

Last name _____	Unit Record No. <input type="text"/>	Establishment _____
First name _____	Birth date (Mother) <input type="text"/>	Ward _____
Address of usual residence Number and street _____	State _____ Post code <input type="text"/>	Marital status 1=never married 2=widowed 3=divorced <input type="checkbox"/> 4=separated 5=married (incl. defacto) <input type="checkbox"/> 6=unknown <input type="checkbox"/>
Town or suburb _____	Height <input type="text"/> (whole cm) Weight <input type="text"/> (whole kilogram)	Ethnic status 1=Caucasian 2=Aboriginal/TSI <input type="checkbox"/> Other _____ <input type="checkbox"/>
Maiden name _____	Telephone <input type="text"/>	

PREGNANCY DETAILS

PREVIOUS PREGNANCIES:
Total number (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:

Antenatal:
 Estimated gestation weeks at first antenatal visit
 Total number of antenatal care visits

Date of LMP: 2 0
 This date certain 1=yes 2=no

Expected due date: 2 0
 based on 1=clinical signs/dates
 2=ultrasound <20 wks

Smoking:
 Number of tobacco cigarettes usually smoked each day **during first 20 weeks**
 Number of tobacco cigarettes usually smoked each day **after 20 weeks of pregnancy.**
 (none, use '000'; occasional or smoked <1, use '998'; undetermined, use '999')

Complications of pregnancy:
 1 threatened abortion (<20wks)
 2 threatened preterm labour (<37 wks)
 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 other (specify) _____

Medical conditions:
 1 essential hypertension
 2 pre-existing diabetes mellitus
 3 asthma
 4 genital herpes
 8 other (specify) _____

Procedures/treatments:
 1 fertility treatments (include drugs)
 2 cervical suture
 3 CVS/placental biopsy
 4 amniocentesis
 5 ultrasound
 6 CTG antepartum
 7 CTG intrapartum

Intended place of birth at onset of labour:
 1=hospital 2=birth centre attached to hospital
 3=birth centre free standing 4=home 8=other

MIDWIFE
 Name _____
 Signature _____
 Date 2 0
 Reg. No.

LABOUR DETAILS

Onset of labour:
 1=spontaneous 2=induced 3=no labour

Augmentation (labour has begun):
 1 none
 2 oxytocin
 3 prostaglandins
 4 artificial rupture of membranes
 8 other

Induction (before labour began):
 1 none
 2 oxytocin
 3 prostaglandins
 4 artificial rupture of membranes
 8 other

Analgesia (during labour):
 1 none
 2 nitrous oxide
 3 intra-muscular narcotics
 4 epidural/caudal
 5 spinal
 7 combined spinal/epidural
 8 other

Duration of labour:
 1st stage (hour & min): hr min
 2nd stage (hour & min): hr min

DELIVERY 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

Complications of labour and delivery
 (includes the reason for operative delivery):
 1 precipitate delivery
 2 fetal distress
 3 prolapsed cord
 4 cord tight around neck
 5 cephalopelvic disproportion
 6 PPH(≥500mls)
 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) _____

Perineal status:
 1=intact 2=1st degree tear/vaginal tear
 3=2nd degree tear 4=3rd degree tear
 5=episiotomy 6=episiotomy plus tear
 7=4th degree tear 8=other

ABORIGINAL STATUS OF BABY

(Tick one box only)

1 Aboriginal but not TSI
 2 TSI but not Aboriginal
 3 Aboriginal and TSI
 4 Other

BABY DETAILS

(Please use a separate form for each baby)

Adoption: 1=yes 2=no

Born before arrival: 1=yes 2=no

Birth date: 2 0

Birth time (24hr clock):

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):

Length (whole cm):

Head circumference (whole cm):

Time to establish unassisted regular breathing (whole min):

Resuscitation: (record one only – the most invasive or highest number)
 1 none
 2 suction only
 3 oxygen therapy only
 4 bag and mask (IPPR)
 5 endotracheal intubation
 6 ext. cardiac massage and ventilation
 8 other

Apgar score: 1 minute
 5 minutes

Estimated gestation (whole weeks):

Birth defects (specify): _____

Birth trauma (specify): _____

BABY SEPARATION DETAILS

Separation date: 2 0

Mode of separation:
 1=transferred 8=died 9=discharged home

Transferred to:
 (specify establishment code)

Special care:
 (excludes Level 1; whole days only)

Coder ID:

Last name _____	Unit Record No. <input type="text"/>	Establishment _____
First name _____	Birth date (Mother) <input type="text"/>	Ward _____
Address of usual residence Number and street _____	State _____ Post code <input type="text"/>	Marital status 1=never married 2=widowed 3=divorced <input type="checkbox"/> 4=separated 5=married (incl. defacto) <input type="checkbox"/> 6=unknown <input type="checkbox"/>
Town or suburb _____	Height <input type="text"/> (whole cm) Weight <input type="text"/> (whole kilogram)	Ethnic status 1=Caucasian 2=Aboriginal/TSI <input type="checkbox"/> Other _____ <input type="checkbox"/>
Maiden name _____	Telephone <input type="text"/>	

PREGNANCY DETAILS

PREVIOUS PREGNANCIES:
Total number (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:

Antenatal:
 Estimated gestation weeks at first antenatal visit
 Total number of antenatal care visits

Date of LMP: 2 0
 This date certain 1=yes 2=no

Expected due date: 2 0
 based on 1=clinical signs/dates
 2=ultrasound <20 wks

Smoking:
 Number of tobacco cigarettes usually smoked each day **during first 20 weeks**

Number of tobacco cigarettes usually smoked each day **after 20 weeks of pregnancy.**
 (none, use '000'; occasional or smoked <1, use '998'; undetermined, use '999')

Complications of pregnancy:
 1 threatened abortion (<20wks)
 2 threatened preterm labour (<37 wks)
 3 urinary tract infection
 4 pre-eclampsia
 5 Antepartum haemorrhage (APH) – placenta praevia
 6 APH – placental abruption
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 9 gestational diabetes
 10 other (specify) _____

Medical conditions:
 1 essential hypertension
 2 pre-existing diabetes mellitus
 3 asthma
 4 genital herpes
 8 other (specify) _____

Procedures/treatments:
 1 fertility treatments (include drugs)
 2 cervical suture
 3 CVS/placental biopsy
 4 amniocentesis
 5 ultrasound
 6 CTG antepartum
 7 CTG intrapartum

Intended place of birth at onset of labour:
 1=hospital 2=birth centre attached to hospital
 3=birth centre free standing 4=home 8=other

MIDWIFE
 Name _____
 Signature _____
 Date 2 0
 Reg. No.

LABOUR DETAILS

Onset of labour:
 1=spontaneous 2=induced 3=no labour

Augmentation (labour has begun):
 1 none
 2 oxytocin
 3 prostaglandins
 4 artificial rupture of membranes
 8 other

Induction (before labour began):
 1 none
 2 oxytocin
 3 prostaglandins
 4 artificial rupture of membranes
 8 other

Analgesia (during labour):
 1 none
 2 nitrous oxide
 3 intra-muscular narcotics
 4 epidural/caudal
 5 spinal
 7 combined spinal/epidural
 8 other

Duration of labour:
 1st stage (hour & min): hr min
 2nd stage (hour & min): hr min

DELIVERY 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

Complications of labour and delivery
 (includes the reason for operative delivery):
 1 precipitate delivery
 2 fetal distress
 3 prolapsed cord
 4 cord tight around neck
 5 cephalopelvic disproportion
 6 PPH(≥500mls)
 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) _____

Perineal status:
 1=intact 2=1st degree tear/vaginal tear
 3=2nd degree tear 4=3rd degree tear
 5=episiotomy 6=episiotomy plus tear
 7=4th degree tear 8=other

ABORIGINAL STATUS OF BABY

(Tick one box only)
 1 Aboriginal but not TSI
 2 TSI but not Aboriginal
 3 Aboriginal and TSI
 4 Other

BABY DETAILS

(Please use a separate form for each baby)

Adoption: 1=yes 2=no

Born before arrival: 1=yes 2=no

Birth date: 2 0

Birth time (24hr clock):

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):

Length (whole cm):

Head circumference (whole cm):

Time to establish unassisted regular breathing (whole min):

Resuscitation: (record one only – the most invasive or highest number)
 1 none
 2 suction only
 3 oxygen therapy only
 4 bag and mask (IPPR)
 5 endotracheal intubation
 6 ext. cardiac massage and ventilation
 8 other

Apgar score: 1 minute
 5 minutes

Estimated gestation (whole weeks):

Birth defects (specify): _____

Birth trauma (specify): _____

BABY SEPARATION DETAILS

Separation date: 2 0

Mode of separation:
 1=transferred 8=died 9=discharged home

Transferred to:
 (specify establishment code)

Special care:
 (excludes Level 1; whole days only)

Coder ID:

Last name _____	Unit <input type="text"/>	Establishment _____
First name _____	Record No. <input type="text"/>	Ward _____
Address of usual residence	Birth date (Mother) <input type="text"/>	Marital status
Number and street _____	State _____ Post code <input type="text"/>	1=never married 2=widowed 3=divorced <input type="checkbox"/>
Town or suburb _____	Height <input type="text"/> (whole cm)	4=separated 5=married (incl. defacto) <input type="checkbox"/>
Maiden name _____	Weight <input type="text"/> (whole kilogram)	6=unknown <input type="checkbox"/>
	Telephone <input type="text"/>	Ethnic status
		1=Caucasian 2=Aboriginal/TSI <input type="checkbox"/>
		Other _____ <input type="checkbox"/>

PREGNANCY DETAILS

PREVIOUS PREGNANCIES:

Total number (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:

Antenatal:

Estimated gestation weeks at first antenatal visit _____

Total number of antenatal care visits

Date of LMP: 2 0

This date certain 1=yes 2=no

Expected due date: 2 0

based on 1=clinical signs/dates

2=ultrasound <20 wks

Smoking:

Number of tobacco cigarettes usually smoked each day **during first 20 weeks**

Number of tobacco cigarettes usually smoked each day **after 20 weeks of pregnancy.**

(none, use '000'; occasional or smoked <1, use '998'; undetermined, use '999')

Complications of pregnancy:

1 threatened abortion (<20wks)

2 threatened preterm labour (<37 wks)

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 other (specify) _____

Medical conditions:

1 essential hypertension

2 pre-existing diabetes mellitus

3 asthma

4 genital herpes

8 other (specify) _____

Procedures/treatments:

1 fertility treatments (include drugs)

2 cervical suture

3 CVS/placental biopsy

4 amniocentesis

5 ultrasound

6 CTG antepartum

7 CTG intrapartum

Intended place of birth at onset of labour:

1=hospital 2=birth centre attached to hospital

3=birth centre free standing 4=home 8=other

MIDWIFE

Name _____

Signature _____

Date 2 0

Reg. No.

LABOUR DETAILS

Onset of labour:

1=spontaneous 2=induced 3=no labour

Augmentation (labour has begun):

1 none

2 oxytocin

3 prostaglandins

4 artificial rupture of membranes

8 other

Induction (before labour began):

1 none

2 oxytocin

3 prostaglandins

4 artificial rupture of membranes

8 other

Analgesia (during labour):

1 none

2 nitrous oxide

3 intra-muscular narcotics

4 epidural/caudal

5 spinal

7 combined spinal/epidural

8 other

Duration of labour:

hr min

1st stage (hour & min):

2nd stage (hour & min):

DELIVERY 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

Complications of labour and delivery (includes the reason for operative delivery):

1 precipitate delivery

2 fetal distress

3 prolapsed cord

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6 PPH(≥500mls)

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ABORIGINAL STATUS OF BABY

(Tick one box only)

1 Aboriginal but not TSI

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BABY DETAILS

(Please use a separate form for each baby)

Adoption: 1=yes 2=no

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Birth date: 2 0

Birth time (24hr clock):

Plurality (number of babies this birth):

Birth order (specify this baby, eg, 1=1st baby born, 2=2nd baby born, etc):

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Accoucheur(s):

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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:

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Infant weight (whole gram):

Length (whole cm):

Head circumference (whole cm):

Time to establish unassisted regular breathing (whole min):

Resuscitation: (record one only – the most invasive or highest number)

1 none

2 suction only

3 oxygen therapy only

4 bag and mask (IPPR)

5 endotracheal intubation

6 ext. cardiac massage and ventilation

8 other

Apgar score: 1 minute

5 minutes

Estimated gestation (whole weeks):

Birth defects (specify): _____

Birth trauma (specify): _____

BABY SEPARATION DETAILS

Separation date: 2 0

Mode of separation:

1=transferred 8=died 9=discharged home

Transferred to:

(specify establishment code)

Special care:

(excludes Level 1; whole days only)

Coder ID:

Last name _____	Unit Record No. <input type="text"/>	Establishment _____
First name _____	Birth date (Mother) <input type="text"/>	Ward _____
Address of usual residence Number and street _____	State _____ Post code <input type="text"/>	Marital status 1=never married 2=widowed 3=divorced <input type="checkbox"/> 4=separated 5=married (incl. defacto) <input type="checkbox"/> 6=unknown <input type="checkbox"/>
Town or suburb _____	Height <input type="text"/> (whole cm) Weight <input type="text"/> (whole kilogram)	Ethnic status 1=Caucasian 2=Aboriginal/TSI <input type="checkbox"/> Other _____ <input type="checkbox"/>
Maiden name _____	Telephone <input type="text"/>	

PREGNANCY DETAILS

PREVIOUS PREGNANCIES:
Total number (excluding this pregnancy):

Previous pregnancy outcomes:
- liveborn, now living
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Number of previous caesareans
Caesarean last delivery 1=yes 2=no
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THIS PREGNANCY:

Antenatal:
Estimated gestation weeks at first antenatal visit
Total number of antenatal care visits

Date of LMP: 2 0
This date certain 1=yes 2=no

Expected due date: 2 0
based on 1=clinical signs/dates
2=ultrasound <20 wks

Smoking:
Number of tobacco cigarettes usually smoked each day **during first 20 weeks**
Number of tobacco cigarettes usually smoked each day **after 20 weeks of pregnancy.**
(none, use '000'; occasional or smoked <1, use '998'; undetermined, use '999')

Complications of pregnancy:
1 threatened abortion (<20wks)
2 threatened preterm labour (<37 wks)
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 other (specify) _____

Medical conditions:
1 essential hypertension
2 pre-existing diabetes mellitus
3 asthma
4 genital herpes
8 other (specify) _____

Procedures/treatments:
1 fertility treatments (include drugs)
2 cervical suture
3 CVS/placental biopsy
4 amniocentesis
5 ultrasound
6 CTG antepartum
7 CTG intrapartum

Intended place of birth at onset of labour:
1=hospital 2=birth centre attached to hospital
3=birth centre free standing 4=home 8=other

MIDWIFE
Name _____
Signature _____
Date 2 0
Reg. No.

LABOUR DETAILS

Onset of labour:
1=spontaneous 2=induced 3=no labour

Augmentation (labour has begun):
1 none
2 oxytocin
3 prostaglandins
4 artificial rupture of membranes
8 other

Induction (before labour began):
1 none
2 oxytocin
3 prostaglandins
4 artificial rupture of membranes
8 other

Analgesia (during labour):
1 none
2 nitrous oxide
3 intra-muscular narcotics
4 epidural/caudal
5 spinal
7 combined spinal/epidural
8 other

Duration of labour:
1st stage (hour & min): hr min
2nd stage (hour & min): hr min

DELIVERY 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

Complications of labour and delivery
(includes the reason for operative delivery):
1 precipitate delivery
2 fetal distress
3 prolapsed cord
4 cord tight around neck
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6 PPH(≥500mls)
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) _____

Perineal status:
1=intact 2=1st degree tear/vaginal tear
3=2nd degree tear 4=3rd degree tear
5=episiotomy 6=episiotomy plus tear
7=4th degree tear 8=other

ABORIGINAL STATUS OF BABY

(Tick one box only)
1 Aboriginal but not TSI
2 TSI but not Aboriginal
3 Aboriginal and TSI
4 Other

BABY DETAILS

(Please use a separate form for each baby)

Adoption: 1=yes 2=no

Born before arrival: 1=yes 2=no

Birth date: 2 0

Birth time (24hr clock):

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)
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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):

Length (whole cm):

Head circumference (whole cm):

Time to establish unassisted regular breathing (whole min):

Resuscitation: (record one only – the most invasive or highest number)
1 none
2 suction only
3 oxygen therapy only
4 bag and mask (IPPR)
5 endotracheal intubation
6 ext. cardiac massage and ventilation
8 other

Apgar score: 1 minute
5 minutes

Estimated gestation (whole weeks):

Birth defects (specify): _____

Birth trauma (specify): _____

BABY SEPARATION DETAILS

Separation date: 2 0

Mode of separation:
1=transferred 8=died 9=discharged home

Transferred to:
(specify establishment code)

Special care:
(excludes Level 1; whole days only)

Coder ID:



General guidelines for completion of this form

1. When completing this form, please use a ballpoint pen and place the form on a firm surface to ensure legibility of all three copies.
2. Answer ALL questions.
3. If a particular item of information is not available, then record as "unknown".
4. When text is required, please PRINT (preferably with the use of block letters).
5. Abbreviations should be limited to those in common use, to avoid miscoding of information.
6. Addressograph labels may be used but please ensure that one is placed on each of the three copies of the form.
7. Wherever possible, insert home or contact telephone number to facilitate continuity of care by Child Health Nurses. If unavailable, indicate with a dash or write "none".
8. Where there are more boxes provided than required, please "right adjust" your response, e.g. a birth weight of 975 grams inserted as 0975.
9. For all dates, eight boxes are provided, e.g. 6 March 1965 inserted as 06 03 1965.
10. Some items allow more than one response. These are identified by multiple boxes, e.g. Complications of labour and delivery.

Complications not listed in tick boxes should be recorded as text under the appropriate headings.

If further information is required for completion of this form, please refer to the "*Guidelines for Completion of the Notification of Case Attended Health Act (Notification by Midwife) Regulations Form No.2*" available from the website below or from the following:

The Manager

Maternal and Child Health Unit

Department of Health, Western Australia

1st Floor, C Block

189 Royal Street

EAST PERTH WA 6004

Telephone: (08) 9222 2417

Email: BirthData@health.wa.gov.au

Web: www.health.wa.gov.au/publications/subject_index/p/Perinatal_infant_maternal.cfm

FORWARD FORM TO

Maternal and Child Health Unit

Department of Health, Western Australia

Reply Paid 70042

(Delivery to Locked Bag 52)

Perth BC WA 6849

*NB: **Guidelines** for completion of this form are available from the above address or the following email address BirthData@health.wa.gov.au or website:*

www.health.wa.gov.au/publications/subject_index/p/Perinatal_infant_maternal.cfm