



Western Australia

Health (Notifications by Midwives) Regulations 1994

Compare between:

[10 Jan 2017, 01-i0-00] and [24 Jan 2017, 01-j0-00]

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~~ [Chief Health Officer](#) of his or her intention to do so in the form of Form 1 in the Schedule.

[\[Regulation 3 amended in Gazette 10 Jan 2017 p. 270.\]](#)

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.

r. 4

[Regulation 4 amended in Gazette 14 Dec 2012 p. 6200.]

Schedule

FORM 1

[r. 3]

HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911

HEALTH (NOTIFICATIONS BY MIDWIVES) REGULATIONS 1994

**NOTIFICATION OF INTENTION TO ENTER INTO PRIVATE
PRACTICE AS A MIDWIFE**

~~EXECUTIVE DIRECTOR~~

~~PUBLIC~~ CHIEF HEALTH OFFICER

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~~6200; amended in
Gazette 10 Jan 2017 p. 270.]

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

FORM 2

FORM 2

[r. 4]

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

Last name _____		Unit Record No _____		Estab _____	
First name _____		Birth date (Mother) _____		Ward _____	
Address of usual residence		State _____		Post code _____	
Number and street _____		Telephone _____		Marital status _____	
Town or suburb _____		Height _____		Weight _____	
Maiden name _____		(whole cm)		(whole kilogram)	
Interpreter service required (1=yes 2=no) <input type="checkbox"/>		Mother's language requiring interpreter _____		Ethnic status of mother _____	
1=never married 2=widowed 3=divorced		1=Caucasian 10=Aboriginal not Torres Strait Islander (TSI) 11=TSI not Aboriginal		4=separated 5=married (incl. de facto) 6=unknown 12=Aboriginal and TSI or other	

PREGNANCY DETAILS		LABOUR DETAILS	
PREVIOUS PREGNANCIES:		Procedures/treatments:	
Total number (excluding this pregnancy): _____		1 <input type="checkbox"/> fertility treatments (include drugs)	
Parity (excluding this pregnancy): _____		2 <input type="checkbox"/> cervical suture	
Previous pregnancy outcomes:		3 <input type="checkbox"/> CVS/placental biopsy	
- liveborn, now living _____		4 <input type="checkbox"/> amniocentesis	
- liveborn, now dead _____		5 <input type="checkbox"/> ultrasound	
- stillborn _____		6 <input type="checkbox"/> CTG antepartum	
Number of previous caesareans _____		7 <input type="checkbox"/> CTG intrapartum	
Caesarean last delivery 1=yes 2=no _____		Intended place of birth at onset of labour:	
Previous multiple births 1=yes 2=no _____		1=hospital 2=birth centre attached to hospital 3=birth centre free standing 4=home 8=other _____	
THIS PREGNANCY:		Onset of labour:	
Estimated gest wk at 1 st antenatal visit _____		1=spontaneous 2=induced 3=no labour _____	
Total number of antenatal care visits _____		Principal reason for induction of labour (if induced):	
Date of LMP:		_____	
This date certain 1=yes 2=no _____		Augmentation (labour has begun):	
Expected due date:		1 <input type="checkbox"/> none	
Based on 1=clinical signs/dates _____		2 <input type="checkbox"/> oxytocin	
2=ultrasound <20 wks _____		3 <input type="checkbox"/> prostaglandins	
3=ultrasound >=20 wks _____		4 <input type="checkbox"/> artificial rupture of membranes	
Smoking:		8 <input type="checkbox"/> other	
Number of tobacco cigarettes usually smoked each day during first 20 weeks of pregnancy _____		Induction (before labour begun):	
Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy _____		1 <input type="checkbox"/> none	
(If none use '000'; occasional or smoked < 1 use '998'; undetermined use '999')		2 <input type="checkbox"/> oxytocin	
Complications of pregnancy:		3 <input type="checkbox"/> prostaglandins	
1 <input type="checkbox"/> threatened abortion (<20wks)		4 <input type="checkbox"/> artificial rupture of membranes	
2 <input type="checkbox"/> threatened preterm labour (<37wks)		5 <input type="checkbox"/> dilatation device i.e. Foley Catheter	
3 <input type="checkbox"/> urinary tract infection		8 <input type="checkbox"/> other	
4 <input type="checkbox"/> pre-eclampsia		Analgesia (during labour):	
5 <input type="checkbox"/> antepartum haemorrhage (APH) placenta praevia		1 <input type="checkbox"/> none	
6 <input type="checkbox"/> APH – placental abruption		2 <input type="checkbox"/> nitrous oxide	
7 <input type="checkbox"/> APH – other		4 <input type="checkbox"/> epidural/caudal	
8 <input type="checkbox"/> pre-labour rupture of membranes		5 <input type="checkbox"/> spinal	
9 <input type="checkbox"/> gestational diabetes		6 <input type="checkbox"/> systemic opioids	
11 <input type="checkbox"/> gestational hypertension		7 <input type="checkbox"/> combined spinal/epidural	
12 <input type="checkbox"/> pre-eclampsia superimposed on essential hypertension		8 <input type="checkbox"/> other	
99 <input type="checkbox"/> other (specify) _____		Duration of labour	
Medical Conditions:		1 st stage (hour & min): _____ hr _____ min	
1 <input type="checkbox"/> essential hypertension		2 nd stage (hour & min): _____ hr _____ min	
3 <input type="checkbox"/> asthma		Postnatal blood loss in mLs: _____	
4 <input type="checkbox"/> genital herpes		Number of babies born (admin purposes only): _____	
5 <input type="checkbox"/> type 1 diabetes		MIDWIFE	
6 <input type="checkbox"/> type 2 diabetes		Name _____	
8 <input type="checkbox"/> other (specify) _____		Signature _____	
Vaccinations during pregnancy:		Date _____	
01=Vaccinated during 1 st trimester		Reg. No. _____	
02=Vaccinated during 2 nd trimester		_____	
03=Vaccinated during 3 rd trimester		_____	
04=Vaccinated in unknown trimester		_____	
05=Not vaccinated		_____	
99=Unknown if vaccinated		_____	

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

FORM 2

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			
<p>Anaesthesia (during delivery):</p> <p>1 <input type="checkbox"/> none</p> <p>2 <input type="checkbox"/> local anaesthesia to perineum</p> <p>3 <input type="checkbox"/> pudendal</p> <p>4 <input type="checkbox"/> epidural/caudal</p> <p>5 <input type="checkbox"/> spinal</p> <p>6 <input type="checkbox"/> general</p> <p>7 <input type="checkbox"/> combined spinal/epidural</p> <p>8 <input type="checkbox"/> other</p> <p>Complications of labour and birth <i>(include the reason for instrument delivery):</i></p> <p>1 <input type="checkbox"/> precipitate delivery</p> <p>2 <input type="checkbox"/> fetal distress</p> <p>3 <input type="checkbox"/> prolapsed cord</p> <p>4 <input type="checkbox"/> cord tight around neck</p> <p>5 <input type="checkbox"/> cephalopelvic disproportion</p> <p>7 <input type="checkbox"/> retained placenta – manual removal</p> <p>8 <input type="checkbox"/> persistent occipito posterior</p> <p>9 <input type="checkbox"/> shoulder dystocia</p> <p>10 <input type="checkbox"/> failure to progress <= 3cm</p> <p>11 <input type="checkbox"/> failure to progress > 3cm</p> <p>12 <input type="checkbox"/> previous caesarean section</p> <p>13 <input type="checkbox"/> other (specify) _____</p> <p>Principal reason for caesarean section (Tick one box only):</p> <p>1 <input type="checkbox"/> fetal compromise</p> <p>2 <input type="checkbox"/> suspected fetal macrosomia</p> <p>3 <input type="checkbox"/> malpresentation</p> <p>4 <input type="checkbox"/> lack of progress <= 3cm</p> <p>5 <input type="checkbox"/> lack of progress in the 1st stage, 4cm to < 10cm</p> <p>6 <input type="checkbox"/> lack of progress in the 2nd stage</p> <p>7 <input type="checkbox"/> placenta praevia</p> <p>8 <input type="checkbox"/> placental abruption</p> <p>9 <input type="checkbox"/> vasa praevia</p> <p>10 <input type="checkbox"/> antepartum/intrapartum haemorrhage</p> <p>11 <input type="checkbox"/> multiple pregnancy</p> <p>12 <input type="checkbox"/> unsuccessful attempt at assisted delivery</p> <p>13 <input type="checkbox"/> unsuccessful induction</p> <p>14 <input type="checkbox"/> cord prolapse</p> <p>15 <input type="checkbox"/> previous caesarean section</p> <p>16 <input type="checkbox"/> previous shoulder dystocia</p> <p>17 <input type="checkbox"/> previous perineal trauma/4th degree tear</p> <p>18 <input type="checkbox"/> previous adverse fetal/neonatal outcome</p> <p>19 <input type="checkbox"/> other obstetric, medical, surgical, psychological indications</p> <p>20 <input type="checkbox"/> maternal choice in the absence of any obstetric, medical, surgical, psychological indications</p> <p>Perineal status:</p> <p>1 <input type="checkbox"/> intact</p> <p>2 <input type="checkbox"/> 1st degree tear/vaginal tear</p> <p>3 <input type="checkbox"/> 2nd degree tear</p> <p>4 <input type="checkbox"/> 3rd degree tear</p> <p>5 <input type="checkbox"/> episiotomy</p> <p>7 <input type="checkbox"/> 4th degree tear</p> <p>8 <input type="checkbox"/> other</p>	<p>Born before arrival: 1=yes 2=no <input type="checkbox"/></p> <p>Birth date: _____ 2 0 _____</p> <p>Birth time: (24hr clock) _____</p> <p>Plurality: (number of babies this birth) <input type="checkbox"/></p> <p>Birth order: (specify this baby e.g. 1=1st baby born, 2=2nd) <input type="checkbox"/></p> <p>Presentation: <input type="checkbox"/></p> <p>1=vertex 2=breech 3=face 4=brow 8=other</p> <p>Water birth: 1=yes 2=no <input type="checkbox"/></p> <p>Method of birth:</p> <p>1 <input type="checkbox"/> spontaneous</p> <p>2 <input type="checkbox"/> vacuum successful</p> <p>3 <input type="checkbox"/> vacuum unsuccessful</p> <p>4 <input type="checkbox"/> forceps successful</p> <p>5 <input type="checkbox"/> forceps unsuccessful</p> <p>6 <input type="checkbox"/> breech (vaginal)</p> <p>7 <input type="checkbox"/> elective caesarean</p> <p>8 <input type="checkbox"/> emergency caesarean</p> <p>Accoucheur(s):</p> <p>1 <input type="checkbox"/> obstetrician</p> <p>2 <input type="checkbox"/> other medical officer</p> <p>3 <input type="checkbox"/> midwife</p> <p>4 <input type="checkbox"/> student</p> <p>5 <input type="checkbox"/> self/no attendant</p> <p>8 <input type="checkbox"/> other</p> <p>Gender: 1=male 2=female 3=indeterminate <input type="checkbox"/></p> <p>Status of baby at birth: 1=liveborn 2=stillborn (unspecified) <input type="checkbox"/></p> <p>3=antepartum stillborn 4=intrapartum stillborn</p> <p>Infant weight: (whole gram) _____</p> <p>Length: (whole cm) _____</p> <p>Head circumference: (whole cm) _____</p> <p>Time to establish unassisted regular breathing: (whole min) _____</p> <p>Resuscitation: (Record one only - the most intensive or highest number)</p> <p>1 <input type="checkbox"/> none</p> <p>2 <input type="checkbox"/> suction only</p> <p>3 <input type="checkbox"/> oxygen therapy only</p> <p>4 <input type="checkbox"/> continuous positive airway pressure (CPAP)</p> <p>5 <input type="checkbox"/> bag and mask (PPV)</p> <p>6 <input type="checkbox"/> endotracheal intubation</p> <p>7 <input type="checkbox"/> ext. cardiac massage and ventilation</p> <p>8 <input type="checkbox"/> other</p> <p>Apgar score: 1 minute _____</p> <p>5 minutes _____</p> <p>Estimated gestation: (whole weeks) _____</p> <p>Birth defects: (specify) _____</p> <p>Birth trauma: (specify) _____</p>		
BABY DETAILS			
<p>ABORIGINAL STATUS OF BABY (Tick one box only)</p> <p>1 <input type="checkbox"/> Aboriginal but not Torres Strait Islander</p> <p>2 <input type="checkbox"/> Torres Strait Islander but not Aboriginal</p> <p>3 <input type="checkbox"/> Aboriginal and Torres Strait Islander</p> <p>4 <input type="checkbox"/> other</p>	<p>BABY SEPARATION DETAILS</p> <p>Separation date: _____ 2 0 _____</p> <p>Mode of separation: <input type="checkbox"/></p> <p>1=transferred 8=died 9=discharged home</p> <p>Transferred to: (specify establishment code) _____</p> <p>Special care number of days: _____</p> <p><i>(Excludes Level 1; whole days only)</i></p> <p>MIDWIFE</p> <p>Name _____</p> <p>Date _____ 2 0 _____</p> <p align="center">Complete this Baby form once for each baby born, and submit with Pregnancy form</p>		

[Form 2 inserted in Gazette 3 May 2016 p. 1357-8.]

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))
<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))
<i>Health (Notifications by Midwives) Amendment Regulations 2016</i>	3 May 2016 p. 1356-8	r. 1 and 2: 3 May 2016 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jul 2016 (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~~

Citation	Gazettal	Commencement
<i>Health Regulations Amendment (Public Health) Regulations 2016</i>	10 Jan 2017 p. 237-308	24 Jan 2017 (see r. 2(b) and <i>Gazette</i> 10 Jan 2017 p. 165)

Citation	Gazetal	Commencement
Pt. 17. ²		

²— On the date as at which this compilation was prepared, the *Health Regulations Amendment (Public Health) Regulations 2016* Pt. 17 had not come into operation. It reads as follows:

Part 17—*Health (Notifications by Midwives) Regulations 1994* amended

59. — Regulations amended

— This Part amends the *Health (Notifications by Midwives) Regulations 1994*.

60. — Regulation 3 amended

— In regulation 3 delete “Executive Director, Public Health” and insert:

— Chief Health Officer

61. — Schedule amended

— In the Schedule Form 1:

— (a) delete “*HEALTH ACT 1911*” and insert:

— *HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911*

— (b) delete:

~~EXECUTIVE DIRECTOR~~

~~PUBLIC HEALTH~~

— and insert:

~~CHIEF HEALTH OFFICER~~