5.17 NOTIFICATION OF BIRTH

**Keywords:** Birth notification, birth paperwork, birth documentation

The ward clerk in the Labour and Birth Suite prepares a set of documents and paperwork required by the midwife to complete following birth. It includes:

1. **Labour and Birth Summary MR230.01** – the midwife completes this and enters the information on the ‘Stork’ computer information system. The Labour and Birth Suite Inpatient summary is then printed out and signed by the midwife.
2. **Labour and Birth Summary MR230.02** - only to be completed for multiple births
3. **Neonatal History MR 410** – provides a summary of the maternal history and birth details.
4. **Vaginal Birth Clinical Pathway MR 249.60** (in case of Caesarean Births, the CS clinical Pathway MR 249.61 is commenced on the obstetric ward)
5. **Care of the Well Neonate MR 425.10** (note: Only Baby ID labels are to be affixed here, **not** the mother’s)
6. **White baby identification bracelets and two inserts.**

**MIDWIFE RESPONSIBILITIES**

The midwife present at the birth is responsible for:

- Reporting the sex, type and time of birth to the ward clerk. The ward clerk enters these details into TOPAS and the Birth Register and generates a Medical record folder and identification labels with the baby’s unique identification number. The folder with the new baby ID labels is sent up from Admissions to the obstetric ward.
- Completing the Labour and Birth Suite Summary and for entering the data into STORK.
- Entering the rest of the birth details in the Birth Register located at the Labour and Birth Suite reception desk.
- Generating two Transfusion Medicine Request forms and for ensuring the collection of and sending of blood specimens to the laboratory if the mother is rhesus negative or has antibodies.
  - One for a Direct Coombs test on the cord blood
  - One for a Kleihauer test. See clinical guideline A 1.9.2 The Kleihauer Test
- Completing the Centrelink “Newborn Child Claim for Paid Parental Leave, Family Assistance and Medicare” form (“Proof of Birth” section on page 18 of the document) if the patient is being discharged from Labour and Birth Suite to home. If the patient is being discharged home from a ward it will be signed by the ward staff.
- Labelling the newborn with the two white identification bracelets containing maternal identification labels. These bracelets are to be replaced by two white ones containing the neonate’s identification details as soon as they become available. See Clinical Guideline A 2.1.2 Neonatal Identification

**BABIES BORN BEFORE ARRIVAL AT KEMH**

- When a midwife or doctor is not present at the birth the receiving midwife completes the above forms, and enters the details in the Birth Register.
- The receiving midwife’s name is entered under Supervisor/Witness in the Birth Register. The accoucheur may be entered if known e.g. ambulance officer.
- The midwife’s responsibilities remain as above.

**STILLBIRTH AND NEONATAL DEATH**

Refer to Clinical Guidelines Section A 8.4.1 Legalities for information and documentation required.
DOCUMENTATION FOR WOMEN HAVING A CAESAREAN SECTION

- The midwife attending the birth in theatre is required to take the forms and documents to theatre as required for a normal birth, and record the relevant information.
- The midwife attending the caesarean section is responsible for ensuring the birth details are entered in the Birth Register at the Labour and Birth Suite reception desk.
- If the mother is a negative blood group or has antibodies, the midwife is responsible for ensuring a Transfusion Medicine request form for Kleihauer testing is completed and arrangement made for the maternal blood to be obtained within 2 hours of the birth. See Clinical Guideline A 1.9.2 The Kleihauer Test
- The midwife is also responsible for sending the EDTA cord blood specimen to the laboratory with a Transfusion Medicine request form for a Direct Coombs Test.
- Take an additional 10 patient addressograph labels to theatre.
- For multiple births ensure extra copies of the following are taken for each baby:
  - MR410 Neonatal History
  - MR230.02 Labour and Birth Summary multiple pregnancy forms.
  - Transfusion Medicine Request Forms for cord blood testing (if relevant)
  - 5 extra addressograph labels

REFERENCES / STANDARDS

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<thead>
<tr>
<th>National Standards</th>
<th>1- Care provided by the clinical workforce is guided by current best practice</th>
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<td>5- Patient Identification</td>
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Legislation - Health Act 1911 (Part XIII Section 335- Midwife notification of a birth)

Related Policies – WNHS Policy W160 Patient Identification

Other related documents – KEMH Clinical Guidelines, Section: A 2.1.2 Neonatal Identification; A 8.4.1 Legalities

RESPONSIBILITY

<table>
<thead>
<tr>
<th>Policy Sponsor</th>
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