



Western Australia

Health (Notifications by Midwives) Regulations 1994

Compare between:

[16 May 2017, 01-k0-01] and [01 Jul 2017, 01-10-00]

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 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

FORM 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		Marital status <input type="checkbox"/>	
Number and street _____		1=never married 2=widowed 3=divorced	
State _____		4=separated 5=married (incl. de facto)	
Post code _____		6=unknown	
Town or suburb _____		Height _____	Weight _____
Maiden name _____		Ethnic status of mother <input type="checkbox"/>	
Telephone _____		1=Caucasian 10=Aboriginal not Torres Strait Islander (TSI) 11=TSI not Aboriginal	
Interpreter service required (1=yes 2=no) <input type="checkbox"/>		12=Aboriginal and TSI or other	
Mother's language requiring interpreter _____			
PREGNANCY DETAILS			
PREVIOUS PREGNANCIES:			
Total number (excluding this pregnancy): _____			
Parity (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 1 st 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 _____			
3=ultrasound >=20 wks _____			
Smoking:			
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 _____			
<i>(If none use '000'; occasional or smoked < 1 use '998'; undetermined use '999')</i>			
Complications of pregnancy:			
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) _____			
Medical Conditions:			
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) _____			
Vaccinations during pregnancy:			
01=Vaccinated during 1 st trimester		Influenza	Pertussis
02=Vaccinated during 2 nd trimester		<input type="checkbox"/>	<input type="checkbox"/>
03=Vaccinated during 3 rd trimester		<input type="checkbox"/>	<input type="checkbox"/>
04=Vaccinated in unknown trimester		<input type="checkbox"/>	<input type="checkbox"/>
05=Not vaccinated		<input type="checkbox"/>	<input type="checkbox"/>
99=Unknown if vaccinated		<input type="checkbox"/>	<input type="checkbox"/>
Procedures/treatments:			
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			
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 _____			
LABOUR DETAILS			
Onset of labour:			
1=spontaneous 2=induced 3=no labour _____			
Principal reason for induction of labour (if induced):			

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 begun):			
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			
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			
1 st stage (hour & min): _____ hr _____ min			
2 nd stage (hour & min): _____ hr _____ min			
Postnatal blood loss in mLs: _____			
Number of babies born (admin purposes only): _____			
MIDWIFE			
Name _____			
Signature _____			
Date _____ 2 0 _____			
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
Schedule**

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

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 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

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

1 Aboriginal but not Torres Strait Islander
 2 Torres Strait Islander but not Aboriginal
 3 Aboriginal and Torres Strait Islander
 4 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=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:

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 (PPV)
 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

Health (Notifications by Midwives) Regulations 1994 Schedule

2

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

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

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

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

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

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 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

ABORIGINAL STATUS OF BABY (Tick one box only)

1 Aboriginal but not Torres Strait Islander
 2 Torres Strait Islander but not Aboriginal
 3 Aboriginal and Torres Strait Islander
 4 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:

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

[Form-2 inserted in Gazette 316 May 2016/2017 p. 1357-8.]

[2490-1.1](#)

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

Citation	Gazetal	Commencement
<i>Health (Notifications by Midwives) Amendment Regulations 2017</i> r. 3 and 4 ²	16 May 2017 p. 2489-91	r. 1 and 2: 16 May 2017 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jul 2017 (see r. 2(b))

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		Marital status
Number and street	State	1=never married 2=widowed 3=divorced 4=separated 5=married (incl. Defacto) 6=unknown
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

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

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**

<p>Mother's last name _____ Mother's first name _____ Unit Rec No: _____ Estab _____</p> <p style="text-align: center;">BIRTH DETAILS</p> <p>Anaesthesia (during delivery):</p> <p>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 _____</p> <p>Complications of labour and birth <i>(include the reason for instrument delivery):</i></p> <p>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) _____</p> <p>Principal reason for Caesarean Section: (Tick one box only)</p> <p>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/4th 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</p> <p>Perineal status:</p> <p>1 <input type="checkbox"/> intact 2 <input type="checkbox"/> 1st degree tear/vaginal tear 3 <input type="checkbox"/> 2nd degree tear 4 <input type="checkbox"/> 3rd degree tear 5 <input type="checkbox"/> episiotomy 7 <input type="checkbox"/> 4th degree tear 8 <input type="checkbox"/> other _____</p> <p style="text-align: center;">BABY DETAILS</p> <p>ABORIGINAL STATUS OF BABY (Tick one box only)</p> <p>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 _____</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) _____</p> <p>Birth order: (specify this baby, eg, 1=1st baby born, 2=2nd) _____</p> <p>Presentation:</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 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</p> <p>Accoucheur(s):</p> <p>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 _____</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"/> 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 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 _____</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: _____</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 style="text-align: center;">Complete this Baby form once for each baby born, and submit with Pregnancy form</p>
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