

HE301\*

Health Act 1911

## **Health (Notifications by Midwives) Amendment Regulations 2012**

Made by the Governor in Executive Council.

### **1. Citation**

These regulations are the *Health (Notifications by Midwives) Amendment Regulations 2012*.

### **2. Commencement**

These regulations come into operation as follows —

- (a) regulations 1 and 2 — on the day on which these regulations are published in the *Gazette*;
- (b) the rest of the regulations — on 1 January 2013.

**3. Regulations amended**

These regulations amend the *Health (Notifications by Midwives) Regulations 1994*.

**4. Regulation 4 amended**

In regulation 4(a) delete “full-time birth, or still birth,” and insert:

full term birth, or stillbirth,

**5. Schedule amended**

- (1) In the Schedule delete Form 1 and insert:

**FORM 1**

[r. 3]

*HEALTH ACT 1911**HEALTH (NOTIFICATIONS BY MIDWIVES) REGULATIONS 1994***NOTIFICATION OF INTENTION TO ENTER INTO PRIVATE PRACTICE AS A MIDWIFE**

EXECUTIVE DIRECTOR

PUBLIC HEALTH

I intend to enter into private practice as a midwife on \_\_\_ / \_\_\_ / \_\_\_

**PERSONAL PARTICULARS**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Telephone Numbers (\*Business or \*Private):

(Tel) \_\_\_\_\_ (Mob) \_\_\_\_\_

Address (\*Business or \*Private): \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Australian Health Practitioner Regulation Agency Midwifery

Registration Number: NMW \_\_\_\_\_

Professional Indemnity Insurance Provider: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

\* Delete if not applicable

(2) In the Schedule delete Form 2 and insert:

FORM 2

[r. 4]

Health (Notifications by Midwives) Regulations 1994 Form 2 NOTIFICATION OF CASE ATTENDED MR15

Last name <input type="text"/> Unit <input type="text"/> Record No. <input type="text"/>		Establishment <input type="text"/> Ward <input type="text"/>	
First name <input type="text"/> Birth date (Mother) <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	
Address of usual residence <input type="text"/> State <input type="text"/> Post code <input type="text"/>		Ethnic status of mother 1=Caucasian 10=Aboriginal not TSI <input type="checkbox"/> 11=TSI not Aboriginal 12=Aboriginal and TSI <input type="checkbox"/> Other <input type="text"/>	
Number and street <input type="text"/>		Height <input type="text"/> Weight <input type="text"/> (whole cm) (whole kilogram)	
Town or suburb <input type="text"/> Telephone <input type="text"/>		Maiden name <input type="text"/>	
<b>PREVIOUS PREGNANCIES:</b> Total number (excluding this pregnancy): <input type="text"/> Previous pregnancy outcomes: - liveborn, now living <input type="checkbox"/> - liveborn, now dead <input type="checkbox"/> - stillborn <input type="checkbox"/> Number of previous caesareans <input type="text"/> Caesarean last delivery 1=yes 2=no <input type="checkbox"/> Previous multiple births 1=yes 2=no <input type="checkbox"/> <b>THIS PREGNANCY:</b> Estimated gest wk at 1st antenatal visit <input type="text"/> Total number of antenatal care visits <input type="text"/> Date of LMP: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> This date certain 1=yes 2=no <input type="checkbox"/> Expected due date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> based on 1=clinical signs/dates <input type="checkbox"/> 2=ultrasound <20 wks <input type="checkbox"/> 3=ultrasound ≥20 wks <input type="checkbox"/> <b>Smoking:</b> Number of tobacco cigarettes usually smoked each day during first 20 weeks <input type="text"/> Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy. (none, use '00'; occasional or smoked <1, use '99'; undetermined, use '999') <input type="text"/>			
<b>COMPLICATIONS OF PREGNANCY:</b> 1 <input type="checkbox"/> threatened abortion (<20wks) 2 <input type="checkbox"/> threatened preterm labour (<37 wks) 3 <input type="checkbox"/> urinary tract infection 4 <input type="checkbox"/> pre-eclampsia 5 <input type="checkbox"/> Ante partum haemorrhage (APH) - placenta praevia 6 <input type="checkbox"/> APH - placental abruption 7 <input type="checkbox"/> APH - other <input type="text"/> 8 <input type="checkbox"/> pre-labour rupture of membranes 9 <input type="checkbox"/> gestational diabetes 10 <input type="checkbox"/> other (specify) <input type="text"/>		<b>LABOUR DETAILS</b> Onset of labour: <input type="checkbox"/> 1=spontaneous 2=induced 3=no labour <b>Augmentation (labour has begun):</b> 1 <input type="checkbox"/> none 2 <input type="checkbox"/> oxytocin 3 <input type="checkbox"/> prostaglandins 4 <input type="checkbox"/> artificial rupture of membranes 8 <input type="checkbox"/> other <input type="text"/> <b>Induction (before labour began):</b> 1 <input type="checkbox"/> none 2 <input type="checkbox"/> oxytocin 3 <input type="checkbox"/> prostaglandins 4 <input type="checkbox"/> artificial rupture of membranes 8 <input type="checkbox"/> other <input type="text"/> <b>Analgesia (during labour):</b> 1 <input type="checkbox"/> none 2 <input type="checkbox"/> nitrous oxide 4 <input type="checkbox"/> epidural/caudal 5 <input type="checkbox"/> spinal 6 <input type="checkbox"/> systemic opioids 7 <input type="checkbox"/> combined spinal/epidural 8 <input type="checkbox"/> other <input type="text"/> <b>Duration of labour:</b> 1 <sup>st</sup> stage (hour & min): <input type="text"/> hr <input type="text"/> min 2 <sup>nd</sup> stage (hour & min): <input type="text"/> hr <input type="text"/> min	
<b>COMPLICATIONS OF LABOUR AND DELIVERY</b> (includes the reason for operative delivery): 1 <input type="checkbox"/> precipitate delivery 2 <input type="checkbox"/> fetal distress 3 <input type="checkbox"/> prolapsed cord 4 <input type="checkbox"/> cord tight around neck 5 <input type="checkbox"/> cephalopelvic disproportion 6 <input type="checkbox"/> PPH(≥500mls) 7 <input type="checkbox"/> retained placenta - manual removal 8 <input type="checkbox"/> persistent occipito posterior 9 <input type="checkbox"/> shoulder dystocia 10 <input type="checkbox"/> failure to progress ≤3cm 11 <input type="checkbox"/> failure to progress >3cm 12 <input type="checkbox"/> previous caesarean section 13 <input type="checkbox"/> other (specify) <input type="text"/>		<b>DELIVERY DETAILS</b> <b>Anaesthesia (during delivery):</b> 1 <input type="checkbox"/> none 2 <input type="checkbox"/> local anaesthesia to perineum 3 <input type="checkbox"/> pudendal 4 <input type="checkbox"/> epidural/caudal 5 <input type="checkbox"/> spinal 6 <input type="checkbox"/> general 7 <input type="checkbox"/> combined spinal/epidural 8 <input type="checkbox"/> other <input type="text"/> <b>Method of birth:</b> 1 <input type="checkbox"/> spontaneous 2 <input type="checkbox"/> vacuum successful 3 <input type="checkbox"/> vacuum unsuccessful 4 <input type="checkbox"/> forceps successful 5 <input type="checkbox"/> forceps unsuccessful 6 <input type="checkbox"/> breech (vaginal) 7 <input type="checkbox"/> elective caesarean 8 <input type="checkbox"/> emergency caesarean <b>Accoucheur(s):</b> 1 <input type="checkbox"/> obstetrician 2 <input type="checkbox"/> other medical officer 3 <input type="checkbox"/> midwife 4 <input type="checkbox"/> student 5 <input type="checkbox"/> self/no attendant 8 <input type="checkbox"/> other <input type="text"/> <b>Gender:</b> 1=male 2=female 3=indeterminate <input type="checkbox"/> <b>Status of baby at birth:</b> 1=liveborn 2=stillborn (unspecified) <input type="checkbox"/> 3=ante partum stillborn 4=intrapartum stillborn <b>Infant weight (whole gram):</b> <input type="text"/> <b>Length (whole cm):</b> <input type="text"/> <b>Head circumference (whole cm):</b> <input type="text"/> <b>Time to establish unassisted regular breathing (whole min):</b> <input type="text"/> <b>Resuscitation: (record one only - the most invasive or highest number)</b> 1 <input type="checkbox"/> none 2 <input type="checkbox"/> suction only 3 <input type="checkbox"/> oxygen therapy only 4 <input type="checkbox"/> bag and mask (IPFR) 5 <input type="checkbox"/> endotracheal intubation 6 <input type="checkbox"/> ext. cardiac massage and ventilation 8 <input type="checkbox"/> other <input type="text"/> <b>Apgar score:</b> 1 minute <input type="text"/> 5 minutes <input type="text"/> <b>Estimated gestation (whole weeks):</b> <input type="text"/> <b>Birth defects (specify):</b> <input type="text"/> <b>Birth trauma (specify):</b> <input type="text"/>	
<b>PROCEDURES/TREATMENTS:</b> 1 <input type="checkbox"/> fertility treatments (include drugs) 2 <input type="checkbox"/> cervical suture 3 <input type="checkbox"/> CVS/placental biopsy 4 <input type="checkbox"/> amniocentesis 5 <input type="checkbox"/> ultrasound 6 <input type="checkbox"/> CTG antepartum 7 <input type="checkbox"/> CTG intrapartum		<b>ABORIGINAL STATUS OF BABY</b> (Tick one box only) 1 <input type="checkbox"/> Aboriginal but not TSI 2 <input type="checkbox"/> TSI but not Aboriginal 3 <input type="checkbox"/> Aboriginal and TSI 4 <input type="checkbox"/> Other	
<b>INTENDED PLACE OF BIRTH AT ONSET OF LABOUR:</b> <input type="checkbox"/> 1=hospital 2=birth centre attached to hospital 3=birth centre free standing 4=home 8=other		<b>BABY SEPARATION DETAILS</b> Separation date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mode of separation: <input type="checkbox"/> 1=transferred 8=died 9=discharged home <b>Transferred to:</b> <input type="text"/> (specify establishment codes) <b>Special care number of days:</b> <input type="text"/> (includes Level 1, whole days only) Coder ID: <input type="text"/>	
<b>MIDWIFE</b> Name <input type="text"/> Signature <input type="text"/> Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Reg. No. <input type="text"/>		HEALTH DEPARTMENT'S COPY	

By Command of the Governor,

G. MOORE, Clerk of the Executive Council.