

NOTIFICATION OF CASE ATTENDED

PARTICULARS RELATING TO MOTHER

From 1990

Hospital FORM D

PRINT IN BLOCK LETTERS

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

Current Conjugal State:

single () 1

married (incl. de facto) () 2

other

Race:

Caucasian () 1

Aboriginal (full or part) () 2

Other () 3

Height (cms)

PREGNANCY

PREVIOUS PREGNANCIES (excluding this pregnancy)

Total number of:

Previous Pregnancies

Previous children now living

born alive, now dead

stillborn

THIS PREGNANCY

Date of LMP

This date -- certain () 1

 -- not certain () 2

Expected due date

Complications of Pregnancy:

Threatened abortion (under 20 weeks) [] A

urinary tract infection [] B

pre eclampsia [] C

APH -- placenta praevia [] D

 -- abruptio [] E

 -- other [] F

prem. rupture of membranes [] G

other H

Medical Conditions:

LABOUR AND DELIVERY

Onset of Labour:

spontaneous [] A

induced [] B

no labour [] D

Augmentation of Labour no () 1

yes () 2

Presentation:

vertex () 1

breech () 2

other () 3

Type of Delivery:

normal [] A

vacuum -- successful [] B

 -- failed [] C

forceps -- successful [] D

 -- failed [] E

breech manoeuvre [] F

caesarean-- elective [] G

 -- emergency [] H

Anaesthesia/Analgesia:

none [] Z

general [] A

epidural/spinal [] B

other [] C

Hours of established labour:

Complications of Labour, Delivery:

(Include reason for Caesarean)

precipitate delivery [] A

foetal distress [] B

prolapsed cord [] C

cord tight around neck [] D

cephalopelvic disproportion [] E

other F

BABY

Separate Form for each Baby

Adoption Yes () No ()

Birth Date:

Time (24 hr. clock)

Plurality:

single birth () 1

first twin () 2

second twin () 3

other multiple birth: () 4

(specify baby number ___ of ___)

Sex: male () 1

 female () 2

Condition: liveborn () 1

 stillborn () 2

Birthweight (grams)

Length (cms)

Head circumference (cms)

Time to establish unassisted regular breathing (mins)

Resuscitation:

none [] 0

intubation [] 3

oxygen only [] 8

other

Apgar Score

1 min:

5 mins:

Estimated Gestation (weeks)

BABY'S SEPARATION DETAILS

Date of Discharge

Transfer or Death

Type of Separation:

Discharged home () 1

Died () 2

Transferred to () 3

Special Care (wholedays only)

Separate HA22 for baby: yes, attached () 2

COMPLETE SECTION ON SEPARATION

Attach to Mother and Baby's Inpatient Summaries (HA22). Forward to Epidemiology and Research P.O. Box 8172 Stirling Street, PERTH 6001 after discharge of mother and/or baby whichever is later. Guidelines for completion of this form available from above address.

MIDWIFE

Name

Signature

Reg. No. Date

Congenital Malformations

Birth Trauma (Eg.cephalhaematoma)

EPIDEMIOLOGY AND RESEARCH COPY