



Western Australia

Health (Notifications by Midwives) Regulations 1994

Compare between:

[11 Jun 2004, 01-a0-04] and [02 Apr 2011, 01-b0-02]



Reprinted under the
Reprints Act 1984 as at
11 June 2004

Western Australia

Health 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 Executive Director, Public Health of his or her intention to do so in the form of Form 1 in the Schedule.

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-time birth, or still birth, 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.

**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
20

PERSONAL PARTICULARS

Full Name:

Date of Birth:

*Private/*Business Address:

*Private/*Business Telephone No.:

~~Nurses Board~~ Australian Health Practitioner Regulation Agency Registration
Nos. ~~General:~~ ~~Midwifery:~~ No.:

~~Date of Initial Registrations~~ ~~General:~~ ~~Midwifery:~~

.....
Signature

.....
Date

*Delete if not applicable

[Form 1 amended in Gazette 1 Apr 2011 p. 1178.]

Schedule

FORM 2

[reg. 4]

Health Act (Notification by Midwife) Regulations Form 2. NOTIFICATION OF CASE ATTENDED

MR 15

Surname <input type="text"/>		Unit Record No <input type="text"/>	Hospital <input type="text"/>
Forenames <input type="text"/>		Birth Date (Mother) <input type="text"/>	Ward <input type="text"/>
Address of usual residence Number and Street <input type="text"/>		State <input type="text"/> Post Code <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
Town or City <input type="text"/>		Height (cms) <input type="text"/>	Ethnic Origin 1=Caucasian 2=Aboriginal / TSI <input type="checkbox"/>
Maiden name <input type="text"/>		Tel. No. <input type="text"/>	Other <input type="text"/>
Pregnancy Details		Labour Details	
Previous Pregnancies: - total number (excluding this pregnancy) <input type="text"/> Previous pregnancy outcomes: - children now living: <input type="text"/> - born alive, now dead: <input type="text"/> - stillborn: <input type="text"/> Previous caesarean section: 1=yes 2=no <input type="checkbox"/> Caesarean last delivery: 1=yes 2=no <input type="checkbox"/> Previous multiple birth: 1=yes 2=no <input type="checkbox"/> This Pregnancy: Date of LMP: <input type="text"/> 2 0 This date certain 1=yes 2=no <input type="checkbox"/> Expected due date: <input type="text"/> 2 0 based on 1=clinical signs/dates <input type="checkbox"/> 2=ultrasound < 20 weeks <input type="checkbox"/> Smoking during Pregnancy: 1=yes 2=no <input type="checkbox"/> Complications of Pregnancy: 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"/> APH - placenta praevia 6 <input type="checkbox"/> abruptio 7 <input type="checkbox"/> other 8 <input type="checkbox"/> pre-labour rupture of membranes 9 <input type="checkbox"/> gestational diabetes 10 <input type="checkbox"/> other (specify)..... <input type="text"/>		Onset of Labour: 1=spontaneous 2=induced 3=no labour <input type="checkbox"/> Augmentation: 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 Induction: 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 Analgesia (during labour): 1 <input type="checkbox"/> none 2 <input type="checkbox"/> nitrous oxide 3 <input type="checkbox"/> intra-muscular narcotics 4 <input type="checkbox"/> epidural / caudal 5 <input type="checkbox"/> spinal 8 <input type="checkbox"/> other Duration of Labour: 1st stage (hours & mins) : <input type="text"/> hrs <input type="text"/> mins 2nd stage: <input type="text"/> hrs <input type="text"/> mins Delivery Details Anaesthesia (during delivery): 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 8 <input type="checkbox"/> other Complications of Labour and Delivery: (include reason stated 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 <=3cms 11 <input type="checkbox"/> failure to progress > 3cms 12 <input type="checkbox"/> previous caesarean section 13 <input type="checkbox"/> other (specify)..... <input type="text"/>	
Medical Conditions: 1 <input type="checkbox"/> essential hypertension 2 <input type="checkbox"/> pre-existing diabetes mellitus 3 <input type="checkbox"/> asthma 4 <input type="checkbox"/> genital herpes 8 <input type="checkbox"/> other (specify)..... <input type="text"/>		Perineal Status: 1=intact 2=1st degree tear <input type="checkbox"/> 3=2nd degree tear 4=3rd degree tear 5=episiotomy 6=episiotomy plus tear 8=other	
Procedures/treatments: 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		Baby Details (NB. separate form for each baby) Adoption: 1=yes 2=no <input type="checkbox"/> Born Before Arrival: 1=yes 2=no <input type="checkbox"/> Birth Date <input type="text"/> 2 0 Birth Time (24 hr clock) <input type="text"/> Plurality: number of babies this birth <input type="text"/> if multiple specify this baby number <input type="text"/> Presentation: 1=vertex 2=breech <input type="checkbox"/> 3=face 4=broow 8=other <input type="checkbox"/> Method of Birth: 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 Accoucheur(s): 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 Gender: 1=male 2=female <input type="checkbox"/> Status of Baby at Birth: 1=liveborn 2=stillborn <input type="checkbox"/> Infant Weight (grams): <input type="text"/> Length (cms): <input type="text"/> Head Circumference (cms): <input type="text"/> Time to establish unassisted regular breathing (mins): <input type="text"/> Resuscitation: 1=none 2=suction only 3=oxygen therapy <input type="checkbox"/> 4=bag & mask 5=endotracheal intubation 6=ext. cardiac massage & vent. 8=other <input type="checkbox"/> Appgar Score: 1 minute <input type="text"/> 5 minutes <input type="text"/> Estimated Gestation (weeks): <input type="text"/> Birth Defects (specify): Birth Trauma (specify): Baby Separation Details: Sep. Date <input type="text"/> 2 0 Mode of separation: 1=transferred 8=died 9=disch. home <input type="checkbox"/> transferred to: <input type="text"/> Special care (wholedays only): <input type="text"/>	
Intended place of birth at onset of labour: 1=hospital 2=birth centre attach. hospital <input type="checkbox"/> 3=birth centre free standing 4=home 8=other		Please complete then forward this copy WITHIN 48 HOURS OF BIRTH TO: Health Information Centre Health Dept of Western Australia, PO Box 8172 Stirling Street, Perth 6849. The mother is not obliged to supply any information for the purposes of this form.	
MIDWIFE: Name..... Signature..... date...../...../..... Reg.No. <input type="text"/> Coder ID <input type="text"/>			

Notes

- ¹ This is a reprint as at 11 Jun 2004 of the *Health (Notifications by Midwives) Regulations 1994*. ~~The~~ [and includes the amendments made by the other written laws referred to in the](#) following table. [The table also](#) contains information about ~~those regulations and~~ 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		
Health (Notifications by Midwives) Amendment Regulations 2011	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))