



Western Australia

Health (Notifications by Midwives) Regulations 1994

Compare between:

[31 Dec 2011, 01-c0-01] and [01 Jan 2013, 01-d0-03]

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~~ term birth, or ~~still birth~~ stillbirth, 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.

[\[Regulation 4 amended in Gazette 14 Dec 2012 p. 6200.\]](#)

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/*Full Name:

.....

Date of Birth: / /

Telephone Numbers (*Business or *Private):

(Tel) (Mob)

Address: (*Business or

*Private):

*Private/*Business Telephone No.:

Suburb: Postcode:

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

Australian Health Practitioner Regulation Agency Midwifery Registration ~~No.:~~
~~.....~~Number: NMW

Professional Indemnity Insurance Provider:

Signature:

Date: / /

*_Delete if not applicable

[Form 1 ~~amended~~inserted in Gazette ~~1 Apr 2011~~ 14 Dec 2012
p. ~~1178~~6200.]

FORM 2

[r. 4]

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

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

Last name _____ Unit Record No. _____	Establishment _____ Ward _____	Birth date (Mother) _____ Marital status 1=never married 2=widowed 3=divorced 4=separated 5=married (incl. de facto) 6=unknown
First name _____ Address of usual residence Number and street _____ State _____ Post code _____	Height _____ Weight _____ (whole cm) (whole kilogram)	Ethnic status 1=Caucasian 2=Aboriginal/TSI Other _____
Town or suburb _____ Maiden name _____ Telephone _____	PREVIOUS PREGNANCIES: Total number (excluding 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	LABOUR DETAILS Onset of labour: 1=spontaneous 2=induced 3=no labour Augmentation (labour has begun): 1 none 2 oxytocin 3 prostaglandins 4 artificial rupture of membranes 8 other Induction (before labour began): 1 none 2 oxytocin 3 prostaglandins 4 artificial rupture of membranes 8 other Analgesia (during labour): 1 none 2 nitrous oxide 3 intra-muscular narcotics 4 epidural/caudal 5 spinal 7 combined spinal/epidural 8 other Duration of labour: 1 st stage (hour & min): _____ hr _____ min 2 nd stage (hour & min): _____ hr _____ min
THIS PREGNANCY: Antenatal: Estimated gestation weeks at first antenatal visit _____ Total number of antenatal care visits _____ Date of LMP: _____ 2 0 This date certain 1=yes 2=no Expected due date: _____ 2 0 based on 1=clinical signs/dates 2=ultrasound <20 wks Smoking: Number of tobacco cigarettes usually smoked each day during first 20 weeks _____ Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy. (none, use 000; occasional or smoked <1, use 999; undetermined, use 999)	DELIVERY DETAILS Anaesthesia (during delivery): 1 none 2 local anaesthesia to perineum 3 pudendal 4 epidural/caudal 5 spinal 6 general 7 combined spinal/epidural 8 other Complications of labour and delivery (includes the reason for operative delivery): 1 precipitate delivery 2 fetal distress 3 prolapsed cord 4 cord tight around neck 5 cephalopelvic disproportion 6 PPH (≥500mls) 7 retained placenta - manual removal 8 persistent occipito posterior 9 shoulder dystocia 10 failure to progress ≤3cm 11 failure to progress > 3cm 12 previous caesarean section 13 other (specify) _____	BABY DETAILS (Please use a separate form for each baby) Adoption: 1=yes 2=no Born before arrival: 1=yes 2=no Birth date: _____ 2 0 Birth time (24hr clock): _____ Plurality (number of babies this birth): _____ Birth order (specify this baby, eg, 1=1 st baby born, 2=2 nd baby born, etc.) Presentation: 1=vertex 2=breech 3=face 4=brow 8=other Method of birth: 1 spontaneous 2 vacuum successful 3 vacuum unsuccessful 4 forceps successful 5 forceps unsuccessful 6 breech (vaginal) 7 elective caesarean 8 emergency caesarean Accoucheur(s): 1 obstetrician 2 other medical officer 3 midwife 4 student 5 self/no attendant 8 other Gender: 1=male 2=female 3=indeterminate Status of baby at birth: 1=liveborn 2=stillborn (unspecified) 3=ante partum 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 invasive or highest number) 1 none 2 suction only 3 oxygen therapy only 4 bag and mask (PPR) 5 endotracheal intubation 6 ext. cardiac massage and ventilation 8 other Apgar score: 1 minute _____ 5 minutes _____ Estimated gestation (whole weeks): _____ Birth defects (specify): _____ Birth trauma (specify): _____
Complications of pregnancy: 1 threatened abortion (<20wks) 2 threatened preterm labour (<37 wks) 3 urinary tract infection 4 pre-eclampsia 5 Antepartum haemorrhage (APH) - placenta praevia 6 APH - placental abruption 7 APH - other 8 pre-labour rupture of membranes 9 gestational diabetes 10 other (specify) _____	Medical conditions: 1 essential hypertension 2 pre-existing diabetes mellitus 3 asthma 4 genital herpes 8 other (specify) _____	ABORIGINAL STATUS OF BABY (Tick one box only) 1 Aboriginal but not TSI 2 TSI but not Aboriginal 3 Aboriginal and TSI 4 Other
Procedures/treatments: 1 fertility treatments (include drugs) 2 cervical suture 3 CVS/placental biopsy 4 amniocentesis 5 ultrasound 6 CTG antepartum 7 CTG intrapartum	Intended place of birth at onset of labour: 1=hospital 2=birth centre attached to hospital 3=birth centre free standing 4=home 8=other	BABY SEPARATION DETAILS Separation date: _____ 2 0 Mode of separation: 1=transferred 8=died 9=discharged home Transferred to: _____ (specify establishment code) Special care: _____ (excludes Level 1; whole days only) Coder ID: _____
MIDWIFE Name _____ Signature _____ Date _____ 2 0 Reg. No. _____		

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

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

Last name _____ Unit _____ Record No. _____		Establishment _____ Ward _____	
First name _____ Birth date (Mother) _____		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 Number and street _____ State _____ Post code _____		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 _____	
Town or suburb _____ Height _____ Weight _____ <small>(whole cm) (whole kilogram)</small>		Telephone _____	
Maiden name _____		Other _____	

PREGNANCY DETAILS	LABOUR DETAILS	BABY DETAILS
PREVIOUS PREGNANCIES: Total number (excluding 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 1st 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/dates _____ 2=ultrasound <20 wks _____ 3=ultrasound ≥20 wks _____ Smoking: Number of tobacco cigarettes usually smoked each day during first 20 weeks _____ Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy _____ <small>(none, use '00'; occasional or smoked <1, use '99'; undetermined, use '999')</small> 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"/> Ante partum 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"/> other (specify) _____ 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) _____ Procedures/treatments: 1 <input type="checkbox"/> fertility treatments (include drugs) 2 <input type="checkbox"/> cervical suture 3 <input type="checkbox"/> CV/S/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=hospital 2=birth centre attached to hospital 3=birth centre free standing 4=home 8=other	Onset of labour: _____ 1=spontaneous 2=induced 3=no labour <input type="checkbox"/> 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 8 <input type="checkbox"/> other _____ Induction (before labour began): 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 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 _____ Duration of labour: _____ hr _____ min 1 st stage (hour & min): _____ 2 nd stage (hour & min): _____ 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 7 <input type="checkbox"/> combined spinal/epidural 8 <input type="checkbox"/> other _____ Complications of labour and delivery (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) _____ Perineal status: 1 <input type="checkbox"/> intact 2 <input type="checkbox"/> 1 st degree tear/vaginal tear 3 <input type="checkbox"/> 2 nd degree tear 4 <input type="checkbox"/> 3 rd degree tear 5 <input type="checkbox"/> episiotomy 7 <input type="checkbox"/> 4 th degree tear 8 <input type="checkbox"/> other _____ ABORIGINAL STATUS OF BABY <small>(Tick one box only)</small> 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 _____	<small>(Please use a separate form for each baby)</small> Adoption: 1=yes 2=no _____ Born before arrival: 1=yes 2=no _____ Birth date: _____ Birth time (24hr clock): _____ Plurality (number of babies this birth): _____ Birth order <small>(specify this baby, eg. 1=1st baby born, 2=2nd baby born, etc):</small> _____ Presentation: 1=vertex 2=breech 3=face 4=brow 8=other _____ 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 3=indeterminate <input type="checkbox"/> Status of baby at birth: 1=liveborn 2=stillborn (unspecified) <input type="checkbox"/> 3=ante partum 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 invasive or highest number) 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 (IPPR) 5 <input type="checkbox"/> endotracheal intubation 6 <input type="checkbox"/> ext. cardiac massage and ventilation 8 <input type="checkbox"/> 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: _____ <small>(specify establishment code)</small> Special care number of days: _____ <small>(excludes Level 1; whole days only)</small> Coder ID: _____

HEALTH DEPARTMENT'S COPY

[Form 2 inserted in Gazette 30/14 Dec 2011/2012 p. 5578/6201.]

Notes

- ¹ This is a compilation 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 (Notification 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))
<u><i>Health (Notifications by Midwives) Amendment Regulations 2012</i></u>	<u>14 Dec 2012</u> <u>p. 6199-201</u>	<u>r. 1 and 2: 14 Dec 2012</u> <u>(see r. 2(a));</u> <u>Regulations other than r. 1 and 2:</u> <u>1 Jan 2013 (see r. 2(b))</u>