2-induced 3=on labour Principal reason for induction of labour (if induced): Augmentation (labour has begun) (induction) (before labour begins) 1 none 2 oxytocin 3 prostaglandins 4 artificial rupture of membranes 5 dilation device i.e. Foley Catheter 6 antiprostaglandin i.e. mifepristone 7 other Analgesia (during labour): 1 none 2 nitrous oxide 3 epidural/caudal 4 spinal 5 systemic opioids 6 combined spinal/epidural 7 other Duration of labour: 1 st stage (hour & min): 2 nd stage (hour & min): Postnatal blood loss in ml: Number of babies born (admin purposes only): MIDWIFE Name: Signature: Date: Reg. No:	
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Complete this Pregnancy form once for each woman giving birth, and submit one Baby form for each baby born.

Health (Notifications by Midwives) Regulations 1994 Form 2 **NOTIFICATION OF CASE ATTENDED – BABY DETAILS**

Mother last name: _____ First name: _____ Unit No: No. _____ Expiry: _____	
<p style="text-align: center;">BIRTH DETAILS</p> <p>Anaesthesia (during delivery):</p> <p>1 <input type="checkbox"/> none</p> <p>2 <input type="checkbox"/> local anaesthesia to perineum</p> <p>3 <input type="checkbox"/> pudendal</p> <p>4 <input type="checkbox"/> epidural/caudal</p> <p>5 <input type="checkbox"/> spinal</p> <p>6 <input type="checkbox"/> general</p> <p>7 <input type="checkbox"/> combined spinal/epidural</p> <p>8 <input type="checkbox"/> other _____</p> <p>Complications of labour and birth (include the reason for instrument delivery):</p> <p>1 <input type="checkbox"/> precipitate delivery</p> <p>2 <input type="checkbox"/> fetal distress</p> <p>3 <input type="checkbox"/> prolapsed cord</p> <p>4 <input type="checkbox"/> cord tight around neck</p> <p>5 <input type="checkbox"/> cephalopelvic disproportion</p> <p>7 <input type="checkbox"/> retained placenta – manual removal</p> <p>8 <input type="checkbox"/> persistent occipito posterior</p> <p>9 <input type="checkbox"/> shoulder dystocia</p> <p>10 <input type="checkbox"/> failure to progress <= 3cm</p> <p>11 <input type="checkbox"/> failure to progress > 3cm</p> <p>12 <input type="checkbox"/> previous caesarean section</p> <p>13 <input type="checkbox"/> other (specify) _____</p> <p>Principal reason for Caesarean Section: (specify)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Perineal status:</p> <p>1 <input type="checkbox"/> intact</p> <p>2 <input type="checkbox"/> 1st degree tear/vaginal tear</p> <p>3 <input type="checkbox"/> 2nd degree tear</p> <p>4 <input type="checkbox"/> 3rd degree tear</p> <p>5 <input type="checkbox"/> episiotomy</p> <p>7 <input type="checkbox"/> 4th degree tear</p> <p>8 <input type="checkbox"/> other _____</p> <p>Born before arrival: 1=yes 2=no <input type="checkbox"/></p> <p>Birth date: _____</p> <p>Birth time: (24hr clock) _____</p> <p>Plurality: (number of babies this birth) _____</p> <p>Birth order: (specify this baby, eg. 1=1st baby born, 2=2nd) _____</p> <p>Presentation:</p> <p>1=vertex 2=breech 3=face 4=brow 8=other <input type="checkbox"/></p> <p>Water birth: 1=yes 2=no <input type="checkbox"/></p> <p>Method of birth:</p> <p>1 <input type="checkbox"/> spontaneous</p> <p>2 <input type="checkbox"/> vacuum successful</p> <p>3 <input type="checkbox"/> vacuum unsuccessful</p> <p>4 <input type="checkbox"/> forceps successful</p> <p>5 <input type="checkbox"/> forceps unsuccessful</p> <p>6 <input type="checkbox"/> breech (vaginal)</p> <p>7 <input type="checkbox"/> elective caesarean</p> <p>8 <input type="checkbox"/> emergency caesarean</p> <p>Accoucheur(s):</p> <p>1 <input type="checkbox"/> obstetrician</p> <p>2 <input type="checkbox"/> other medical officer</p> <p>3 <input type="checkbox"/> midwife</p> <p>4 <input type="checkbox"/> student</p> <p>5 <input type="checkbox"/> self/no attendant</p> <p>8 <input type="checkbox"/> other _____</p>	<p style="text-align: center;">BABY DETAILS</p> <p>ABORIGINAL STATUS OF BABY (Tick one box only)</p> <p>1 <input type="checkbox"/> Aboriginal but not Torres Strait Islander</p> <p>2 <input type="checkbox"/> Torres Strait Islander but not Aboriginal</p> <p>3 <input type="checkbox"/> Aboriginal and Torres Strait Islander</p> <p>4 <input type="checkbox"/> other _____</p> <p>Sex: 1=male 2=female 3=indeterminate <input type="checkbox"/></p> <p>Status of baby at birth: 1=liveborn 2=stillborn (unspecified) <input type="checkbox"/></p> <p>3=antepartum stillborn 4=intrapartum stillborn</p> <p>Infant weight: (whole gram) _____</p> <p>Length: (whole cm) _____</p> <p>Head circumference: (whole cm) _____</p> <p>Time to establish unassisted regular breathing: (whole min) _____</p> <p>Resuscitation: (All methods used)</p> <p>1 <input type="checkbox"/> none</p> <p>2 <input type="checkbox"/> suction</p> <p>3 <input type="checkbox"/> oxygen</p> <p>4 <input type="checkbox"/> continuous positive airway pressure (CPAP)</p> <p>6 <input type="checkbox"/> endotracheal intubation</p> <p>10 <input type="checkbox"/> intermittent positive pressure ventilation (IPPV)</p> <p>11 <input type="checkbox"/> external cardiac compressions</p> <p>88 <input type="checkbox"/> other _____</p> <p>Apgar score: 1 minute _____ 5 minutes _____</p> <p>Estimated gestation: (whole weeks) _____</p> <p>Birth defects: (specify) _____</p> <p>Birth trauma: (specify) _____</p> <p>BABY SEPARATION DETAILS</p> <p>Separation date: _____</p> <p>Mode of separation: _____</p> <p>1=transferred 8=died 9=discharged home <input type="checkbox"/></p> <p>Transferred to: _____ hospital/service</p> <p>Special care number of days: _____</p> <p>(Excludes Level I; whole days only)</p> <p>MIDWIFE</p> <p>Name _____</p> <p>Date _____</p> <p style="text-align: center;">Complete this Baby form once for each baby born, and submit with Pregnancy form</p>

K. COLLERAN, Clerk of the Executive Council.