



Western Australia

Health (Notifications by Midwives) Regulations 1994

Compare between:

[24 Jan 2017, 01-j0-00] and [16 May 2017, 01-k0-01]

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 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.

[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**

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; amended in
Gazette 10 Jan 2017 p. 270.]*

**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 (include the reason for instrument delivery):</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 _____ 5 minutes _____</p> <p>Estimated gestation: (whole weeks) _____</p> <p>Birth defects: (specify) _____</p> <p>Birth trauma: (specify) _____</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>(Excludes Level 1; whole days only)</p> <p>MIDWIFE</p> <p>Name _____</p> <p>Date _____ 2 0 _____</p>
<p>BABY DETAILS</p> <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>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))
<i>Health Regulations Amendment (Public Health) Regulations 2016</i> Pt. 17	10 Jan 2017 p. 237-308	24 Jan 2017 (see r. 2(b) and <i>Gazette</i> 10 Jan 2017 p. 165)

^{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>
<u><i>Health (Notifications by Midwives) Amendment Regulations 2017</i> r. 3 and 4²</u>	<u>16 May 2017</u> <u>p. 2489-91</u>	<u>1 Jul 2017 (see r. 2(b))</u>

² On the date as at which this compilation was prepared, the *Health (Notifications by Midwives) Amendment Regulations 2017* 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		Estab	
First name		Birth date (Mother)		Ward	
Address of usual residence		State		Post code	
Number and street		State		Post code	
Town or suburb		Height		Weight	
Maiden name		(whole cm)		(whole kilogram)	
Interpreter service required (1=yes 2=no)		Telephone		Ethnic status of mother	
Mother's language requiring interpreter				1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI Or Other	

PREVIOUS PREGNANCIES:		Total number (excluding this pregnancy):		Vaccinations during pregnancy:	
Parity (excluding this pregnancy):		Previous pregnancy outcomes:		01 Vaccinated during 1 st trimester	
- liveborn, now living		- liveborn, now dead		02 Vaccinated during 2 nd trimester	
- stillborn		- stillborn		03 Vaccinated during 3 rd trimester	
Number of previous caesareans		Number of previous caesareans		04 Vaccinated in unknown trimester	
Caesarean last delivery 1=yes 2=no		Caesarean last delivery 1=yes 2=no		05 Not vaccinated	
Previous multiple births 1=yes 2=no		Previous multiple births 1=yes 2=no		99 Unknown if vaccinated	
THIS PREGNANCY:		Estimated gest wk at 1 st antenatal visit		Procedures/treatments:	
Total number of antenatal care visits		Date of LMP:		1 fertility treatments (include drugs)	
This date certain 1=yes 2=no		Expected due date:		2 cervical suture	
Based on 1 = clinical signs/dates		Based on 1 = clinical signs/dates		3 CVS/placental biopsy	
2 = ultrasound <20 wks		2 = ultrasound <20 wks		4 amniocentesis	
3 = ultrasound >=20 wks		3 = ultrasound >=20 wks		5 ultrasound	
Smoking:		Number of tobacco cigarettes usually smoked		6 CTG antepartum	
each day during first 20 weeks of pregnancy		each day during first 20 weeks of pregnancy		7 CTG intrapartum	
Number of tobacco cigarettes usually smoked		Number of tobacco cigarettes usually smoked		Intended place of birth at onset of labour:	
each day after 20 weeks of pregnancy		each day after 20 weeks of pregnancy		1=hospital 2=birth centre attached to hospital	
(if none use '000'; occasional or smoked < 1 use '998';		(if none use '000'; occasional or smoked < 1 use '998';		3=birth centre free standing 4=home 8=other	
undetermined use '999')		undetermined use '999')		LABOUR DETAILS	
Alcohol during pregnancy:		Frequency of drinking an alcoholic drink		Onset of labour:	
01 = never 04 = 2 to 3 times a week		01 = never 04 = 2 to 3 times a week		1=spontaneous 2=induced 3=no labour	
02 = monthly 05 = 4 or more times a week		02 = monthly 05 = 4 or more times a week		Principal reason for induction of labour (if induced):	
03 = 2 to 4 times a month 88 = unknown		03 = 2 to 4 times a month 88 = unknown		1 = none	
Number of standard alcohol drinks on a typical day		Number of standard alcohol drinks on a typical day		2 = oxytocin	
Was screening for depression/anxiety conducted:		Was screening for depression/anxiety conducted:		3 = prostaglandins	
1 = yes 2 = not offered 3 = declined 8 = unknown		1 = yes 2 = not offered 3 = declined 8 = unknown		4 = artificial rupture of membranes	
Was additional followup indicated for perinatal		Was additional followup indicated for perinatal		8 = other	
mental health risk factors?		mental health risk factors?		Induction (before labour begun):	
1 = yes 2 = no 7 = not applicable 8 = unknown		1 = yes 2 = no 7 = not applicable 8 = unknown		1 = none	
Complications of pregnancy:		1 threatened abortion (<20wks)		2 = oxytocin	
1 threatened abortion (<20wks)		2 threatened preterm labour (<37wks)		3 = prostaglandins	
2 threatened preterm labour (<37wks)		3 urinary tract infection		4 = artificial rupture of membranes	
3 urinary tract infection		4 pre-eclampsia		5 = dilatation device i.e. Foley Catheter	
4 pre-eclampsia		5 antepartum haemorrhage (APH) placenta praevia		8 = other	
5 antepartum haemorrhage (APH) placenta praevia		6 APH – placental abruption		Analgesia (during labour):	
6 APH – placental abruption		7 APH – other		1 = none	
7 APH – other		8 pre-labour rupture of membranes		2 = nitrous oxide	
8 pre-labour rupture of membranes		9 gestational diabetes		4 = epidural/caudal	
9 gestational diabetes		11 gestational hypertension		5 = spinal	
11 gestational hypertension		12 pre-eclampsia superimposed on essential hypertension		6 = systemic opioids	
12 pre-eclampsia superimposed on essential hypertension		99 other (specify)		7 = combined spinal/epidural	
99 other (specify)				8 = other	
Medical Conditions:		1 essential hypertension		Duration of labour	
1 essential hypertension		3 asthma		1 st stage (hour & min):	
3 asthma		4 genital herpes		2 nd stage (hour & min):	
4 genital herpes		5 type 1 diabetes		Postnatal blood loss in mLs:	
5 type 1 diabetes		6 type 2 diabetes		Number of babies born (admin purposes only):	
6 type 2 diabetes		8 other (specify)		Name	
8 other (specify)				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

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/4th 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
- 1st degree tear/vaginal tear
- 2nd degree tear
- 3rd degree tear
- episiotomy
- 4th 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, eg, 1=1st baby born, 2=2nd) _____

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