

Health (Notifications by Midwives) Regulations 1994

Compare between:

[22 Sep 2017, 02-a0-02] and [14 Jun 2019, 02-b0-00]



Reprinted under the Reprints Act 1984 as at 22 September 2017

Health (Miscellaneous Provisions) 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 Chief Health Officer of his or her intention to do so in the form of Form 1 in the Schedule.

[Regulation 3 amended: 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

r. 4

(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: 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 mi	dwife on/
PERSONAL PART	ΓICULARS
Full Name:	
Date of Birth:/	
Telephone Numbers (*Business or *Private)	:
(Tel)(Mob)	
Address (*Business or *Private):	
Suburb:	Postcode:
Australian Health Practitioner Regulation A Number: NMW	
Professional Indemnity Insurance Provider:	
	Signature:
	Date:/
* Delete if not a	pplicable
[Form 1 inserted: Gazette 14 Dec 10 Jan 2017 p. 270.]	2012 p. 6200; amended: Gazette

Form 2

[r. 4]

Last name U	nit Record No Estab
	irth date(Mother) Ward
Address of usual residence	Marital status
	tate Post code 1=never married 2=widowed 3=divorce
Number and street 3	4=separated 5=married (incl. Defacto)
Town or suburb	Height Weight 6=unknown
Maiden name	Ethnic status of mother
	(whole cm) (whole kilogram) 1=Caucasian 10=Aboriginal not TSI Telephone 11=TSI not Aboriginal 12=Aboriginal ar
Interpreter service required (1=yes 2=no)	Or Other
Mother's language requiring interpreter	
PREGNANCY DETAILS PREVIOUS PREGNANCIES:	Vaccinations during pregnancy:
Total number (excluding this pregnancy):	01 Vaccinated during 1st trimester Influenza Pertussis
Parity (excluding this pregnancy):	02 Vaccinated during 2 rd trimester 03 Vaccinated during 3 rd trimester
Previous pregnancy outcomes:	04 Vaccinated auring 3 trimester
- liveborn, now living	05 Not vaccinated
liveborn, now dead	99 Unknown if vaccinated
stillborn	Procedures/treatments:
Number of previous caesareans	1 fertility treatments (include drugs)
Caesarean last delivery 1=yes 2=no	2 cervical suture
	3 CVS/placental biopsy
Previous multiple births 1 =yes 2=no	4 amniocentesis
THIS PREGNANCY:	5 ultrasound
Estimated gest wk at 1 st antenatal visit	6 CTG antepartum
Total number of antenatal care visits	7 CTG intrapartum
Date of LMP:	2 0 Intended place of birth at onset of labour:
This date certain 1 =yes 2=no	1=hospital 2=birth centre attached to hospital
Expected due date:	2 0 3=birth centre free standing 4=home 8=other
Based on 1 = clinical signs/dates	LABOUR DETAILS
2 = ultrasound <20 wks	Onset of labour:
3 = ultrasound >= 20 wks	1=spontaneous 2=induced 3=no labour
Smoking:	Principal reason for induction of labour (if induced):
Number of tobacco cigarettes usually smoked	
each day during first 20 weeks of pregnancy	Augmentation (labour has begun):
Number of tobacco cigarettes usually smoked	1 none
each day after 20 weeks of pregnancy	2 oxytocin
(If none use '000'; occasional or smoked < 1 use '998	
undetermined use '999')	4 artificial rupture of membranes
Alcohol during pregnancy:	8 other
Frequency of drinking an alcoholic drink 01 = never 04 = 2 to 3 times a week	Induction (before labour begun):
02 = monthly 05 = 4 or more times a wee	
03 = 2 to 4 times a month 88 = unknown	2avvtocin
Number of standard alcohol drinks on a typical	day nrostaglandins
Was screening for depression/anxiety conduc	ted: A partificial rupture of membranes
1 =yes 2=not offered 3 = declined 8 = unknow	Wn E dilatation device in Folgy Cathotos
Was additional followup indicated for perinata mental health risk factors?	8 other
mentai neaith risk factors? 1 =yes 2=no 7 = not applicable 8 = unknov	
Complications of pregnancy:	Analgesia (during labour):
threatened abortion (<20wks)	1none
threatened abortion (<20wks) threatened preterm labour (<37wks)	2 nitrous oxide
3 urinary tract infection	4 epidural/caudal
4 pre-eclampsia	5 spinal
5 antepartum haemorrhage (APH) placenta p	6 systemic opioids
6 APH – placental abruption	/combined spirial/epidural
	8 other
	Duration of labour hr n
7 APH – other	
7 APH – other 8 pre-labour rupture of membranes	1 st stage (hour & min):
7 APH – other 8 pre-labour rupture of membranes 9 gestational diabetes	
7 APH – other 8 pre-labour rupture of membranes 9 gestational diabetes 11 gestational hypertension	1 st stage (hour & min): 2 nd stage (hour & min):
7 APH – other 8 pre-labour rupture of membranes 9 gestational diabetes 11 gestational hypertension 12 pre-eclampsia superimposed on essential h	1 st stage (hour & min): 2 nd stage (hour & min): Postnatal blood loss in mLs:
7 APH – other 8 pre-labour rupture of membranes 9 gestational diabetes 11 gestational hypertension 12 pre-eclampsia superimposed on essential 19 90 other (specify)	1 st stage (hour & min): 2 nd stage (hour & min):
7 APH – other 8 gestational diabetes 11 gestational hypertension 12 pre-eclampia superimposed on essential by 9 other (specify) Medical Conditions:	1st stage (hour & min): 2rd stage (hour & min): Postnatal blood loss in mLs: Number of babies born (admin purposes only): MIDWIFE Name
7 APH – other 8 gestational diabetes 11 gestational hypertension 12 pre-eclampsia superimposed on essential type of the conditions: 1 essential hypertension	1st stage (hour & min): 2 rd stage (hour & min): Postnatal blood loss in mLs: Number of babies born (admin purposes only): MIDWIFE Name Signature
7 APH – other 8 gestational diabetes 11 gestational diabetes 12 per-eclampsia superimposed on essential in gestational management of the process of the proc	1st stage (hour & min): 2 rd stage (hour & min): Postnatal blood loss in mLs: Number of babies born (admin purposes only): MIDWIFE Name Signature Date 2 0
7 APH – other 8 gestational diabetes 11 gestational diabetes 12 pre-eclampsia superimposed on essential t 9 other (specify) Medical Conditions: 1 essential hypertension 3 asthma 4 genital herpes	1st stage (hour & min): 2rd stage (hour & min): Postnatal blood loss in mLs: Number of babies born (admin purposes only): MIDWIFE Name Signature
7 APH – other 8 gestational diabetes 11 gestational diabetes 12 per-eclampsia superimposed on essential in gestational management of the process of the proc	1st stage (hour & min): 2st stage (hour & min): Postnatal blood loss in mLs: Number of babies born (admin purposes only): MIDWIFE Name Signature Date

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

[Form 2 inserted: Gazette 16 May 2017 p. 2490-1.]

Notes

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 $\frac{1a}{2}$. The table also contains information about any reprint.

Compilation table

Citation	Gazettal	Commencement
Health (Notifications by Midwives) Regulations 1994	28 Jan 1994 p. 283-5	28 Jan 1994
Reprint 1: The Health (Notifications	by Midwives) Reg	gulations 1994 as at 11 Jun 2004
Health (Notifications by Midwives) Amendment Regulations 2011	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))
Health (Notifications by Midwives) Amendment Regulations (No. 2) 2011	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))
Health (Notifications by Midwives) Amendment Regulations 2012	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))
Health (Notifications by Midwives) Amendment Regulations 2014	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))
Health (Notifications by Midwives) Amendment Regulations 2016	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))
Health Regulations Amendment (Public Health) Regulations 2016 Pt. 17	10 Jan 2017 p. 237-308	24 Jan 2017 (see r. 2(b) and <i>Gazette</i> 10 Jan 2017 p. 165)
Health (Notifications by Midwives) Amendment Regulations 2017	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))

Reprint 2: The *Health (Notifications by Midwives) Regulations 1994* as at 22 Sep 2017 (includes amendments listed above)

Provisions that have not come into operation

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.

Citation	<u>Gazettal</u>	Commencement
Health (Notifications by Midwives) Amendment Regulations 2019 r. 3-42	14 Jun 2019 p. 1894-6	1 Jul 2019 (see r. 2(b))

On the date as at which this compilation was prepared, the *Health (Notifications by Midwives) Amendment Regulations 2019* r. 3-4 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]

Last name U	nit Record No Estab
	irth date (Mother) Ward
Address of usual residence	Marital status
	rate Post code 1=never married 2=widowed 3=divorced
	4=separated 5=married (incl. Defacto)
Town or suburb	Height Weight 6=unknown
	Ethnic status of mother
Maiden name	(whole cm) (whole kilogram) 1=Caucasian 10=Aboriginal not TSI
Email	Telephone 11=TSI not Aboriginal 12=Aboriginal and
Interpreter service required Mother's la	nguage Or Other
(1=yes 2=no) (requir	ring interpreter)
PREGNANCY DETAILS	Vaccinations during pregnancy:
PREVIOUS PREGNANCIES:	
Total number (excluding this pregnancy):	02 Vaccinated during 2 nd trimester
Parity (excluding this pregnancy):	03 Vaccinated during 3 rd trimester
Previous pregnancy outcomes:	04 Vaccinated in unknown trimester
- liveborn, now living	05 Not vaccinated
- liveborn, now dead	99 Unknown if vaccinated
- stillborn	Procedures/treatments:
Number of previous caesareans	1fertility treatments (include drugs)
Caesarean last delivery 1 =yes 2=no	2 cervical suture
Previous multiple births 1=yes 2=no	3 CVS/placental biopsy
	4 amniocentesis
THIS PREGNANCY:	5 ultrasound
Estimated gest wk at 1st antenatal visit	6 CTG antepartum
Total number of antenatal care visits	7 CTG intrapartum
Date of LMP:	2 0 Intended place of birth at onset of labour:
This date certain 1 =yes 2=no	1=hospital 2=birth centre attached to hospital
Expected due date:	2 0 3=birth centre free standing 4=home 8=other
Based on 1 = clinical signs/dates	LABOUR DETAILS
2 = ultrasound <20 wks	Onset of labour:
3 = ultrasound >=20 wks	1=spontaneous 2=induced 3=no labour
Smoking:	Principal reason for induction of labour (if induced):
Number of tobacco cigarettes usually smoked	
each day during first 20 weeks of pregnancy	Augmentation (labour has begun):
Number of tobacco cigarettes usually smoked	1 none
each day after 20 weeks of pregnancy	2 oxytocin
(If none use '000'; occasional or smoked < 1 use '998'	prostaglandins
undetermined use '999')	4 artificial rupture of membranes
Alcohol during pregnancy: First 20 wks	After 20 wks 8 other
Frequency of drinking an	Induction (before labour begun):
alcoholic drink	1 none
01 = never 04 = 2 to 3 times a w 02 = monthly 05 = 4 or more times	
03 = 2 to 4 times a month 99 = unknown	3 prostaglandins
Number of standard alcohol drinks	4 artificial rupture of membranes
on a typical day	5 dilatation device i.e. Foley Catheter
Was screening for depression/anxiety conduct	ted: 6 antiprogestogen i.e. mifepristone
1 =yes 2=not offered 3 = declined 9 = unknow	wn 8 other
Was additional followup indicated for perinat	Analgesia (during labour):
mental health risk factors?	- 1
1 =yes 2=no 7 = not applicable 9 = unknow	vn 2 nitrous oxide
Complications of pregnancy:	4 epidural/caudal
threatened preterm labour (<37wks)	5 spinal
	6 systemic opioids
3 urinary tract infection 4 pre-eclampsia	7 combined spinal/epidural
5 antepartum haemorrhage (APH) placenta pra	1-8.
APH – placental abruption	Duration of labour hr mi
7 APH – other	1st stage (hour & min):
8 pre-labour rupture of membranes	2 nd stage (hour & min):
9 gestational diabetes	
11 gestational hypertension	Postnatal blood loss in mLs:
12 pre-eclampsia superimposed on essential hyp	ertension Number of babies born (admin purposes only):
99 other (specify)	MIDWIFE
Medical Conditions:	Name
1 essential hypertension	Signature
3 asthma	Date 2 0
4 genital herpes	Reg. No. N M W
5 type 1 diabetes	Complete this Pregnancy form once for each woman giving birth, and
6 type 2 diabetes	

Mother last name	First name	Unit Rec No Estab
BIRTH DE	TAILS	Born before arrival: 1=yes 2=no
Anaesthesia (during delivery):		Birth date:
lnone		Birth time: (24hr clock)
local anaesthesia to perine	um	
B pudendal		Plurality: (number of babies this birth)
epidural/caudal		Birth order: (specify this baby, eg, 1=1 st baby born, 2=2 nd)
spinal		Presentation:
6 general		1=vertex 2=breech 3=face 4=brow 8=other
combined spinal/epidural		Water birth: 1=yes 2=no
other		Method of birth:
Complications of labour and birt include the reason for instrument de		1 spontaneous
precipitate delivery	iivery):	2 vacuum successful
fetal distress		3 vacuum unsuccessful
prolapsed cord		4 forceps successful
cord tight around neck		5 forceps unsuccessful
cephalopelvic disproportion	n	6 breech (vaginal)
retained placenta – manua		7 elective caesarean
persistent occipito posterio		8 emergency caesarean
shoulder dystocia	50	Accoucheur(s):
failure to progress <= 3cm		1 obstetrician
failure to progress > 3cm		2 other medical officer
previous caesarean section	i	3 midwife
other (specify)		4 student
Principal reason for Caesarean So	ection: (Tick one box only)	5 self/no attendant
fetal compromise		8 other
suspected fetal macrosomi	a	Sex: 1=male 2= female 3=indeterminate
malpresentation		
lack of progress <= 3cm		Status of baby at birth: 1=liveborn 2=stillborn (unspecified) 3=antepartum stillborn 4=intrapartum stillborn
lack of progress in the 1st s	tage, 4cm to < 10cm	
lack of progress in the 2nd	stage	Infant weight: (whole gram)
7 placenta praevia		Length: (whole cm)
placental abruption		Head circumference: (whole cm)
9 vasa praevia		Time to establish unassisted regular breathing: (whole min)
10 antepartum/intrapartum h	aemorrhage	Resuscitation: (All methods used)
11 multiple pregnancy		1 none
unsuccessful attempt at as:	sisted delivery	2 suction
unsuccessful induction		3 oxygen
14 cord prolapse		4 continuous positive airway pressure (CPAP)
15 previous caesarean section		6 endotracheal intubation
16 previous shoulder dystocia		10 intermittent positive pressure ventilation (IPPV)
previous perineal trauma/4	degree tear	11 external cardiac compressions
previous adverse fetal/neo		88 other
other obstetric, medical, su indications	irgical, psychological	Apgar score: 1 minute
maternal choice in the abse	ance of any obstatric	5 minutes
medical, surgical, psycholo		Estimated gestation: (whole weeks)
Perineal status:	Breat trialled to the	Birth defects: (specify)
1 intact		
2 1st degree tear/vaginal tear	r	Birth trauma: (specify)
2 nd degree tear		BABY SEPARATION DETAILS
4 3 rd degree tear		Separation date: 2 0
episiotomy		Mode of separation:
7 4 th degree tear		1=transferred 8=died 9=discharged home
8 other		Transferred to: hospital/servi
bined		Special care number of days:
		The state of the s
BABY DE	TAILS	(Excludes Level 1; whole days only) MIDWIFE
ABORIGINAL STATUS OF BABY (7		
		Name
Aboriginal but not Torres Strait Islander Torres Strait Islander but not Aboriginal		Date 2 0
3 Aboriginal and Torres Strain		
4 other	or social Color	Complete this Baby form once for each baby born, and submit with
The state of the s		Pregnancy form