

HE303**HEALTH ACT 1911****HEALTH (NOTIFICATIONS BY MIDWIVES) REGULATIONS 1994**

Made by His Excellency the Governor in Executive Council.

Citation

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

Repeal

2. The *Health Act (Midwifery Nurses) Regulations 1982** are repealed.

[* *Published in Gazette of 24 December 1982 at pp. 4899-4903.*
For amendments to 20 December 1993 see 1992 Index to
Legislation of Western Australia, Table 4, p. 124.]

Notification of private practice as midwife

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

Notification of case or delivery attended

4. 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-time birth, or still birth, or abortion; and
- (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.

SCHEDULE

FORM 1

[reg. 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
19

PERSONAL PARTICULARS

Full Name:

Date of Birth:

*Private/*Business Address:

*Private/*Business Telephone No.:

Nurses Board Registration Nos. General: Midwifery:

Date of Initial Registrations General: Midwifery:

.....
Signature

.....
Date

*Delete if not applicable

FORM 2

[reg. 4]

HEALTH ACT 1911

HEALTH (NOTIFICATIONS BY MIDWIVES) REGULATIONS 1994

NOTIFICATION BY MIDWIFE OF BIRTH

PARTICULARS RELATING TO MOTHER		Hospital: _____	
SURNAME FORENAMES ADDRESS OF USUAL RESIDENCE MAIDEN NAME	UNIT RECORD No. BIRTH DATE POSTCODE TELEPHONE NUMBER	Current Conjugal State: 1. single <input type="checkbox"/> 2. married (incl. de facto) or other <input type="checkbox"/> Race: 1. Caucasian <input type="checkbox"/> 2. Aboriginal (full or part) <input type="checkbox"/> 3. Other (please specify) _____ Height (cms) _____	
PRINT IN BLOCK LETTERS	PREGNANCY PREVIOUS PREGNANCIES (excluding this pregnancy) Total Number of: _____ Previous Pregnancies: _____ Previous children now living: _____ born alive, now dead: _____ stillborn: _____ THIS PREGNANCY Date of LMP: _____ This date: 1. certain 2. not certain <input type="checkbox"/> Expected due date: _____ Complications of Pregnancy: threatened abortion (under 20 weeks) <input type="checkbox"/> A urinary tract infection <input type="checkbox"/> B pregnancy induced hypertension <input type="checkbox"/> C APH -placenta praevia <input type="checkbox"/> D -abruptio <input type="checkbox"/> E -other <input type="checkbox"/> F prem. rupture of membranes <input type="checkbox"/> G other _____ <input type="checkbox"/> H _____ _____ Medical Conditions: _____ _____ Procedures/Treatments: fertility drug treatment (incl drugs used for IVF/GIFT etc) <input type="checkbox"/> A cervical suture <input type="checkbox"/> B CVS/placental biopsy <input type="checkbox"/> C amniocentesis <input type="checkbox"/> D ultrasound <input type="checkbox"/> E CTG - antepartum/intrapartum <input type="checkbox"/> F	LABOUR AND DELIVERY Onset of Labour: A. spontaneous B. induced <input type="checkbox"/> D. no labour Augmentation of Labour: 1. no 2. yes <input type="checkbox"/> Presentation: 1. vertex 2. breech <input type="checkbox"/> 3. other (please specify) _____ Type of Delivery: normal <input type="checkbox"/> A vacuum -successful <input type="checkbox"/> B -failed <input type="checkbox"/> C forceps -successful <input type="checkbox"/> D -failed <input type="checkbox"/> E breech manoeuvre <input type="checkbox"/> F *caesarean -elective <input type="checkbox"/> G -emergency <input type="checkbox"/> H Anaesthesia/Analgesia: none <input type="checkbox"/> Z general <input type="checkbox"/> A epidural/spinal <input type="checkbox"/> B other (please specify) _____ <input type="checkbox"/> C Hours of established labour: _____ Complications of Labour, Delivery: *Include reason for caesarean precipitate delivery <input type="checkbox"/> A fetal distress <input type="checkbox"/> B prolapsed cord <input type="checkbox"/> C cord tight around neck <input type="checkbox"/> D cephalopelvic disproportion <input type="checkbox"/> E PPH (>500mls) <input type="checkbox"/> G other _____ <input type="checkbox"/> F _____ _____ Repair Perineum and/or Vagina: 1. none 2. episiotomy 3. 1" or 2" tear 4. 3" or 4" tear 5. other (please specify) _____	BABY Separate Form for each Baby Adoption Yes () No () Birth Date: _____ Time (24 hour clock) _____ Plurality: 1. single birth 2. first twin 3. second twin 4. multiple birth (specify baby number ____ of ____) Sex: 1. male 2. female <input type="checkbox"/> Condition: 1. liveborn 2. stillborn <input type="checkbox"/> Birthweight (grams) _____ Length (cms) _____ Head circumference (cms) _____ Time to establish unassisted regular breathing (mins) _____ Resuscitation: 0. none 3. intubation 5. bag & mask 8. oxygen only other (please specify) _____ Apgar Score 1 min _____ 5 min _____ Estimated Gestation (weeks) _____ Vitamin K - first dose given 1. oral 2. IM 3. nil <input type="checkbox"/> Birth Defects _____ Birth Trauma (eg. cephalhaematoma) _____
COMPLETE SECTION ON SEPARATION Attach to Mother and Baby's Inpatient Summaries (1422). Forward to Health Services Statistics and Epidemiology Branch, Health Dept of Western Australia P.O. Box 6172, Stirling Street, PERTH 6849 after discharge of mother and/or baby whichever is later. Guidelines for completion of this form available from above address.		BABY'S SEPARATION DETAILS Date of Discharge Transfer or Death: _____ Type of Separation: 1. discharged home 2. died <input type="checkbox"/> 3. transferred to _____ Special Care (whoteleys only) _____	
MIDWIFE Name: _____ Signature: _____ Reg. No. _____ Date: _____			

By His Excellency's Command,

D. G. BLIGHT, Clerk of the Council.