



Government of **Western Australia**
Department of **Health**

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 2016 report 12032016.
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. childhood appendectomy, tooth removal etc.

More "Guidelines for Completion of the Notification of Case Attended Form 2" are available in "Resources" at http://ww2.health.wa.gov.au/Articles/J_M/Midwives-Notification-System

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://ww2.health.wa.gov.au/Articles/J_M/Midwives-Notification-System

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