Midwives Notification System

Birth Notification Extract Specification

Version Number: BN7

Document Version Number	1.5
Document Version Released	July 2023
What's new in this version?	All items highlighted in yellow are additional items or changes to specifications being provided for births occurring from 1 July 2023.
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Contents

Glossary

CHIS   Child Health Information System used by WACHS Population Health for WA country mothers and babies.

CDIS   Child Development Information System used by Child and Adolescent Community Health for metropolitan mothers and babies.

Mandatory   Table 1 column Mandatory has the following values:
"Yes" for data items that MUST have a valid data value provided for every birth record.

                  "No" for data items that should have a valid value able to be reported by the time of discharge for all birth records. However, it is not mandatory that these data values be included in a data file submission.

                  "If available" for data items that may only have data values when the woman or child meets the condition specified. For records with no value for these items, the data field must be NULL.

Overview

Background

The Birth Notification referred to in this document is a data file containing one or more records of recent births. The *Health (Miscellaneous Provisions) Act 1911* requires reporting of these data within 48 hours of the birth occurring.

This document provides the specifications for data items and file to be used to submit the Birth Notification. The document includes naming, format, structure, and transfer protocols to be applied to reporting systems at sites.

This Version must be implemented for reporting births occurring from 1 July 2023.

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

Receipt process

All data files received at the Department of Health will be processed within one business day of receipt.

The Department of Health uses a series of automation tools to:
- Extract data files submitted via email
- Open data files provided
- Process each record to a Microsoft Word and/or Microsoft Excel formats
- Provide records via shared folder to the Child Health Service responsible for the maternal address provided in the Birth Notification
- Compile the data received to the Birth Notification Dataset, and
- Archive the data files received for future reference.

Birth Notification specifications

Record completion

Data records must have "Mandatory" data items (as indicated in Table 1) included before they are submitted as a Birth Notification.

Most records will be incomplete (missing some non-mandatory data) at time of submission which must be within 48 hours of the birth.

Provision

Submission deadline

Birth Notification files may be submitted at any time convenient to the maternity service. Many sites will submit at least three times a week to ensure births are notified within 48 hours.

Submission on business days is preferred **before midday** to enable early actioning by Child Health Services.

File delivery

For public maternity services, Birth Notification files are submitted to the designated shared folder "Births – Reports".

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

All Birth Notification data files must conform to the document naming convention and type, and field names, values, formats, and definitions defined in this document.

File name

The File name must include reporting Maternity Service name (Establishment) and the date the file was extracted. For example:
<Establishment>-<establishment number>-DDMMYYYY.csv
Fiona Stanley Hospital-0106-14042023.csv.

File format

The File type must be Microsoft Excel, Comma Separated Variables (CSV), or text (TXT). These file types have suffix extensions of .xls, .xlsx, .csv or .txt.

File types of Excel or CSV must have all records on one worksheet.

The name of the worksheet must be **CHNSummary**.

The first row of the worksheet must have the column headings in the order described below in Table 1. A column with heading must be included for all data items listed in Table 1, even if no data value can be provided for any record in the data file.

Data item format issues to avoid

Data fields with text values must not contain characters that indicate:
- Tabs, or
- new line/carriage returns.

For data items in Table 1 the use of an * indicates a numeric value provided for the data item will be converted by Department of Health processes to the value's text description in Microsoft Word versions of the Birth Notification.

Updates or corrections

Birth Notifications previously submitted that were incomplete or inaccurate may be reprovided in later data files. There is no requirement to advise that an updated record has or will be submitted.

Data items to be included

Table 1 lists and describes the data items in the order they must be compiled in the data file for submission.

Table 1: File and data specifications

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
1. A	Mothers UMRN	Mother's Unique Medical Record Number	X(12)	G1234567 1234567890	Yes	Yes	Yes	Yes	Mothers UMRN	Mothers UMRN
2. B	Medicare Number	Indication whether a medicare number has been recorded for mother	X(3)	Yes No	If available	Yes	Yes	Yes	Medicare Number	Medicare Number
3. C	Mothers Name	Mother's Name <SURNAME>, <First Name> <Other Names>	X(90)	SMITH, Laura Jane BROWN-SOUTH, Mary-Jane Sarah	Yes	Yes	Yes	Yes	Mothers Name Mothers Fname	Mothers Name Mothers Fname
4. D	Maiden Name	Mother's surname at time of her birth registration	X(30)	SMITH BROWN-SOUTH NULL	No	Yes	NULL	Yes	Maiden Name	Maiden Name
5. E	Mothers DOB	Mother's Date of Birth	Date	DD/MM/YYYY	Yes	Date	Date	Text	Mothers DOB	Mothers DOB
6. F	Address Line 1	Current residential address of Mother	X(30)	11 Jane Street	Yes	Yes	Yes	Yes	Address Line 1	Address Line 1
7. G	Address Line 2		X(30)	Can be NULL	No	Yes	Yes	Yes	Address Line 2	Address Line 2
8. H	Address Line 3		X(30)	Can be NULL	No	Yes	Yes	Yes	Address Line 3	Address Line 3
9. I	Suburb	Suburb for address of Mother	X(30)	ARMADALE	Yes	Yes	Yes	Yes	Suburb	Suburb
10. J	State	State of residence of Mother - Short format	A(3)	WA, VIC	Yes	Yes	Yes	Yes	State	State
11. K	Postcode	Postcode of place of residence for Mother	N(4)	6000	Yes	Yes	Yes	Yes	Postcode	Postcode
12. L	Telephone	Contact number for Mother. At least one contact number is required when possible.	X(30)	08 9311 2222 or 0400 111 222 or No phone	Yes	Text	Num & Text	Text	Telephone	Telephone
13. M	Mobile		X(30)	0400 222 333 or NULL	No	Text	Num	Num	Mobile	Mobile
14. N	Email address	Mothers email address	X(64)	Jane.Smith@mail.com.au	No	Yes	Yes	Yes	Email address	Email address
15. O	Ethnic Origin	Ethnic origin of Mother including Aboriginal status	X(30)	Caucasian or 1 If not known - Not specified	Yes	Yes	Yes	Num	Ethnic Origin	Ethnic Origin
16. P	Language	Language is mandatory ONLY IF an interpreter is required. This field may be blank if no interpreter is required.	X(30) or N(4)	Arabic or Greek OR 4202 or 2201	If available	Yes	Yes	Yes	Main Language	Main Language

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
17. Q	Interpreter Required?	Whether an interpreter is required by the Mother when not English speaking.	X (3)	Yes No	Yes	Yes	Yes	Yes	Interpreter Required?	Interpreter Required?
18. R	Previous Pregnancies	The number of previous pregnancies of the Mother	N(2)	3	Yes	Yes	Yes	Yes	Previous Pregnancies	Previous Pregnancies
19. S	Live Births	Number of previous Livebirths for Mother	N(2)	1	Yes	Yes	Yes	Yes	Live Births	Live Births
20. T	Still Births	Number of previous Stillbirths for Mother	N(2)	0	Yes	Yes	Yes	Yes	Still Births	Still Births
21. U	Born Alive Now Dead	Number of previous live children that are now deceased.	N(2)	0	Yes	Yes	Yes	Yes	Born Alive Now Dead	Born Alive Now Dead
22. V	Abortions Miscarriages Ectopics	Number of unaccounted for previous pregnancies and/or any that fit under the listed. Not required.	N(2)	0	If available	Yes	No	Yes	Abortions Miscarriages Ectopics	Abortions Miscarriages Ectopics
23. W	Hydatidiform Moles	Hydatidiform Moles is entered as a number when appropriate.	N(2)	0	If available	Yes	Yes	Yes	Hydatidiform Moles	Hydatidiform Moles
24. X	Previous Multiple Birth	Did Mother have any previous multiple births?	X(3)	Yes or Y or 1 No or N or 2	Yes	Yes	Yes	Yes	Previous Multiple Birth	Previous Multiple Birth
25. Y	Diabetes in Pregnancy	Gestational Diabetes as Pregnancy Complication	X(30)	Gestational Diabetes NULL or N or No	No	Yes	Yes	Yes	Diabetes in Pregnancy	Diabetes in Pregnancy
26. Z	EPDS Score at 3rd Trimester	Edinburgh Postnatal Depression Scale Score in 3rd Trimester of Pregnancy	N(2)	0 13 NULL	If available	Yes	Yes	No	EPDS Score at 3rd Trimester	EPDS Score at 3rd Trimester
27. AA	Baby UMRN	Unique Medical Record Number of the Baby. Should be provided when available.	X(12)	G1234567 1234567890 or NULL for stillbirths	If available	Yes	Yes	Yes	Baby UMRN	Baby UMRN
28. AB	Method of Birth	Birth or delivery method of this infant	X(30)	Spontaneous Elective Caesarean Emergency Caesarean Vacuum Extraction Forceps etc	Yes	Yes	Yes	Yes	Method of Birth	Method of Birth
29. AC	Status at Birth	Status of baby at birth	X(30)	Liveborn or Live Birth etc Stillborn	Yes	Yes	Yes	Yes	Status at Birth	Status at Birth
30. AD	Baby DOB	Date and time of birth of this infant	Date/Time	DD/MM/YYYY HH:MM	Yes	Yes	Yes	Yes	Baby DOB	Baby DOB
31. AE	Gender	Sex of this infant	X(30)	Female Male Indeterminate	Yes	Yes	Yes	Yes	Gender	Gender

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
32. AF	Indigenous Status	Aboriginal Status of Infant	N(1)	1 – Aboriginal not TSI 2 – TSI not Aboriginal 3 – Aboriginal and TSI 4 – Other	Yes	Yes	Yes	Yes	Indigenous Status	Indigenous Status
33. AG	Gestation at Birth	Gestation of the pregnancy at the time of this infant's birth Can be reported as whole completed weeks or weeks and days like WW.D	N(3)	39 or 39.6 (39 wks+6 dys)	Yes	Yes as 39.6	Yes as 39	39 Weeks 6 Days	Gestation at Birth	Gestation at Birth
34. AH	Birth Weight	Weight of this infant at birth (in grams)	N(4)	3250 If not known 9999	Yes	Yes	Yes	Yes	Birth Weight	Birth Weight
35. AI	Birth Length	Length of this infant at birth (in cms)	N(2)	52 If not known 99	Yes	Yes	Yes as 52.5	Yes	Birth Length	Birth Length
36. AJ	Birth Head Circum.	Circumference of infant's Head at birth (in cms)	N(2)	32 If not known 99	Yes	Yes	Yes as 32.5	Yes as 32.5	Birth Head Circum.	Birth Head Circum.
37. AK	Regular Respirations At	Time to establish regular unassisted breathing (in minutes)	N(2)	1 If 30sec report 1 not 0 If SB report 0 If not known i.e. BBA report 98	No	Yes	Yes	Yes	Regular Respirations At	Regular Respirations At
38. AL	APGAR Score - 1 min	1 minute Apgar Score for this infant	N(2)	7 10 If SB report 0 If not known i.e. BBA or ventilated report 99	Yes	Yes	Yes	Yes	APGAR Score - 1 min	APGAR Score - 1 min
39. AM	APGAR Score - 5 mins	5 minute Apgar Score for this infant	N(2)	7 10 If SB report 0 If not known i.e. BBA report 99	Yes	Yes	Yes	Yes	APGAR Score - 5 mins	APGAR Score - 5 mins
40. AN	Special Care Nursery	Special care nursery at birth site, this infant was admitted to, if applicable.	X(30)	Level 2…. Level 3…. Yes or No NULL	No	Yes	Yes	Yes	Special Care Nursery	Special Care Nursery
41. AO	Baby Outcome	Discharge outcome of this infant	X(30)	Discharged Transferred Died NULL	No	Yes	No	No	Baby Outcome	Baby Outcome
42. AP	Transferred To	Destination establishment of this infant, if transferred.	X(30)	Rockingham General Hospital NULL	No	Yes	Yes	No	Transferred To	Transferred To

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
43. AQ	Estimated gestation weeks at first antenatal visit	The estimated gestation for mother's first antenatal visit in weeks	X(2)	8 23 If not known 99 If no AN Care 98	Yes	Yes	Yes	Yes	Estimated gestation weeks at first antenatal visit	Estimated gestation weeks at first antenatal visit
44. AR	No. cigs smoked before 20 wks	Average number of tobacco cigarettes smoked each day before 20 wks gestation	N(3)	0 12 If not known 999 If occasional 998	Yes	Yes	Yes	Yes	No. cigs smoked before 20 wks	No. cigs smoked before 20 wks
45. AS	No. cigs smoked after 20 wks	Average number of tobacco cigarettes smoked each day from 20 wks gestation	N(3)	0 12 If not known 999 If occasional 998	Yes	Yes	Yes	Yes	No. cigs smoked after 20 wks	No. cigs smoked after 20 wks
46. AT	Essential Hypertension	Diagnosed with Essential Hypertension.	A(30)	Essential Hypertension NULL	No	Yes	Yes	Yes	Essential Hypertension	Essential Hypertension
47. AU	Pre-Existing Diabetes	Diagnosed with Pre-Existing Diabetes.	A(30)	Diabetes - Type 1 Diabetes - Type 2 NULL	No	Yes	Yes	Yes	Pre-Existing Diabetes	Pre-Existing Diabetes
48. AV	Asthma	Diagnosed with Asthma.	A(30)	Asthma NULL	No	Yes	Yes	Yes	Asthma	Asthma
49. AW	Genital Herpes	Diagnosed with Genital herpes either active or inactive.	A(30)	Herpes…. NULL	No	Yes	No	No	Genital Herpes	Genital Herpes
50. AX	Parity	The number of previous pregnancies resulting in birth of a baby >= 20 wks	N(2)	Yes	Yes	Yes	Yes	Yes	Parity	
51. AY	Pregnancy Hypertension	Diagnosed with Gestational Hypertension or Pre-Eclampsia or Pre-Eclampsia superimposed on Hypertension	A(42)	Yes	Yes	Yes	Yes	Yes	Pregnancy Hypertension	
52. AZ	Plurality	The number of infants from pregnancy	N(1)	1-Singleton 2-Twin	Yes	Yes	Yes	Yes	Plurality	

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
53. BA	Influenza Vaccination	Whether received and the trimester of pregnancy when received Influenza vaccination	N(2)*	01-Yes 1st Trimester 02-Yes 2nd Trimester 03-Yes 3rd Trimester 04-Yes Unk Trimester 05-Not vaccinated 99-Unk if Vaccinated	Yes	Yes	Yes	Yes	Influenza Vaccination	
54. BB	Pertussis Vaccination	Whether received and the trimester of pregnancy when received pertussis vaccination	N(2)*	01-Yes 1st Trimester 02-Yes 2nd Trimester 03-Yes 3rd Trimester 04-Yes Unk Trimester 05-Not vaccinated 99-Unk if Vaccinated	Yes	Yes	Yes	Yes	Pertussis Vaccination	
55. BC	Water Birth	Whether baby was born immersed in water	X(3)	Yes or Y or 1 No or N or 2	Yes	Yes	Yes	Yes	Water Birth	
56. BD	Alcohol Frequency Before 20 Weeks	Frequency of Drinking an alcoholic drink before 20 weeks	N(2)	01-Never 02-Monthly 03-2 to 4 times a month 04-2 to 3 times a week 05-4 or more times a week 99-Unknown	Yes	Yes	Yes	Yes	Alcohol during pregnancy frequency	Alcohol during pregnancy frequency
57. BE	Alcohol Number Before 20 Weeks	Number of standard alcohol drinks on a typical day before 20 weeks	N(2)	00-Zero 01-One or two 02-Three or four 03-Five or six 04-Seven to nine 05-10 or more 99-Unknown	Yes	Yes	Yes	Yes	Alcohol during pregnancy number	Alcohol during pregnancy number
58. BF	Alcohol Frequency After 20 Weeks	Frequency of Drinking an alcoholic drink after 20 weeks	N(2)	01-Never 02-Monthly 03-2 to 4 times a month 04-2 to 3 times a week 05-4 or more times a week 99-Unknown	Yes	Yes	Yes	Yes	Alcohol during pregnancy frequency	Alcohol during pregnancy frequency

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
59. BG	Alcohol Number After 20 Weeks	Number of standard alcohol drinks on a typical day after 20 weeks	N(2)	00-Zero 01-One or two 02-Three or four 03-Five or six 04-Seven to nine 05-10 or more 99-Unknown	Yes	Yes	Yes	Yes	Alcohol during pregnancy number	Alcohol during pregnancy number
60. BH	Depression/Anxiety Screening	Was screening for depression/anxiety conducted (For Stork this is derived from EPDS 1st Trimester data)	N(1)	1-Yes 2-No 3-Declined 9-Unknown	Yes	Yes	Yes	Yes	Screening for depression/anxiety	Screening for depression/anxiety
61. BI	Mental Health Follow Up	Was additional follow up indicated for perinatal mental health risk factors (For Stork this is derived from EPDS 1st Trimester data)	N(1)	1-Yes 2-No 3-Declined 9-Unknown	Yes	Yes	No	No	Screening for depression/anxiety	Screening for depression/anxiety
62. BJ	Depression/Anxiety Screening	Was screening for depression/anxiety conducted (For Stork this is derived from EPDS 3rd Trimester data)	N(1)	1-Yes 2-No 3-Declined 9-Unknown	Yes	Yes	Yes	Yes	Screening for depression/anxiety	Screening for depression/anxiety
63. BK	Mental Health Follow Up	Was additional follow up indicated for perinatal mental health risk factors (For Stork this is derived from EPDS 3rd Trimester data)	N(1)	1-Yes 2-No 3-Declined 9-Unknown	Yes	Yes	No	No	Screening for depression/anxiety	Screening for depression/anxiety
64. BL	Complications of pregnancy	'CMP' followed by a list of any complications of pregnancy (Up to 19 times 3 Digit codes)	X(60)	Pregnancy Complication Code	Yes	Yes	Yes	Yes	Complications of pregnancy	Complications of pregnancy
65. BM	Medical conditions	'MDC' followed by a list of any medical conditions for the mother (Up to 19 times 3 Digit codes)	X(60)	Medical Condition Codes	Yes	Yes	Yes	Yes	Medical conditions	Medical conditions
66. BN	Complications of labour and birth	'CML' followed by a list of any complications of labour and birth (Up to 19 times 3 Digit codes)	X(60)	Labour complications	Yes	Yes	Yes	Yes	Complications of labour and birth	Complications of labour and birth
67. BO	Family violence screening	Was screening for family violence conducted (for Stork this is derived from 1st Trimester data)	N(1)	1-Yes 2-Not offered 3-Declined 9-Unknown	Yes	Yes	Yes	Yes	Family violence screening	Family violence screening

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
68. BP	Primary maternity model of care	The primary model used to care for the mother during pregnancy as per the AIHW Maternity Models of Care Classification System (MaCCS)	N(6)	012345	Yes	Yes	Yes	Yes	Primary maternity model of care	Primary maternity model of care
69. BQ	Maternity model of care at the onset of labour of non-labour caesarean	The model being used to care for the mother at the onset of labour or at the time of non-labour caesarean as per the AIHW Maternity Models of Care Classification System (MaCCS)	N(6)	012345	Yes	Yes	Yes	Yes	Maternity model of care at onset	Maternity model of care at onset
70. BR	Syphilis screening at first antenatal contact (before 28 weeks gestation)?	Indication of whether the pregnant woman was serum screened for syphilis infection at the first pregnancy assessment performed by a health practitioner before 28 weeks gestation.	N(1)	1-Yes 2-Not offered 3-Declined 8-Unknown 9-Not Stated	Yes	Yes	Yes	Yes	Syphilis screening 1st Contact	Syphilis screening 1st Contact
71. BS	Syphilis screening conducted between 28 and 35 weeks?	Indication of whether the pregnant woman was serum screened for syphilis infection at 28 weeks gestation.	N(1)	1-Yes 2-Not offered 3-Declined 8-Unknown 9-Not Stated	Yes	Yes	Yes	Yes	Syphilis screening 28 weeks	Syphilis screening 28 weeks
72. BT	Syphilis screening conducted between 36 weeks and birth?	Indication of whether the pregnant woman was serum screened for syphilis infection at 36 weeks gestation.	N(1)	1-Yes 2-Not offered 3-Declined 8-Unknown 9-Not Stated	Yes	Yes	Yes	Yes	Syphilis screening 36 weeks	Syphilis screening 36 weeks
73. BU	Presentation	The presenting part of the infant at the time of birth	N(1)	1=Vertex 2=Breech 3=Face 4=Brow 8=Other	Yes	Yes	Yes	Yes	Presentation	Presentation
									Hospital Name	Hospital Name
									Date Processed	Date Processed
									Destination	Destination
									Data system	Data system

Word document template

Data provision specified by Table 1 is used to create Microsoft Word versions of the birth notifications for Child Health Services.

The Microsoft Word report template below illustrates where data values are inserted from the data file provided.

Birth Notification

<Establishment>

<Date created>

Mother's Details

Personal and Contact Details

UMRN	<Field 1. A>	Medicare	<Field 2. B>
Surname	**Part <FIELD 3. c>**	Address	<Field 6. F>
Maiden Name	<Field 4. D>		<Field 7. G> <Field 8. H>
First name	Part <Field 3. c>	Suburb	<Field 9. I>
Date of Birth	<Field 5. E>	Postcode	<Field 11. K>
Ethnic Origin	<Field 15. O>	State	<Field 10. J>
Main Language	<Field 16. P>	Telephone	<Field 12. L>
Interpreter Required	<Field 17. Q>	Mobile	<Field 13. M>
Email	<Field 18. R>		

Pregnancy Details

Previous Pregnancies	<19.S>
Parity	<50. AX>
Live Births	<20.T>
Still Births	<21.U>
Born Alive, Now Dead	<22.V>
Abortions, Miscarriages, Ectopics	<23.W>
Hydatidiform Moles	<24.X>
Previous Multiple Births	<25.Y>
Cigarettes smoked before 20 wks	<44.AR>
Cigarettes smoked after 20 wks	<45.AS>
Estimated Gestation Weeks at First Antenatal Visit	<43.AQ>

Medical Details

Diabetes in Pregnancy	<26. Z >		
Pre-existing Diabetes	<47.AU>		
Pregnancy Hypertension	<51.AY>		
Essential Hypertension	<46.AT>		
Asthma	<48.AV>		
Genital Herpes	<49.AW>		
Syphilis screening	Book <70.BR>	28w <71.BS>	36w <72.BT>

Maternity models of care

Primary	<70.BP >
Labour onset	<71.BQ>

Other Medical Conditions

<66. BN>	Text for Code from linked table
<66. BN>	Text for Code from linked table
<66. BN>	Text for Code from linked table
<66. BN>	Text for Code from linked table
<66. BN>	Text for Code from linked table
<66. BN>	Text for Code from linked table
<66. BN>	Text for Code from linked table
<66. BN>	Text for Code from linked table

EPDS Score at 3rd Trimester	<27.AA>
Plurality of Birth	<52.AZ>
Influenza Vaccine	<53.BA>
Pertussis Vaccine	<54.BB>

Alcohol During Pregnancy <20wks / >20wks

Frequency	<56.BD>	<56.BF>
Volume	<57.BE>	<56.BG>

Depression / Anxiety

Screening	<62.BJ>
Follow up	<63.BK>

Indicated Mental Health

Follow up 1st Tri	<64.BL>
Follow up 3rd Tri	<65.BM>
FDV Screening	<69.BO>

Baby's Details

UMRN	<Field 28. AB>	Method of Birth	<Field 29. AC>
Date of Birth	**Part <Field 31. AE>**	Birth Weight	<Field 35. AI>
Time of Birth	Part <Field 31. AE>	Birth Length	<Field 36. AJ>
Gender	<Field 32. AF>	Birth Head Circumference	<Field 37. AK>
Aboriginal Status	<Field 33. AG>	Water Birth	<Field 55. BC>
Status at Birth	<Field 30. AD>	Gestation at Birth	<Field 34. AH>
Special Care Nursery	<Field 40. AN>	APGAR Score 1 min	<Field 38. AL>
Baby Outcome	<Field 41. AO>	APGAR Score 5 mins	<Field 39.AM>
Transferred To	<Field 42. AP>	Fetal presentation	<Field 73.BU>

Mother's Details

Personal and Contact Details

UMRN	B1234567	Medicare	Yes
Surname	FAMILY	Address	1738 Goodlife Street
Maiden Name	SINGLE		
First name	Mary Jane	Suburb	BUNBURY
Date of Birth	26/07/1996	Postcode	6230
Ethnic Origin	Caucasian	State	WA
Main Language	English	Telephone	08 9123 4567
Interpreter Required	No	Mobile	0400 000 000
Email	MaryJaneFamily@gmail.com		

Pregnancy Details

Previous Pregnancies	1
Prev Parity	1
Prev Live Births	1
Prev Still Births	0
Prev Born Alive, Now Dead	0
Abortions, Miscarriages, Ectopics	0
Hydatidiform moles	0
Previous Multiple Births	No
Cigarettes smoked before 20 wks	0
Cigarettes smoked after 20 wks	0
Estimated Gestation Weeks at First Antenatal Visit	6

Medical Details

Diabetes in Pregnancy	Gestational Diabetes
Pre-existing Diabetes	Diabetes – Type 1
Pregnancy Hypertension	Pre-Eclampsia
Essential Hypertension	Essential Hypertension
Asthma	Asthma
Genital Herpes	Yes

Syphilis screening	Book	28w	36w
	Yes	Yes	Yes

Maternity models of care

Primary	600293
Labour onset	600294

Other Medical Conditions

010	Anaemia
021	Carrier Hepatitis C
040	Coeliac disease

EPDS Score at 3rd Trimester	7
Plurality of Birth	2
Influenza Vaccine	Yes Unk Trimester
Pertussis Vaccine	Yes 2nd Trimester

Alcohol During Pregnancy <20wks / >20wks

Frequency	Never	Never
Volume	0	0

Depression / Anxiety

Screening	Yes
Follow up	Yes

Indicated Mental Health

Follow Up 1st Trim	No
Follow Up 3rd Trim	No
Family violence screening	Yes

Baby's Details

UMRN	E9876543	Method of Birth	Caesarean LUSCS
Date of Birth	13/04/2023	Birth Weight	2960 grams
Time of Birth	10:59	Birth Length	50 cm
Gender	Male	Birth Head Circumference	37 cm
Aboriginal Status	Other	Water Birth	No
Status at Birth	LIVEBORN	Gestation at Birth	39.4 weeks
Special Care Nursery		Apgar Score 1 min	7
Baby Outcome	Discharged	Apgar Score 5 mins	9
Transferred To		Presentation	Vertex