



Western Australia

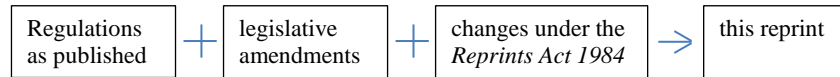
Health (Miscellaneous Provisions) Act 1911

Health (Notifications by Midwives) Regulations 1994

Reprint 2: The regulations as at 22 September 2017

Guide for using this reprint

What the reprint includes



Endnotes, Compilation table, and Table of provisions that have not come into operation

1. Details about the original regulations and legislation that has amended its text are shown in the Compilation table in endnote 1, at the back of the reprint. The table also shows any previous reprint.
2. Transitional, savings, modifying or other provisions identified in the Compilation table may be important. The table may refer to another endnote setting out the text of these provisions in full.
3. A table of provisions that have not come into operation, to be found in endnote 1a if it is needed, lists any provisions of the regulations being reprinted that have not come into operation and any amendments that have not come into operation. The full text is set out in another endnote that is referred to in the table.

Notes amongst text (italicised and within square brackets)

1. If the reprint includes a regulation that was inserted, or has been amended, since the regulations being reprinted were made, editorial notes at the foot of the regulation give some history of how the regulation came to be as it is. If the regulation replaced an earlier regulation, no history of the earlier regulation is given (the full history of the regulations is in the Compilation table).

Notes of this kind may also be at the foot of Schedules or headings.

2. The other kind of editorial note shows something has been —
 - removed (because it was repealed or deleted from the law); or
 - omitted under the *Reprints Act 1984* s. 7(4) (because, although still technically part of the text, it no longer has any effect).

The text of anything removed or omitted can be found in an earlier reprint (if there is one) or one of the written laws identified in the Compilation table.

Reprint numbering and date

1. The reprint number (in the footer of each page of the document) shows how many times the regulations have been reprinted. For example, numbering a reprint as “Reprint 3” would mean that the reprint was the 3rd reprint since the regulations were published. Reprint numbering was implemented as from 1 January 2003.
2. The information in the reprint is current on the date shown as the date as at which the regulations are reprinted. That date is not the date when the reprint was published by the State Law Publisher and it is probably not the date when the most recent amendment had effect.

Reprinted under the
Reprints Act 1984 as
at 22 September 2017

Western Australia

Health (Notifications by Midwives) Regulations 1994

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Western Australia

Reprinted under the
Reprints Act 1984 as
at 22 September 2017

Health (Miscellaneous Provisions) Act 1911

Health (Notifications by Midwives) Regulations 1994

1. Citation

These regulations may be cited as the *Health (Notifications by Midwives) Regulations 1994*¹.

[2. *Omitted under the Reprints Act 1984 s. 7(4)(f).*]

3. Notification of private practice as midwife

A midwife is not to enter into private practice as a midwife unless he or she has notified the Chief Health Officer of his or her intention to do so in the form of Form 1 in the Schedule.

[Regulation 3 amended in Gazette 10 Jan 2017 p. 270.]

4. Notification of case or delivery attended

For the purposes of —

- (a) section 335(1) of the Act, the report required to be furnished of a case attended by a midwife, whether of living, premature or full term birth, or stillbirth, or abortion; and

r. 4

(b) section 335(5)(b) of the Act, the notice required to be furnished of a delivery attended by a midwife,

is to be in the form of Form 2 in the Schedule.

[Regulation 4 amended in Gazette 14 Dec 2012 p. 6200.]

Schedule

Form 1

[r. 3]

HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911

HEALTH (NOTIFICATIONS BY MIDWIVES) REGULATIONS 1994

**NOTIFICATION OF INTENTION TO ENTER INTO PRIVATE
PRACTICE AS A MIDWIFE**

CHIEF HEALTH OFFICER

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

*[Form 1 inserted in Gazette 14 Dec 2012 p. 6200; amended in
Gazette 10 Jan 2017 p. 270.]*

**Health (Notifications by Midwives) Regulations 1994
Schedule**

Form 2

Form 2

[r. 4]

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

Last name _____ Unit Record No. _____ Estab. _____ First name _____ Birth date (dd/mm/yy) _____ Ward _____ Address of usual residence _____ Marital status _____ Number and street _____ State _____ Post code _____ Town or suburb _____ Height _____ Weight _____ Maiden name _____ Telephone _____ Interpreter service required (1=yes 2=no) _____ Ethnic status of mother _____ Mother's language requiring interpreter _____								
PREGNANCY DETAILS PREVIOUS PREGNANCES: Total number (including this pregnancy): _____ Parity (including 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: Estimated gest wk at 1 st antenatal visit _____ Total number of antenatal care visits _____ Date of LMP: _____ This date certain: 1=yes 2=no _____ Expected due date: _____ Based on: 1 = clinical signs/symptoms _____ 2 = ultrasound <32 wks _____ 3 = ultrasound >=32 wks _____ Smoking: Number of tobacco cigarettes usually smoked each day during first 20 weeks of pregnancy _____ Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy _____ (If none use '000', occasional or smoked < 1 use '00', unknown use '999') Alcohol during pregnancy: Frequency of drinking an alcoholic drink _____ 01 = never _____ 02 = 1 to 2 times a week _____ 03 = monthly _____ 04 = 4 or more times a week _____ 05 = 2 to 3 times a month _____ 06 = unknown _____ Number of standard alcohol drinks on a typical day _____ Was screening for depression/anxiety conducted: 1 = yes 2 = not offered 3 = declined 4 = unknown _____ Was additional follow-up indicated for perinatal mental health risk factors? 1 = yes 2 = no 3 = not applicable 4 = unknown _____ Complications of pregnancy: 1 <input type="checkbox"/> threatened abortion (<20wks) 2 <input type="checkbox"/> threatened preterm labour (>20wks) 3 <input type="checkbox"/> urinary tract infection 4 <input type="checkbox"/> pre-eclampsia 5 <input type="checkbox"/> antepartum haemorrhage (APH) placenta praevia 6 <input type="checkbox"/> APH - placental abruption 7 <input type="checkbox"/> APH - other _____ 8 <input type="checkbox"/> pre-labour rupture of membranes 9 <input type="checkbox"/> gestational diabetes 10 <input type="checkbox"/> gestational hypertension 11 <input type="checkbox"/> pre-eclampsia superimposed on essential hypertension 12 <input type="checkbox"/> other (specify): _____ Medical Conditions: 1 <input type="checkbox"/> essential hypertension 2 <input type="checkbox"/> asthma 3 <input type="checkbox"/> genital herpes 4 <input type="checkbox"/> type 1 diabetes 5 <input type="checkbox"/> type 2 diabetes 6 <input type="checkbox"/> other (specify): _____		Vaccinations during pregnancy: 01 <input type="checkbox"/> vaccinated during 1 st trimester Influenza _____ Pertussis _____ 02 <input type="checkbox"/> vaccinated during 2 nd trimester _____ 03 <input type="checkbox"/> vaccinated during 3 rd trimester _____ 04 <input type="checkbox"/> vaccinated in unknown trimester _____ 05 <input type="checkbox"/> not vaccinated _____ 06 <input type="checkbox"/> unknown if vaccinated _____ Procedures/treatments: 1 <input type="checkbox"/> fertility treatments (include drugs) 2 <input type="checkbox"/> cervical sutures 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 Intended place of birth at onset of labour: 1 = home 2 = birth centre attached to hospital _____ 3 = birth centre free-standing 4 = home 5 = other _____ LABOUR DETAILS Onset of labour: _____ 1 = spontaneous 2 = induced 3 = pre-labour _____ Principal reason for induction of labour (if induced): _____ Augmentation (labour has begun): 1 <input type="checkbox"/> none 2 <input type="checkbox"/> oxytocin 3 <input type="checkbox"/> prostaglandins 4 <input type="checkbox"/> artificial rupture of membranes 5 <input type="checkbox"/> other _____ Induction (before labour begun): 1 <input type="checkbox"/> none 2 <input type="checkbox"/> oxytocin 3 <input type="checkbox"/> prostaglandins 4 <input type="checkbox"/> artificial rupture of membranes 5 <input type="checkbox"/> dilatation device i.e. Foley Catheter 6 <input type="checkbox"/> other _____ Analgesia (during labour): 1 <input type="checkbox"/> none 2 <input type="checkbox"/> nitrous oxide 3 <input type="checkbox"/> epidural/caudal 4 <input type="checkbox"/> spinal 5 <input type="checkbox"/> systemic opioids 6 <input type="checkbox"/> combined spinal/epidural 7 <input type="checkbox"/> other _____ Duration of labour <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: right;">hr</td> <td style="text-align: right;">min</td> </tr> <tr> <td style="text-align: center;">1st stage (hour & min):</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">2nd stage (hour & min):</td> <td style="text-align: center;">_____</td> </tr> </table> Postnatal blood loss in mL: _____ Number of babies born (admin purposes only): _____ MIDWIFE Name: _____ Signature: _____ Date: _____ Reg. No. _____ Complete this Pregnancy form once for each woman giving birth, and submit one Baby form for each baby born.	hr	min	1 st stage (hour & min):	_____	2 nd stage (hour & min):	_____
hr	min							
1 st stage (hour & min):	_____							
2 nd stage (hour & min):	_____							

Health (Notifications by Midwives) Regulations 1994 Form 2 NOTIFICATION OF CASE ATTENDED – BABY DETAILS

Mother's last name _____ Mother's first name _____ Unit No. No. _____ Enab. _____

BIRTH DETAILS

Anaesthesia (during delivery):

- none
- local anaesthesia to perineum
- pudendal
- epidural/caudal
- spinal
- general
- combined spinal/epidural
- other

Complications of labour and birth
(include the reason for instrument delivery)

- precipitate delivery
- fetal distress
- prolapsed cord
- cord tight around neck
- cephalopelvic disproportion
- retained placenta – manual removal
- persistent occipito posterior
- shoulder dystocia
- failure to progress <= 3cm
- failure to progress > 3cm
- previous caesarean section
- other (specify) _____

Principal reason for Caesarean section: (Tick one box only)

- fetal compromise
- suspected fetal macrosomia
- malpresentation
- lack of progress <= 3cm
- lack of progress in the 1st stage, 4cm to < 10cm
- lack of progress in the 2nd stage
- placenta praevia
- placental abruption
- vasa praevia
- antepartum/intrapartum haemorrhage
- multiple pregnancy
- unsuccessful attempt at assisted delivery
- unsuccessful induction
- cord prolapse
- previous caesarean section
- previous shoulder dystocia
- previous perineal trauma/4th degree tear
- previous adverse fetal/neonatal outcome
- other obstetric, medical, surgical, psychological indications
- maternal choice in the absence of any obstetric, medical, surgical, psychological indications

Perineal status:

- intact
- 1st degree tear/vaginal tear
- 2nd degree tear
- 3rd degree tear
- episiotomy
- 4th degree tear
- other

BABY DETAILS

ABORIGINAL STATUS OF BABY (Tick one box only)

- Aboriginal but not Torres Strait Islander
- Torres Strait Islander but not Aboriginal
- Aboriginal and Torres Strait Islander
- other

Born before arrival: 1=yes 2=no

Birth date: _____

Birth time: (24hr clock) _____

Plurality: (number of babies this birth) _____

Birth order: (specify this baby, eg. 1+1st baby born, 2+2nd) _____

Presentation:
1=vertex 2=breech 3=face 4=trans 8=other

Water birth: 1=yes 2=no

Method of birth:

- spontaneous
- vacuum successful
- vacuum unsuccessful
- forceps successful
- forceps unsuccessful
- breech (vaginal)
- elective caesarean
- emergency caesarean

Accoucher(s):

- obstetrician
- other medical officer
- midwife
- student
- self/no attendant
- 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 extensive or highest number)

- none
- suction only
- oxygen therapy only
- continuous positive airway pressure (CPAP)
- bag and mask (PPV)
- endotracheal intubation
- ext. cardiac massage and ventilation
- other

Apgar score: 1 minute _____ 5 minutes _____

Estimated gestation: (whole weeks) _____

Birth defects: (specify) _____

Birth trauma: (specify) _____

BABY SEPARATION DETAILS

Separation date: _____

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

Transferred to: (specify establishment code) _____

Special care number of days: _____
(Excludes Level 1, whole days only)

MIDWIFE

Name _____

Date _____

Complete this Baby form once for each baby born, and submit with Pregnancy form

[Form 2 inserted in Gazette 16 May 2017 p. 2490-1.]

Notes

- ¹ This reprint is a compilation as at 22 September 2017 of the *Health (Notifications by Midwives) Regulations 1994* and includes the amendments made by the other written laws referred to in the following table. The table also contains information about any reprint.

Compilation table

Citation	Gazettal	Commencement
<i>Health (Notifications by Midwives) Regulations 1994</i>	28 Jan 1994 p. 283-5	28 Jan 1994
Reprint 1: The <i>Health (Notifications by Midwives) Regulations 1994</i> as at 11 Jun 2004		
<i>Health (Notifications by Midwives) Amendment Regulations 2011</i>	1 Apr 2011 p. 1178	r. 1 and 2: 1 Apr 2011 (see r. 2(a)); Regulations other than r. 1 and 2: 2 Apr 2011 (see r. 2(b))
<i>Health (Notifications by Midwives) Amendment Regulations (No. 2) 2011</i>	30 Dec 2011 p. 5577-8	r. 1 and 2: 30 Dec 2011 (see r. 2(a)); Regulations other than r. 1 and 2: 31 Dec 2011 (see r. 2(b))
<i>Health (Notifications by Midwives) Amendment Regulations 2012</i>	14 Dec 2012 p. 6199-201	r. 1 and 2: 14 Dec 2012 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jan 2013 (see r. 2(b))
<i>Health (Notifications by Midwives) Amendment Regulations 2014</i>	24 Apr 2014 p. 1143-5	r. 1 and 2: 24 Apr 2014 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jul 2014 (see r. 2(b))
<i>Health (Notifications by Midwives) Amendment Regulations 2016</i>	3 May 2016 p. 1356-8	r. 1 and 2: 3 May 2016 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jul 2016 (see r. 2(b))
<i>Health Regulations Amendment (Public Health) Regulations 2016</i> Pt. 17	10 Jan 2017 p. 237-308	24 Jan 2017 (see r. 2(b) and <i>Gazette</i> 10 Jan 2017 p. 165)
<i>Health (Notifications by Midwives) Amendment Regulations 2017</i>	16 May 2017 p. 2489-91	r. 1 and 2: 16 May 2017 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jul 2017 (see r. 2(b))
Reprint 2: The <i>Health (Notifications by Midwives) Regulations 1994</i> as at 22 Sep 2017 (includes amendments listed above)		