Midwives' Notification System

Birth Notification Extract Specification

Version Number: BN5

Document Version Number	1.4
Document Version Released	Jan 2019
What's new in this version?	All items ==highlighted in yellow== are changes to specifications for births in period from 1st July 2019.
Document Author:	Maternal & Child Health Data Collections Statutory Registers Branch Information & Performance Governance Unit Information & System Performance Directorate Purchasing & System Performance Division Department of Health, Western Australia

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Background

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

This document provides the Birth Notification specification for data items and file including naming, format, structure and transfer protocols to be applied to reporting systems at sites.

This Version (BN5) must be implemented for reporting births occurring from 1st July 2019.

Receiving system

Birth Notification files received by email account royalstCHN@health.wa.gov.au will be processed each Monday, Wednesday and Friday by the Maternal & Child Health at the Department of Health.

If these days fall on a public holiday, the files will be processed the following business day.

A series of MS macros are utilised to:
- extract the record data from files attached to the email and create an MS Word document for each infant's record reported in the batch,
- transmit the MS Word document to the Child Health Service for the maternal address, and
- archive the data files received for future reference

Macros require that all Birth Notification data files will conform to the document name and type; as well as field names, values, formats, definitions defined in this document.

Shared data file

WA Health employees may submit the data file by saving it to a restricted access folder provided by the Department of Health for this purpose. Procedures for submission of data files to this shared folder can be requested from the Maternal & Child Health staff.

Secure file transfer

Data files must be securely emailed securely to the Department of Health. The Department of Health has provided My File Transfer (MyFT) for this purpose.

The email account birthdata@health.wa.gov.au is licensed to receive encrypted data submissions. MyFT is available to users both within and outside of the WA Health.

Other secure file transfer applications may be used but responsibility for secure delivery is not held by the Department of Health.

File delivery

Birth Notification files are accepted at any time. They must be submitted at least three times a week if births have occurred since the last report.

If data files are being submitted on a business day please **send before midday** to ensure inclusion in that day's delivery to Child Health Services.

Records should be included in the extract when data collection is complete as indicated by the list of data provided below. Some information may not be able to be determined at time of providing Birth Notification. It is best to provide an incomplete Birth Notification than to delay provision.

File name

The File Name of the Birth Notification batch must be formatted to enable identification of Establishment providing Birth Notification and the date on which it was provided.

King Edward Memorial Hospital-0104-14122018.csv

<Establishment>-<establishment number>-DDMMYYYY.csv

Updates and corrections

Updates/corrections may be submitted to Maternal & Child Health when necessary.

Ensure all identified data is provided using the secure shared folder or secure file transfer.

File format

Stork sites

The MS macros accept file types of MS Excel, comma separated variables or text. These file types are usually indicated by suffix extensions of .xls, .xlsx, .csv.

The name of every Birth Notification file must be consistent. Regardless of file type, it must have the same name and appropriate file extension for example:
- King Edward Memorial Hospital-0104-14122018.xls
- King Edward Memorial Hospital-0104-14122018.xlsx
- King Edward Memorial Hospital-0104-14122018.csv

The birth records reported in MS Excel or CSV file format must all be reported on one worksheet. The name of the worksheet must be:
- <Establishment>-<establishment number>-DDMMYYYY.csv
  e.g. King Edward Memorial Hospital-0104-14122018.csv

Ramsay sites and SJOG sites

The MS macros accept file types of MS Excel, comma separated variables or text. These file types are usually indicated by suffix extensions of .xls, .xlsx, .csv.

The name of the Birth Notification file must be consistent. Regardless of file type, It must have the same name and appropriate file extension for example:
- CHNSummary.xls
- CHNSummary.xlsx
- CHNSummary.csv

The birth records reported in MS Excel or CSV file format must all be reported on one worksheet. The name of the worksheet must be:
- CHNSummary

The first row of data for the Birth notification file must be data item names (column headings). These data items must be in the correct order as outlined below.

Birth Notification Specification "BN5" V1.4
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Birth Notification content

Table 1 below lists and describes all data items in the order they must appear in each Birth Notification data file.

All items (columns) must be included in the correct order, in every file whether they contain data or not.

All data fields for items marked "Yes" in the **Mandatory** column of the table below must contain valid data.

All data fields for items marked "No" in the **Mandatory** column of the table below should contain NULL value or valid data if a value for the data item is applicable and available.

All data fields for items marked "If available" in the **Mandatory** column of the table below can be provided by reporting systems that enable provision of this information to Child Health Services. These data items are not required by the WA *Health (Miscellaneous Provision) Act 1911* and associated Regulations. Data fields must be NULL or if data provided it must have valid values and format.

Specification notes

CDIS

In Table 1, the item "CDIS" refers to the **Child Development Information System** which receives Birth Notifications for the Child Health Services managing care of mothers/infants living in metropolitan areas.

CHIS

In Table 1, the item "CHIS" refers to the **Community Health Information System** which receives Birth Notifications for the Child Health Services managing care of mothers/infants living in country areas.

Other notes

Residential address, email and other text values should not contain tabs or new line or carriage return characters.

File specification

Table 1

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

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
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 requiring interpreter (may be blank if no Interpreter required)	X(30) or N(4)*	Arabic or Greek OR 4202 or 2201	Yes	Yes	Yes	Yes	Main Language	Main Language
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

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
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
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 39.6 or 39 Weeks 6 Days	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.

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
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
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

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
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	
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	

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
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
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

Field Order	Field Name	Description	Format	Example	Mandatory	Stork	SJOG	Ramsay	CDIS	CHIS
File Type→						CSV	CSV	CSV	XLS	XLS
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	
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 4-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	Screening for depression/ anxiety
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	Complications of pregnancy
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	Medical conditions

Where a numeric value is provided the Macro administered by the Maternal & Child Health team will insert the text description of the numeric value into the MS Word document version of the Birth Notification.

MS Macro for document creation

Data provided as specified in Table 1 is utilised by the WA Department of Health to create reports for Child Health Services.

The MS Macros employed by Maternal & Child Health extract data from Birth Notification files to create individual MS Word documents for each baby's record.

A template for this document is provided.

<Establishment>

Birth Notification

<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 14. N>		

Pregnancy Details

Previous Pregnancies	<18.R>
Parity	<50. AX>
Live Births	<19.S>
Still Births	<20.T>
Born Alive, Now Dead	<21.U>
Abortions, Miscarriages, Ectopics	<22.V>
Hydatidiform Moles	<23.W>
Previous Multiple Births	<24.X>
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	<25.Y>
Pre-existing Diabetes	<47.AU>
Pregnancy Hypertension	<51.AY>
Essential Hypertension	<46.AT>
Asthma	<48.AV>
Genital Herpes	<49.AW>

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

EPDS Score at 3rd Trimester	<26.Z>
Plurality of Birth	<52.AZ>
Influenza Vaccine	<53.BA>
Pertussis Vaccine	<54.BB>

Alcohol During Pregnancy <20wks / >20wks

	<20wks	>20wks
Frequency	<56.BD>	<58.BF>
Volume	<57.BE>	<59.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>

Baby's Details

UMRN	<Field 27. AA>	Method of Birth	<Field 28. AB>
Date of Birth	Part <Field 30. AD>	Birth Weight	<Field 34. AH>
Time of Birth	Part <Field 30. AD>	Birth Length	<Field 35. AI>
Gender	<Field 31. AE>	Birth Head Circumference	<Field 36. AJ>
Aboriginal Status	<Field 32. AF>	Water Birth	<Field 55. BC>
Status at Birth	<Field 29. AC>	Gestation At Birth	<Field 33. AG>
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>		

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Birth Notification

King Edward Memorial Hospital

11/12/2018

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	26/07/1982	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

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		
Volume		

Depression / Anxiety	
Screening	
Follow up	

Indicated Mental Health	
Follow Up 1st Trim	
Follow Up 3rd Trim	

Baby's Details

UMRN	E9876543	Method of Birth	Caesarean LUSCS
Date of Birth	10/12/2018	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	37.4 weeks
Special Care Nursery		APGAR Score 1 min	7
Baby Outcome		APGAR Score 5 mins	9
Transferred To			

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