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| **COUNCIL OF OBSTETRIC & PAEDIATRIC MORTALITY & MORBIDITY LOGO**  **OUNCIL OF OBSTETRIC & PAEDIATRIC MORTALITY & MORBIDITY** |
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| **TASMANIAN CONGENITAL ABNORMALITY NOTIFICATION FORM** |
| This notification form must be completed for all infants (both liveborn and stillborn) where a congenital abnormality is detected during pregnancy and/or before discharge from birthing hospital. To be completed by the clinician.  *Effective 1 January 2019*   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **MOTHER’S DETAILS** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **Hospital code** | | | |  | |  | |  | | |  | | **URN** | | | | | |  | |  | |  |  | |  | | |  | |  | |  | |  | | | **Suburb** | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Surname** | |  | | | | | | | | | | | | | **First name** | | | | | | |  | | | | | | | | | | | | | | | **Date of birth**  (DDMMYYYY) | | | | |  |  | |  |  |  |  |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **BABY’S DETAILS** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **URN** |  | |  | |  | |  | |  |  | |  | |  | |  |  | | | **Date of birth**  (DDMMYYYY) | | | | |  | |  |  | |  | |  | |  | |  | | |  | **Birth order** | | | |  | | | | | | |   Please list each anomaly separately:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **1.** |  |  | **6.** |  | | **2.** |  |  | **7.** |  | | **3.** |  |  | **8.** |  | | **4.** |  |  | **9.** |  | | **5.** |  |  | **10.** |  |  |  | | --- | | **Case summary** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Printed name** |  |  | **Designation** |  | | | | | | | | |  |  |  |  |  | | | | | | | | | **Signature** |  |  | **Date**  **(DDMMYYYY)** |  |  |  |  |  |  |  |  | |  |  |  |  |  | | | | | | | |   When you are ready to submit this Form, please:   |  |  | | --- | --- | | Email: | [ppp.perinataldata@health.tas.gov.au](mailto:ppp.perinataldata@health.tas.gov.au) | | Post (using confidential envelope): | Tasmanian Perinatal Data Collection Services  Health Information - Monitoring Reporting and Analysis Unit  Planning Purchasing and Performance Group  Department of Health  GPO Box 125  Hobart TAS 7001 | |