



Western Australia

Health (Notifications by Midwives) Regulations 1994

Compare between:

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



Western Australia

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

(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 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: Gazette 14 Dec 2012 p. 6200; amended: 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		_____		Marital status	
Number and street _____		State _____	Post code _____	1=never married 2=widowed 3=divorced 4=separated 5=married (incl. Defacto) 6=unknown	
Town or suburb _____	Height _____	Weight _____	Ethnic status of mother		
Maiden name _____	(whole cm)	(whole kilogram)	1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI Or Other _____		
Interpreter service required (1=yes 2=no) <input type="checkbox"/>	Telephone _____	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:					
This date certain 1=yes 2=no _____					
Expected due date:					
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 _____					
(If none use '000'; occasional or smoked < 1 use '998'; undetermined use '999')					
Alcohol during pregnancy:					
Frequency of drinking an alcoholic drink					
01 = never 04 = 2 to 3 times a week _____					
02 = monthly 05 = 4 or more times a week _____					
03 = 2 to 4 times a month 08 = unknown _____					
Number of standard alcohol drinks on a typical day _____					
Was screening for depression/anxiety conducted:					
1 = yes 2 = not offered 3 = declined 8 = unknown _____					
Was additional followup indicated for perinatal mental health risk factors?					
1 = yes 2 = no 7 = not applicable 8 = unknown _____					
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 <input type="checkbox"/> Vaccinated during 1 st trimester					
02 <input type="checkbox"/> Vaccinated during 2 nd trimester					
03 <input type="checkbox"/> Vaccinated during 3 rd trimester					
04 <input type="checkbox"/> Vaccinated in unknown trimester					
05 <input type="checkbox"/> Not vaccinated					
99 <input type="checkbox"/> Unknown if vaccinated					
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 _____					
Reg. No. _____					
Complete this Pregnancy form once for each woman giving birth, and submit one Baby form for each baby born					

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 Health (Notifications by Midwives) Regulations 1994 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 (Notifications 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 Pt. 17</i>	10 Jan 2017 p. 237-308	24 Jan 2017 (see r. 2(b) and <i>Gazette</i> 10 Jan 2017 p. 165)
<i>Health (Notifications by Midwives) Amendment Regulations 2017</i>	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)		

^{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 2019</i> r. 3-4 ²</u>	<u>14 Jun 2019</u> <u>p. 1894-6</u>	<u>1 Jul 2019 (see r. 2(b))</u>

² 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]

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)	
Email _____		Telephone _____		Ethnic status of mother _____	
Interpreter service required <input type="checkbox"/> (1=yes 2=no)		Mother's language _____ (requiring interpreter)		Or Other _____	

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	_____
(If none use '000'; occasional or smoked < 1 use '998'; undetermined use '999')	
Alcohol during pregnancy:	
Frequency of drinking an alcoholic drink	_____
01 = never	04 = 2 to 3 times a week
02 = monthly	05 = 4 or more times a week
03 = 2 to 4 times a month	09 = unknown
Number of standard alcohol drinks on a typical day	_____
Was screening for depression/anxiety conducted:	_____
1=yes 2=not offered 3=declined 9=unknown	
Was additional followup indicated for perinatal mental health risk factors?	_____
1=yes 2=no 7=not applicable 9=unknown	
Complications of pregnancy:	
1 threatened abortion (<20wks)	_____
2 threatened preterm labour (<37wks)	_____
3 urinary tract infection	_____
4 pre-eclampsia	_____
5 antepartum haemorrhage (APH) placenta praevia	_____
6 APH – placental abruption	_____
7 APH – other	_____
8 pre-labour rupture of membranes	_____
9 gestational diabetes	_____
11 gestational hypertension	_____
12 pre-eclampsia superimposed on essential hypertension	_____
99 other (specify) _____	
Medical Conditions:	
1 essential hypertension	_____
3 asthma	_____
4 genital herpes	_____
5 type 1 diabetes	_____
6 type 2 diabetes	_____
8 other (specify) _____	

LABOUR DETAILS	
Vaccinations during pregnancy:	Influenza _____ Pertussis _____
01 Vaccinated during 1 st trimester	_____
02 Vaccinated during 2 nd trimester	_____
03 Vaccinated during 3 rd trimester	_____
04 Vaccinated in unknown trimester	_____
05 Not vaccinated	_____
99 Unknown if vaccinated	_____
Procedures/treatments:	
1 fertility treatments (include drugs)	_____
2 cervical suture	_____
3 CVS/placental biopsy	_____
4 amniocentesis	_____
5 ultrasound	_____
6 CTG antepartum	_____
7 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	
Onset of labour:	_____
1=spontaneous 2=induced 3=no labour	
Principal reason for induction of labour (if induced):	_____
Augmentation (labour has begun):	
1 none	_____
2 oxytocin	_____
3 prostaglandins	_____
4 artificial rupture of membranes	_____
8 other	_____
Induction (before labour begun):	
1 none	_____
2 oxytocin	_____
3 prostaglandins	_____
4 artificial rupture of membranes	_____
5 dilatation device i.e. Foley Catheter	_____
6 antiprogesterone i.e. mifepristone	_____
8 other	_____
Analgesia (during labour):	
1 none	_____
2 nitrous oxide	_____
4 epidural/caudal	_____
5 spinal	_____
6 systemic opioids	_____
7 combined spinal/epidural	_____
8 other	_____
Duration of labour	hr min
1 st stage (hour & min):	_____
2 nd stage (hour & min):	_____
Postnatal blood loss in mLs:	_____
Number of babies born (admin purposes only):	_____
MIDWIFE	
Name _____	
Signature _____	
Date _____ 2 0	
Reg. No. _____ N M W	

Complete this Pregnancy form once for each woman giving birth, and submit one Baby form for each baby born

