



Western Australia

Health (Miscellaneous Provisions) Act 1911

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



Western Australia

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

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

**1. Citation**

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

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

[3. *Deleted: SL 2024/198 r. 4.*]

**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; 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.

[*Regulation 4 amended: Gazette 14 Dec 2012 p. 6200;  
SL 2024/20 r. 7.*]

**Schedule**

[Form 1 Deleted: SL 2024/198 r. 5.]

Form 2

[r. 4]

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

|   |   |  |  |  |  |  |                                |   |  |  |  |   |  |                    |
|---|---|--|--|--|--|--|--------------------------------|---|--|--|--|---|--|--------------------|
| <b>Last name</b> _____  | Unit Record No <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |                                |   |  |  |  |   |  | <b>Estab</b> _____ |
|   |   |  |  |  |  |  |                                |   |  |  |  |   |  |                    |
| <b>First name</b> _____   | Birth date (Mother) <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>  |  |  |  |  |  |                                | <b>Ward</b> _____   |  |  |  |   |  |                    |
|   |   |  |  |  |  |  |                                |   |  |  |  |   |  |                    |
| <b>Address of usual residence</b>   |   | <b>Marital status</b>  |  |  |  |  |                                |   |  |  |  |   |  |                    |
| <b>Number and street</b> _____  | <b>State</b> _____  | 1=never married 2=widowed 3=divorced<br>4=separated 5=married (incl. Defacto)<br>6=unknown |  |  |  |  |                                |   |  |  |  |   |  |                    |
| <b>Post code</b> <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |   |  |  |  |  |  | <b>Ethnic status of mother</b> |   |  |  |  |   |  |                    |
|   |   |  |  |  |  |  |                                |   |  |  |  |   |  |                    |
| <b>Town or suburb</b> _____   | Height <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>   |  |  |  |  |  |                                | Weight <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |   |  |                    |
|   |   |  |  |  |  |  |                                |   |  |  |  |   |  |                    |
|   |   |  |  |  |  |  |                                |   |  |  |  |   |  |                    |
| Maiden name _____   |   | 1=Caucasian 10=Aboriginal not TSI  |  |  |  |  |                                |   |  |  |  |   |  |                    |
| <b>Email</b> _____  | Telephone <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>                        |  |  |  |  |  |                                |   |  |  |  | 11=TSI not Aboriginal 12=Aboriginal and TSI |  |                    |
|   |   |  |  |  |  |  |                                |   |  |  |  |   |  |                    |
| <input type="checkbox"/> <b>Interpreter service required</b><br>(1=yes 2=no)  | <input type="checkbox"/> <b>Mother's language</b><br>(requiring interpreter)  |  |  |  |  |  |                                |   |  |  |  |   |  |                    |

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| <p><b>PREGNANCY DETAILS</b></p> <p><b>PREVIOUS PREGNANCIES:</b><br/>Total number (excluding this pregnancy): <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table><br/>Parity (excluding this pregnancy): <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table><br/><b>Previous pregnancy outcomes:</b><br/>- liveborn, now living <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table><br/>- liveborn, now dead <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table><br/>- stillborn <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table><br/>Number of previous caesareans <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table><br/>Caesarean last delivery 1=yes 2=no <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table><br/>Previous multiple births 1=yes 2=no <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table></p> <p><b>THIS PREGNANCY:</b><br/>Estimated gest wk at 1<sup>st</sup> antenatal visit <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td></tr></table><br/>Total number of antenatal care visits <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td></tr></table><br/><b>Date of LMP:</b><br/>This date certain 1=yes 2=no <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table><br/><b>Expected due date:</b><br/>Based on 1=clinical signs/dates <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table><br/>2=ultrasound &lt;20 wks <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table><br/>3=ultrasound &gt;=20 wks <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p><b>Smoking:</b><br/>Number of tobacco cigarettes usually smoked each day <b>during first 20 weeks of pregnancy</b> <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table><br/>Number of tobacco cigarettes usually smoked each day <b>after 20 weeks of pregnancy</b> <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table><br/><i>(If none use '000'; occasional or smoked &lt; 1 use '998'; undetermined use '999')</i></p> <p><b>Alcohol during pregnancy:</b> First 20 wks <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table> After 20 wks <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table><br/><b>Frequency of drinking an alcoholic drink</b><br/>01=never 04=2 to 3 times a week <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table><br/>02=monthly 05=4 or more times a week <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table><br/>03=2 to 4 times a month 99=unknown <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table></p> <p>Number of standard alcohol drinks on a typical day <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table></p> <p><b>Was screening for depression/anxiety conducted:</b><br/>1=yes 2=not offered 3=declined 9=unknown <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table></p> <p><b>Was additional followup indicated for perinatal mental health risk factors?</b><br/>1=yes 2=no 7=not applicable 9=unknown <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table></p> <p><b>Was family violence screening conducted:</b><br/>1=yes 2=not offered 3=declined 9=unknown <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table></p> <p><b>Complications of pregnancy:</b><br/>1 <input type="checkbox"/> threatened abortion (&lt;20wks)<br/>2 <input type="checkbox"/> threatened preterm labour (&lt;37wks)<br/>3 <input type="checkbox"/> urinary tract infection<br/>4 <input type="checkbox"/> pre-eclampsia<br/>5 <input type="checkbox"/> antepartum haemorrhage (APH) placenta praevia<br/>6 <input type="checkbox"/> APH – placental abruption<br/>7 <input type="checkbox"/> APH – other<br/>8 <input type="checkbox"/> pre-labour rupture of membranes<br/>9 <input type="checkbox"/> gestational diabetes<br/>11 <input type="checkbox"/> gestational hypertension<br/>12 <input type="checkbox"/> pre-eclampsia superimposed on essential hypertension<br/>99 <input type="checkbox"/> other (specify) _____</p> <p><b>Medical Conditions:</b><br/>1 <input type="checkbox"/> essential hypertension 5 <input type="checkbox"/> type 1 diabetes<br/>3 <input type="checkbox"/> asthma 6 <input type="checkbox"/> type 2 diabetes<br/>4 <input type="checkbox"/> genital herpes 8 <input type="checkbox"/> other (specify) _____</p> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <p><b>Vaccinations during pregnancy:</b><br/>01 Vaccinated during 1<sup>st</sup> trimester <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td></tr></table> Influenza <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td></tr></table> Pertussis <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td></tr></table><br/>02 Vaccinated during 2<sup>nd</sup> trimester <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td></tr></table><br/>03 Vaccinated during 3<sup>rd</sup> trimester <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td></tr></table><br/>04 Vaccinated in unknown trimester <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td></tr></table><br/>05 Not vaccinated <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td></tr></table><br/>99 Unknown if vaccinated <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td></tr></table></p> <p><b>Was syphilis screening conducted during the following periods:</b><br/>1=yes 2=not offered 3=declined 8=unknown<br/>At first antenatal contact, before 28 weeks <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td></tr></table><br/>Between 28 weeks and 35 weeks <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td></tr></table><br/>Between 36 weeks and birth <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td></tr></table></p> <p><b>Procedures/treatments:</b><br/>1 <input type="checkbox"/> fertility treatments (include drugs)<br/>2 <input type="checkbox"/> cervical suture<br/>3 <input type="checkbox"/> CVS/placental biopsy<br/>4 <input type="checkbox"/> amniocentesis<br/>5 <input type="checkbox"/> ultrasound<br/>6 <input type="checkbox"/> CTG antepartum<br/>7 <input type="checkbox"/> CTG intrapartum</p> <p><b>Primary maternity model of care:</b> <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td></tr></table></p> <p><b>Intended place of birth at onset of labour:</b><br/>1=hospital 2=birth centre attached to hospital<br/>3=birth centre free standing 4=home 8=other <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td></tr></table></p> <p style="text-align: center;"><b>LABOUR DETAILS</b></p> <p><b>Maternity model of care at onset of labour or non-labour caesarean:</b> <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td></tr></table></p> <p><b>Onset of labour:</b><br/>1=spontaneous 2=induced 3=no labour <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td></tr></table></p> <p><b>Principal reason for induction of labour (if induced):</b></p> <p><b>Augmentation (labour has begun): Induction (before labour begun):</b></p> <table style="width:100%;"> <tr> <td style="width:50%;">1 <input type="checkbox"/> none</td> <td style="width:50%;">1 <input type="checkbox"/> none</td> </tr> <tr> <td>2 <input type="checkbox"/> oxytocin</td> <td>2 <input type="checkbox"/> oxytocin</td> </tr> <tr> <td>3 <input type="checkbox"/> prostaglandins</td> <td>4 <input type="checkbox"/> prostaglandins</td> </tr> <tr> <td>4 <input type="checkbox"/> artificial rupture of membranes</td> <td>5 <input type="checkbox"/> artificial rupture of membranes</td> </tr> <tr> <td>5 <input type="checkbox"/> membranes</td> <td>6 <input type="checkbox"/> dilatation device i.e. Foley Catheter</td> </tr> <tr> <td>8 <input type="checkbox"/> other</td> <td>7 <input type="checkbox"/> antiprogesterone i.e. mifepristone</td> </tr> <tr> <td></td> <td>8 <input type="checkbox"/> other</td> </tr> </table> <p><b>Analgesia (during labour):</b></p> <table style="width:100%;"> <tr> <td style="width:50%;">1 <input type="checkbox"/> none</td> <td style="width:50%;">6 <input type="checkbox"/> systemic opioids</td> </tr> <tr> <td>2 <input type="checkbox"/> nitrous oxide</td> <td>7 <input type="checkbox"/> combined spinal/epidural</td> </tr> <tr> <td>4 <input type="checkbox"/> epidural/caudal</td> <td>8 <input type="checkbox"/> other</td> </tr> <tr> <td>5 <input type="checkbox"/> spinal</td> <td></td> </tr> </table> <p><b>Duration of labour</b></p> <p>1<sup>st</sup> stage (hour &amp; min): <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> hr min</p> <p>2<sup>nd</sup> stage (hour &amp; min): <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> hr min</p> <p><b>Postnatal blood loss in mLs:</b> <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p><b>Number of babies born (admin purposes only):</b> <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td></tr></table></p> <p><b>MIDWIFE</b><br/>Name _____<br/>Signature _____<br/>Date <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table><br/>Reg. No. <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 <input type="checkbox"/> none | 1 <input type="checkbox"/> none | 2 <input type="checkbox"/> oxytocin | 2 <input type="checkbox"/> oxytocin | 3 <input type="checkbox"/> prostaglandins | 4 <input type="checkbox"/> prostaglandins | 4 <input type="checkbox"/> artificial rupture of membranes | 5 <input type="checkbox"/> artificial rupture of membranes | 5 <input type="checkbox"/> membranes | 6 <input type="checkbox"/> dilatation device i.e. Foley Catheter | 8 <input type="checkbox"/> other | 7 <input type="checkbox"/> antiprogesterone i.e. mifepristone |  | 8 <input type="checkbox"/> other | 1 <input type="checkbox"/> none | 6 <input type="checkbox"/> systemic opioids | 2 <input type="checkbox"/> nitrous oxide | 7 <input type="checkbox"/> combined spinal/epidural | 4 <input type="checkbox"/> epidural/caudal | 8 <input type="checkbox"/> other | 5 <input type="checkbox"/> spinal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1 <input type="checkbox"/> none  | 1 <input type="checkbox"/> none                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |                                 |                                     |                                     |   |   |  |  |                                      |  |                                  |   |  |                                  |                                 |   |  |   |  |                                  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 <input type="checkbox"/> oxytocin  | 2 <input type="checkbox"/> oxytocin                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |                                 |                                     |                                     |   |   |  |  |                                      |  |                                  |   |  |                                  |                                 |   |  |   |  |                                  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 <input type="checkbox"/> prostaglandins  | 4 <input type="checkbox"/> prostaglandins                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |                                 |                                     |                                     |   |   |  |  |                                      |  |                                  |   |  |                                  |                                 |   |  |   |  |                                  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 <input type="checkbox"/> artificial rupture of membranes   | 5 <input type="checkbox"/> artificial rupture of membranes       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |                                 |                                     |                                     |   |   |  |  |                                      |  |                                  |   |  |                                  |                                 |   |  |   |  |                                  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 <input type="checkbox"/> membranes   | 6 <input type="checkbox"/> dilatation device i.e. Foley Catheter |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |                                 |                                     |                                     |   |   |  |  |                                      |  |                                  |   |  |                                  |                                 |   |  |   |  |                                  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 <input type="checkbox"/> other   | 7 <input type="checkbox"/> antiprogesterone i.e. mifepristone    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |                                 |                                     |                                     |   |   |  |  |                                      |  |                                  |   |  |                                  |                                 |   |  |   |  |                                  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 8 <input type="checkbox"/> other                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |                                 |                                     |                                     |   |   |  |  |                                      |  |                                  |   |  |                                  |                                 |   |  |   |  |                                  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 <input type="checkbox"/> none  | 6 <input type="checkbox"/> systemic opioids                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |                                 |                                     |                                     |   |   |  |  |                                      |  |                                  |   |  |                                  |                                 |   |  |   |  |                                  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 <input type="checkbox"/> nitrous oxide   | 7 <input type="checkbox"/> combined spinal/epidural              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |                                 |                                     |                                     |   |   |  |  |                                      |  |                                  |   |  |                                  |                                 |   |  |   |  |                                  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 <input type="checkbox"/> epidural/caudal   | 8 <input type="checkbox"/> other                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |                                 |                                     |                                     |   |   |  |  |                                      |  |                                  |   |  |                                  |                                 |   |  |   |  |                                  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 <input type="checkbox"/> spinal  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                 |                                 |                                     |                                     |   |   |  |  |                                      |  |                                  |   |  |                                  |                                 |   |  |   |  |                                  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Complete this **Pregnancy** form once for each woman giving birth, and submit one **Baby** form for each baby born

Health (Notifications by Midwives) Regulations 1994  
Schedule

Form 2

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

Mother last name \_\_\_\_\_ First name \_\_\_\_\_ Unit Rec No. \_\_\_\_\_ Estab. \_\_\_\_\_

| BIRTH DETAILS   | BABY DETAILS   |
|---|--|
| <b>Anaesthesia (during delivery):</b><br>1 <input type="checkbox"/> none<br>2 <input type="checkbox"/> local anaesthesia to perineum<br>3 <input type="checkbox"/> pudendal<br>4 <input type="checkbox"/> epidural/caudal<br>5 <input type="checkbox"/> spinal<br>6 <input type="checkbox"/> general<br>7 <input type="checkbox"/> combined spinal/epidural<br>8 <input type="checkbox"/> other   | <b>ABORIGINAL STATUS OF BABY (Tick one box only)</b><br>1 <input type="checkbox"/> Aboriginal but not Torres Strait Islander<br>2 <input type="checkbox"/> Torres Strait Islander but not Aboriginal<br>3 <input type="checkbox"/> Aboriginal and Torres Strait Islander<br>4 <input type="checkbox"/> other<br><b>Sex:</b> 1=male 2=female 3=indeterminate <input type="checkbox"/><br><b>Status of baby at birth:</b> 1=liveborn 2=stillborn (unspecified) <input type="checkbox"/><br>3=antepartum stillborn 4=intrapartum stillborn  |
| <b>Complications of labour and birth (include the reason for instrument delivery):</b><br>1 <input type="checkbox"/> precipitate delivery<br>2 <input type="checkbox"/> fetal distress<br>3 <input type="checkbox"/> prolapsed cord<br>4 <input type="checkbox"/> cord tight around neck<br>5 <input type="checkbox"/> cephalopelvic disproportion<br>7 <input type="checkbox"/> retained placenta – manual removal<br>8 <input type="checkbox"/> persistent occipito posterior<br>9 <input type="checkbox"/> shoulder dystocia<br>10 <input type="checkbox"/> failure to progress <= 3cm<br>11 <input type="checkbox"/> failure to progress > 3cm<br>12 <input type="checkbox"/> previous caesarean section<br>13 <input type="checkbox"/> other (specify) _____ | <b>Infant weight: (whole gram)</b> _____<br><b>Length: (whole cm)</b> _____<br><b>Head circumference: (whole cm)</b> _____<br><b>Time to establish unassisted regular breathing: (whole min)</b> _____<br><b>Resuscitation: (All methods used)</b><br>1 <input type="checkbox"/> none<br>2 <input type="checkbox"/> suction<br>3 <input type="checkbox"/> oxygen<br>4 <input type="checkbox"/> continuous positive airway pressure (CPAP)<br>6 <input type="checkbox"/> endotracheal intubation<br>10 <input type="checkbox"/> intermittent positive pressure ventilation (IPPV)<br>11 <input type="checkbox"/> external cardiac compressions<br>88 <input type="checkbox"/> other |
| <b>Principal reason for Caesarean Section: (specify)</b><br>_____<br>_____  | <b>Apgar score:</b> 1 minute _____<br>5 minutes _____<br><b>Estimated gestation: (whole weeks)</b> _____<br><b>Birth defects: (specify)</b> _____<br><b>Birth trauma: (specify)</b> _____  |
| <b>Perineal status:</b><br>1 <input type="checkbox"/> intact<br>2 <input type="checkbox"/> 1 <sup>st</sup> degree tear/vaginal tear<br>3 <input type="checkbox"/> 2 <sup>nd</sup> degree tear<br>4 <input type="checkbox"/> 3 <sup>rd</sup> degree tear<br>5 <input type="checkbox"/> episiotomy<br>7 <input type="checkbox"/> 4 <sup>th</sup> degree tear<br>8 <input type="checkbox"/> other  | <b>BABY SEPARATION DETAILS</b><br><b>Separation date:</b> _____<br><b>Mode of separation:</b> _____<br>1=transferred 8=died 9=discharged home<br><b>Transferred to:</b> _____ hospital/service<br><b>Special care number of days:</b> _____<br>(Excludes Level 1; whole days only)   |
| <b>Born before arrival:</b> 1=yes 2=no _____<br><b>Birth date:</b> _____<br><b>Birth time: (24hr clock)</b> _____<br><b>Plurality: (number of babies this birth)</b> _____<br><b>Birth order: (specify this baby, eg, 1=1<sup>st</sup> baby born, 2=2<sup>nd</sup>)</b> _____<br><b>Presentation:</b> 1=vertex 2=breech 3=face 4=brow 8=other _____<br><b>Water birth:</b> 1=yes 2=no _____   | <b>MIDWIFE</b><br><b>Name:</b> _____<br><b>Date:</b> _____<br>Complete this Baby form once for each baby born, and submit with Pregnancy form  |
| <b>Method of birth:</b><br>1 <input type="checkbox"/> spontaneous<br>2 <input type="checkbox"/> vacuum successful<br>3 <input type="checkbox"/> vacuum unsuccessful<br>4 <input type="checkbox"/> forceps successful<br>5 <input type="checkbox"/> forceps unsuccessful<br>6 <input type="checkbox"/> breech (vaginal)<br>7 <input type="checkbox"/> elective caesarean<br>8 <input type="checkbox"/> emergency caesarean   |  |
| <b>Accoucheur(s):</b><br>1 <input type="checkbox"/> obstetrician<br>2 <input type="checkbox"/> other medical officer<br>3 <input type="checkbox"/> midwife<br>4 <input type="checkbox"/> student<br>5 <input type="checkbox"/> self/no attendant<br>8 <input type="checkbox"/> other  |  |

[Form 2 inserted: SL 2023/104 r. 4.]

## Notes

This is a compilation of the *Health (Notifications by Midwives) Regulations 1994* and includes amendments made by other written laws. For provisions that have come into operation, and for information about any reprints, see the compilation table.

### Compilation table

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



| <b>Citation</b>  | <b>Published</b>           | <b>Commencement</b>   |
|--|----------------------------|---|
| <i>Health (Notifications by Midwives) Amendment Regulations 2019</i>                     | 14 Jun 2019<br>p. 1894-6   | r. 1 and 2: 14 Jun 2019 (see r. 2(a));<br>Regulations other than r. 1 and 2: 1 Jul 2019 (see r. 2(b)) |
| <i>Health (Notifications by Midwives) Amendment Regulations 2021</i>                     | SL 2021/62<br>21 May 2021  | r. 1 and 2: 21 May 2021 (see r. 2(a));<br>Regulations other than r. 1 and 2: 1 Jul 2021 (see r. 2(b)) |
| <i>Health (Notifications by Midwives) Amendment Regulations 2023</i>                     | SL 2023/104<br>30 Jun 2023 | r. 1 and 2: 30 Jun 2023 (see r. 2(a));<br>Regulations other than r. 1 and 2: 1 Jul 2023 (see r. 2(b)) |
| <i>Health Regulations Amendment (Abortion Legislation Reform) Regulations 2024 Pt. 3</i> | SL 2024/20<br>21 Feb 2024  | 27 Mar 2024 (see r. 2(b))   |
| <i>Health (Notifications by Midwives) Amendment Regulations 2024</i>                     | SL 2024/198<br>2 Oct 2024  | r. 1 and 2: 2 Oct 2024 (see r. 2(a));<br>Regulations other than r. 1 and 2: 3 Oct 2024 (see r. 2(b))  |

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