



Western Australia

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

Compare between:

[01 Jul 2014, 01-f0-02] and [03 May 2016, 01-g0-01]



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*<sup>1</sup>.

[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**

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 (continued)	
<b>Anaesthesia (during delivery):</b> 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 (specify) _____		<b>Born before arrival:</b> 1=yes 2=no _____	
<b>Complications of labour and birth</b> <i>(include the reason for instrument delivery):</i> 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 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) _____		<b>Birth date:</b> _____ 2 0 _____ <b>Birth time: (24hr clock)</b> _____ <b>Plurality: (number of babies this birth)</b> _____ <b>Birth order:</b> _____ <i>(specify this baby, eg, 1=1<sup>st</sup> baby born, 2=2<sup>nd</sup> baby born, etc)</i> <b>Presentation:</b> _____ 1=vertex 2=breech 3=face 4=brow 8=other	
<b>Principal reason for Caesarean Section (Tick one box only)</b> 1 <input type="checkbox"/> fetal compromise 2 <input type="checkbox"/> suspected fetal macrosomia 3 <input type="checkbox"/> malpresentation 4 <input type="checkbox"/> lack of progress <= 3cm 5 <input type="checkbox"/> lack of progress in the 1st stage, 4cm to < 10cm 6 <input type="checkbox"/> lack of progress in the 2nd stage 7 <input type="checkbox"/> placenta praevia 8 <input type="checkbox"/> placental abruption 9 <input type="checkbox"/> vasa praevia 10 <input type="checkbox"/> antepartum/intrapartum haemorrhage 11 <input type="checkbox"/> multiple pregnancy 12 <input type="checkbox"/> unsuccessful attempt at assisted delivery 13 <input type="checkbox"/> unsuccessful induction 14 <input type="checkbox"/> cord prolapse 15 <input type="checkbox"/> previous caesarean section 16 <input type="checkbox"/> previous shoulder dystocia 17 <input type="checkbox"/> previous perineal trauma/4 <sup>th</sup> degree tear 18 <input type="checkbox"/> previous adverse fetal/neonatal outcome 19 <input type="checkbox"/> other obstetric, medical, surgical, psychological indications 20 <input type="checkbox"/> maternal choice in the absence of any obstetric, medical, surgical, psychological indications		<b>Method of birth:</b> 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 <b>Accoucheur(s):</b> 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 <b>Gender:</b> 1=male 2=female 3=indeterminate _____ <b>Status of baby at birth:</b> 1=liveborn 2=stillborn (unspecified) _____ 3=antepartum stillborn 4=intrapartum stillborn	
<b>Perineal status</b> 1 <input type="checkbox"/> intact 2 <input type="checkbox"/> 1 <sup>st</sup> degree tear/vaginal tear 3 <input type="checkbox"/> 2 <sup>nd</sup> degree tear 4 <input type="checkbox"/> 3 <sup>rd</sup> degree tear 5 <input type="checkbox"/> episiotomy 7 <input type="checkbox"/> 4 <sup>th</sup> degree tear 8 <input type="checkbox"/> other		<b>Infant weight: (whole gram):</b> _____ <b>Length: (whole cm):</b> _____ <b>Head circumference: (whole cm):</b> _____ <b>Time to establish unassisted regular breathing: (whole min)</b> _____ <b>Resuscitation: (Record one only – the most intensive or highest number)</b> 1 <input type="checkbox"/> none 2 <input type="checkbox"/> suction only 3 <input type="checkbox"/> oxygen therapy only 4 <input type="checkbox"/> continuous positive airway pressure (CPAP) 5 <input type="checkbox"/> bag and mask (IPPV) 6 <input type="checkbox"/> endotracheal intubation 7 <input type="checkbox"/> ext. cardiac massage and ventilation 8 <input type="checkbox"/> other <b>Apgar score:</b> 1 minute _____ 5 minutes _____ <b>Estimated gestation: (whole weeks):</b> _____ <b>Birth defects: (specify):</b> _____ <b>Birth trauma: (specify):</b> _____	
<b>ABORIGINAL STATUS OF BABY (Tick one box only)</b> 1 <input type="checkbox"/> Aboriginal but not Torres Strait Islander 2 <input type="checkbox"/> Torres Strait Islander but not Aboriginal 3 <input type="checkbox"/> Aboriginal and Torres Strait Islander 4 <input type="checkbox"/> other		<b>BABY SEPARATION DETAILS</b> <b>Separation date:</b> _____ 2 0 _____ <b>Mode of separation:</b> _____ 1=transferred 8=died 9=discharged home <b>Transferred to: (specify establishment code)</b> _____ <b>Special care number of days:</b> _____ <i>(excludes Level 1; whole days only)</i> <b>MIDWIFE</b> Name _____ Date _____ 2 0 _____	

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

[Form 2 inserted in Gazette 24 Apr 2014 p. 1144-5.]

## Notes

- <sup>1</sup> 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 <sup>1a</sup>. 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
<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 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))
<i>Health (Notifications by Midwives) Amendment Regulations 2014</i>	24 Apr 2014 p. 1143-5	r. 1 and 2: 24 Apr 2014 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jul 2014 (see r. 2(b))

- <sup>1a</sup> [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>
<a href="#">Health (Notifications by Midwives) Amendment Regulations 2016 r. 3 and 4</a> <sup>2</sup>	<a href="#">3 May 2016</a> <a href="#">p. 1356-8</a>	<a href="#">1 Jul 2016 (see r. 2(b))</a>

<sup>2</sup> On the date as at which this compilation was prepared, the *Health (Notifications by Midwives) Amendment Regulations 2016* 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

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

Last name _____	Unit Record No _____	Estab _____	Ward _____
First name _____	Birth date (Mother) _____	Marital status <input type="checkbox"/>	
Address of usual residence _____		1=never married 2=widowed 3=divorced	
Number and street _____	State _____	4=separated 5=married (incl. de facto)	
	Post code _____	6=unknown	
Town or suburb _____	Height _____	Ethnic status of mother <input type="checkbox"/>	
	(whole cm)	1=Caucasian 10=Aboriginal not Torres Strait	
Maiden name _____	Weight _____	Islander (TSI) 11=TSI not Aboriginal	
	(whole kilogram)	12=Aboriginal and TSI	
Interpreter service required (1=yes 2=no) <input type="checkbox"/>	Telephone _____	or other _____	
Mother's language requiring interpreter _____			
<b>PREGNANCY DETAILS</b>			
<b>PREVIOUS PREGNANCIES:</b>			
Total number (excluding this pregnancy): _____			
Parity (excluding this pregnancy): _____			
<b>Previous pregnancy outcomes:</b>			
- 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 _____			
<b>THIS PREGNANCY:</b>			
Estimated gest wk at 1 <sup>st</sup> antenatal visit _____			
Total number of antenatal care visits _____			
<b>Date of LMP:</b> _____			
This date certain 1=yes 2=no _____			
<b>Expected due date:</b> _____			
Based on 1 = clinical signs/dates _____			
2 = ultrasound <20 wks _____			
3 = ultrasound >=20 wks _____			
<b>Smoking:</b>			
Number of tobacco cigarettes usually smoked each day during first 20 weeks of pregnancy _____			
Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy _____			
(If none use '000'; occasional or smoked < 1 use '998'; undetermined use '999')			
<b>Complications of pregnancy:</b>			
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			
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) _____			
<b>Medical Conditions:</b>			
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) _____			
<b>Vaccinations during pregnancy:</b>			
01=Vaccinated during 1 <sup>st</sup> trimester _____	Influenza _____	Pertussis _____	
02=Vaccinated during 2 <sup>nd</sup> trimester _____			
03=Vaccinated during 3 <sup>rd</sup> trimester _____			
04=Vaccinated in unknown trimester _____			
05=Not vaccinated _____			
99=Unknown if vaccinated _____			
<b>Procedures/treatments:</b>			
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			
<b>Intended place of birth at onset of labour:</b>			
1=hospital 2=birth centre attached to hospital 3=birth centre free standing 4=home 8=other <input type="checkbox"/>			
<b>LABOUR DETAILS</b>			
<b>Onset of labour:</b>			
1=spontaneous 2=induced 3=no labour <input type="checkbox"/>			
<b>Principal reason for induction of labour (if induced):</b>			
_____			
<b>Augmentation (labour has begun):</b>			
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			
<b>Induction (before labour begun):</b>			
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			
<b>Analgesia (during labour):</b>			
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			
<b>Duration of labour</b>			
1 <sup>st</sup> stage (hour & min): _____	hr	min	
2 <sup>nd</sup> stage (hour & min): _____			
<b>Postnatal blood loss in mLs:</b> _____			
Number of babies born (admin purposes only): _____			
<b>MIDWIFE</b>			
Name _____			
Signature _____			
Date _____			
Reg. No. _____			
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's last name \_\_\_\_\_ Mother's first name \_\_\_\_\_ Unit Rec No. \_\_\_\_\_ Estab \_\_\_\_\_

**BIRTH DETAILS**

**Anaesthesia (during delivery):**

- none
- local anaesthesia to perineum
- pudendal
- epidural/caudal
- spinal
- general
- combined spinal/epidural
- other

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

- precipitate delivery
- fetal distress
- prolapsed cord
- cord tight around neck
- cephalopelvic disproportion
- retained placenta – manual removal
- persistent occipito posterior
- shoulder dystocia
- failure to progress <= 3cm
- failure to progress > 3cm
- previous caesarean section
- other (specify) \_\_\_\_\_

**Principal reason for caesarean section (Tick one box only):**

- fetal compromise
- suspected fetal macrosomia
- malpresentation
- lack of progress <= 3cm
- lack of progress in the 1st stage, 4cm to < 10cm
- lack of progress in the 2nd stage
- placenta praevia
- placental abruption
- vasa praevia
- antepartum/intrapartum haemorrhage
- multiple pregnancy
- unsuccessful attempt at assisted delivery
- unsuccessful induction
- cord prolapse
- previous caesarean section
- previous shoulder dystocia
- previous perineal trauma/4<sup>th</sup> degree tear
- previous adverse fetal/neonatal outcome
- other obstetric, medical, surgical, psychological indications
- maternal choice in the absence of any obstetric, medical, surgical, psychological indications

**Perineal status:**

- intact
- 1<sup>st</sup> degree tear/vaginal tear
- 2<sup>nd</sup> degree tear
- 3<sup>rd</sup> degree tear
- episiotomy
- 4<sup>th</sup> degree tear
- other

**BABY DETAILS**

**ABORIGINAL STATUS OF BABY (Tick one box only)**

- Aboriginal but not Torres Strait Islander
- Torres Strait Islander but not Aboriginal
- Aboriginal and Torres Strait Islander
- other

**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 e.g. 1=1<sup>st</sup> baby born, 2=2<sup>nd</sup>)**

**Presentation:** 1=vertex 2=breech 3=face 4=brow 8=other

**Water birth:** 1=yes 2=no

**Method of birth:**

- spontaneous
- vacuum successful
- vacuum unsuccessful
- forceps successful
- forceps unsuccessful
- breech (vaginal)
- elective caesarean
- emergency caesarean

**Accoucheur(s):**

- obstetrician
- other medical officer
- midwife
- student
- self/no attendant
- 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)**

- none
- suction only
- oxygen therapy only
- continuous positive airway pressure (CPAP)
- bag and mask (IPPV)
- endotracheal intubation
- ext. cardiac massage and ventilation
- 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

