



Western Australia

Health (Notifications by Midwives) Regulations 1994

Compare between:

[01 Jan 2013, 01-d0-03] and [24 Apr 2014, 01-e0-01]

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 term birth, or 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

[r. 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 ____/____/____

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.]

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

FORM 2

[r. 4]

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

Last name _____ Unit [] [] [] [] [] [] [] [] [] []		Establishment _____	
Record No. [] [] [] [] [] [] [] [] [] []		Ward _____	
First name _____		Birth date (Mother) [] [] [] [] [] []	
Address of usual residence		Marital status	
Number and street _____	State _____	Post code [] [] [] [] [] []	1=never married 2=widowed 3=divorced <input type="checkbox"/>
Town or suburb _____		4=separated 5=married (incl. defacto) <input type="checkbox"/>	
Height [] [] [] [] [] [] (whole cm)	Weight [] [] [] [] [] [] (whole kilogram)	6=unknown	
Maiden name _____		Ethnic status of mother	
Telephone [] [] [] [] [] [] [] [] [] []		1=Caucasian 10=Aboriginal not TSI <input type="checkbox"/>	
		11=TSI not Aboriginal 12=Aboriginal and TSI <input type="checkbox"/>	
		Other _____	
PREVIOUS PREGNANCIES:		LABOUR DETAILS	
Total number (excluding this pregnancy): [] []		Onset of labour: <input type="checkbox"/>	
Previous pregnancy outcomes:		1=spontaneous 2=induced 3=no labour	
- liveborn, now living [] []	- liveborn, now dead [] []	Augmentation (labour has begun):	
- stillborn [] []		1 <input type="checkbox"/> none	
Number of previous caesareans		2 <input type="checkbox"/> oxytocin	
Caesarean last delivery 1=yes 2=no [] []		3 <input type="checkbox"/> prostaglandins	
Previous multiple births 1=yes 2=no [] []		4 <input type="checkbox"/> artificial rupture of membranes	
THIS PREGNANCY:		8 <input type="checkbox"/> other	
Estimated gest wk at 1st antenatal visit [] []		Induction (before labour began):	
Total number of antenatal care visits [] []		1 <input type="checkbox"/> none	
Date of LMP: [] [] [] [] [] []		2 <input type="checkbox"/> oxytocin	
This date certain 1=yes 2=no [] []		3 <input type="checkbox"/> prostaglandins	
Expected due date: [] [] [] [] [] []		4 <input type="checkbox"/> artificial rupture of membranes	
based on 1=clinical signs/dates <input type="checkbox"/>		8 <input type="checkbox"/> other	
2=ultrasound <20 wks <input type="checkbox"/>		Analgesia (during labour):	
3=ultrasound ≥20 wks <input type="checkbox"/>		1 <input type="checkbox"/> none	
Smoking:		2 <input type="checkbox"/> nitrous oxide	
Number of tobacco cigarettes usually smoked each day during first 20 weeks [] []		4 <input type="checkbox"/> epidural/caudal	
Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy. (none, use '00'; occasional or smoked <1, use '99'; undetermined, use '999')		5 <input type="checkbox"/> spinal	
		7 <input type="checkbox"/> systemic opioids	
		8 <input type="checkbox"/> other	
		Duration of labour:	
		1 st stage (hour & min): [] [] hr [] [] min	
		2 nd stage (hour & min): [] [] hr [] [] min	
		DELIVERY DETAILS	
Complications of pregnancy:		Anaesthesia (during delivery):	
1 <input type="checkbox"/> threatened abortion (<20wks)		1 <input type="checkbox"/> none	
2 <input type="checkbox"/> threatened preterm labour (<37 wks)		2 <input type="checkbox"/> local anaesthesia to perineum	
3 <input type="checkbox"/> urinary tract infection		3 <input type="checkbox"/> pudendal	
4 <input type="checkbox"/> pre-eclampsia		4 <input type="checkbox"/> epidural/caudal	
5 <input type="checkbox"/> Ante partum haemorrhage (APH) - placenta praevia		5 <input type="checkbox"/> spinal	
6 <input type="checkbox"/> APH - placental abruption		6 <input type="checkbox"/> general	
7 <input type="checkbox"/> APH - other		7 <input type="checkbox"/> combined spinal/epidural	
8 <input type="checkbox"/> pre-labour rupture of membranes		8 <input type="checkbox"/> other	
9 <input type="checkbox"/> gestational diabetes		Complications of labour and delivery (includes the reason for operative delivery):	
10 <input type="checkbox"/> other (specify) [] [] [] [] [] []		1 <input type="checkbox"/> precipitate delivery	
Medical conditions:		2 <input type="checkbox"/> fetal distress	
1 <input type="checkbox"/> essential hypertension		3 <input type="checkbox"/> prolapsed cord	
2 <input type="checkbox"/> pre-existing diabetes mellitus		4 <input type="checkbox"/> cord tight around neck	
3 <input type="checkbox"/> asthma		5 <input type="checkbox"/> cephalopelvic disproportion	
4 <input type="checkbox"/> genital herpes		6 <input type="checkbox"/> PPH(≥500mls)	
8 <input type="checkbox"/> other (specify) [] [] [] [] [] []		7 <input type="checkbox"/> retained placenta - manual removal	
Procedures/treatments:		8 <input type="checkbox"/> persistent occipito posterior	
1 <input type="checkbox"/> fertility treatments (include drugs)		9 <input type="checkbox"/> shoulder dystocia	
2 <input type="checkbox"/> cervical suture		10 <input type="checkbox"/> failure to progress <3cm	
3 <input type="checkbox"/> CVS/placental biopsy		11 <input type="checkbox"/> failure to progress > 3cm	
4 <input type="checkbox"/> amniocentesis		12 <input type="checkbox"/> previous caesarean section	
5 <input type="checkbox"/> ultrasound		13 <input type="checkbox"/> other (specify) [] [] [] [] [] []	
6 <input type="checkbox"/> CTG antepartum		Perineal status:	
7 <input type="checkbox"/> CTG intrapartum		1 <input type="checkbox"/> intact	
Intended place of birth at onset of labour:		2 <input type="checkbox"/> 1 st degree tear/vaginal tear	
1=hospital 2=birth centre attached to hospital <input type="checkbox"/>		3 <input type="checkbox"/> 2 nd degree tear	
3=birth centre free standing 4=home 8=other <input type="checkbox"/>		4 <input type="checkbox"/> 3 rd degree tear	
MIDWIFE		5 <input type="checkbox"/> episiotomy	
Name _____		7 <input type="checkbox"/> 4 th degree tear	
Signature _____		8 <input type="checkbox"/> other	
Date [] [] [] [] [] []		ABORIGINAL STATUS OF BABY	
Reg. No. [] [] [] [] [] [] [] [] [] []		(Tick one box only)	
		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	
		BABY DETAILS	
		(Please use a 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: [] [] [] [] [] []	
		Birth time (24hr clock): [] [] [] [] [] []	
		Plurality (number of babies this birth): [] []	
		Birth order (specify this baby, eg. 1=1st baby born, 2=2nd baby born, etc): [] []	
		Presentation:	
		1=vertex 2=breech 3=face 4=brow 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 3=indeterminate <input type="checkbox"/>	
		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 <input type="checkbox"/> none	
		2 <input type="checkbox"/> suction only	
		3 <input type="checkbox"/> oxygen therapy only	
		4 <input type="checkbox"/> bag and mask (PPR)	
		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 <input type="checkbox"/>	
		Transferred to: _____	
		(specify establishment code) [] [] [] [] [] []	
		Special care number of days: [] [] [] [] [] []	
		(excludes Level 1; whole days only)	
		Coder ID: [] [] [] [] [] [] [] [] [] []	

HEALTH DEPARTMENT SCOPY

[Form 2 inserted in Gazette 14 Dec 2012 p. 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 ^{1a}. 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))
<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))

- ^{1a} [On the date as at which this compilation was prepared, provisions referred to in the following table had not come into operation and were therefore not included in this compilation. For the text of the provisions see the endnotes referred to in the table.](#)

Provisions that have not come into operation

<u>Citation</u>	<u>Gazettal</u>	<u>Commencement</u>
Health (Notifications by Midwives) Amendment Regulations 2014 r. 3 and 4 ²	24 Apr 2014 p. 1143-5	1 Jul 2014 (see r. 2(b))

- ² [On the date as at which this compilation was prepared, the *Health \(Notifications by Midwives\) Amendment Regulations 2014* r. 3 and 4 had not come into operation. They read as follows:](#)

3. Regulations amended

These regulations amend the *Health (Notifications by Midwives) Regulations 1994*.

4. Schedule amended

In the Schedule delete Form 2 and insert:

FORM 2

[r. 4]

Health (Notifications by Midwives) Regulations 1994 Form 2 NOTIFICATION OF CASE ATTENDED – PREGNANCY DETAILS				MR15
Last name _____	Unit Record No <input type="text"/>	Birth date (Mother) <input type="text"/>	Estab <input type="text"/>	Ward <input type="text"/>
First name _____				Marital status <input type="text"/>
Address of usual residence				1=never married 2=widowed 3=divorced 4=separated 5=married (incl. Defacto) 6=unknown
Number and street _____	State _____	Post code <input type="text"/>		
Town or suburb _____	Height <input type="text"/>	Weight <input type="text"/>	Ethnic status of mother <input type="text"/>	
	(whole cm)	(whole kilogram)	1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI Other _____	
Maiden name _____	Telephone <input type="text"/>			

<p style="text-align: center; font-weight: bold; font-size: small;">PREGNANCY DETAILS</p> <p>PREVIOUS PREGNANCIES: Total number (excluding this pregnancy): <input type="text"/></p> <p>Parity (excluding this pregnancy): <input type="text"/></p> <p>Previous pregnancy outcomes:</p> <p>- liveborn, now living <input type="text"/></p> <p>- liveborn, now dead <input type="text"/></p> <p>- stillborn <input type="text"/></p> <p>Number of previous caesareans <input type="text"/></p> <p>Caesarean last delivery 1=yes 2=no <input type="text"/></p> <p>Previous multiple births 1=yes 2=no <input type="text"/></p> <p>THIS PREGNANCY: Estimated gest wk at 1st antenatal visit <input type="text"/></p> <p>Total number of antenatal care visits <input type="text"/></p> <p>Date of LMP: <input type="text"/></p> <p>This date certain 1=yes 2=no <input type="text"/></p> <p>Expected due date: <input type="text"/></p> <p>Based on 1=clinical signs/dates 2=ultrasound <20 wks 3=ultrasound >=20 wks</p> <p>Smoking:</p> <p>Number of tobacco cigarettes usually smoked each day during first 20 weeks of pregnancy <input type="text"/></p> <p>Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy <input type="text"/></p> <p><i>(If none use '000', occasional or smoked < 1 use '998', undetermined use '999')</i></p> <p>Complications of pregnancy:</p> <p>1 <input type="checkbox"/> threatened abortion (<20wks) 2 <input type="checkbox"/> threatened preterm labour (<37wks) 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 <input type="text"/></p> <p>8 <input type="checkbox"/> pre-labour rupture of membranes 9 <input type="checkbox"/> gestational diabetes 11 <input type="checkbox"/> gestational hypertension 12 <input type="checkbox"/> pre-eclampsia superimposed on essential hypertension 99 <input type="checkbox"/> other (specify) <input type="text"/></p> <p>Medical conditions:</p> <p>1 <input type="checkbox"/> essential hypertension 3 <input type="checkbox"/> asthma 4 <input type="checkbox"/> genital herpes 5 <input type="checkbox"/> type 1 diabetes 6 <input type="checkbox"/> type 2 diabetes 8 <input type="checkbox"/> other (specify) <input type="text"/></p>	<p style="font-size: small;">Procedures/treatments:</p> <p>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</p> <p>Intended place of birth at onset of labour: 1=hospital 2=birth centre allocated to hospital 3=birth centre free standing 4=home 8=other <input type="text"/></p> <p style="text-align: center; font-weight: bold; font-size: small;">LABOUR DETAILS</p> <p>Onset of labour: <input type="text"/></p> <p>1=spontaneous 2=induced 3=no labour</p> <p>Augmentation (labour has begun):</p> <p>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</p> <p>Induction (before labour begun)</p> <p>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 8 <input type="checkbox"/> other</p> <p>Analgesia (during labour)</p> <p>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</p> <p>Duration of labour</p> <p>1st stage (hour & min): <input type="text"/> hr <input type="text"/> min</p> <p>2nd stage (hour & min): <input type="text"/> hr <input type="text"/> min</p> <p>Postnatal blood loss in mLs: <input type="text"/></p> <p>Number of babies born (admin purposes only): <input type="text"/></p> <p>MIDWIFE</p> <p>Name _____</p> <p>Signature _____</p> <p>Date <input type="text"/></p> <p>Reg. No. <input type="text"/></p>
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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 Form 2 **NOTIFICATION OF CASE ATTENDED – BABY DETAILS**

Mother last name	First name	Unit Rec No							Estab
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BIRTH 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 (specify) _____

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

- 1 precipitate delivery
- 2 fetal distress
- 3 prolapsed cord
- 4 cord tight around neck
- 5 cephalopelvic disproportion
- 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) _____

Principal reason for Caesarean Section (Tick one box only)

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

Perineal status

- 1 intact
- 2 1st degree tear/vaginal tear
- 3 2nd degree tear
- 4 3rd degree tear
- 5 episiotomy
- 7 4th degree tear
- 8 other

BABY DETAILS (continued)

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=1st baby born, 2=2nd 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=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 intensive or highest number)

- 1 none
- 2 suction only
- 3 oxygen therapy only
- 4 continuous positive airway pressure (CPAP)
- 5 bag and mask (IPPV)
- 6 endotracheal intubation
- 7 ext. cardiac massage and ventilation
- 8 other

Apgar score: 1 minute _____ 5 minutes _____

Estimated gestation: (whole weeks): _____

Birth defects: (specify): _____

Birth trauma: (specify): _____

BABY SEPARATION DETAILS

Separation date: _____ 2 0 _____

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 _____ 2 0 _____

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

