



Western Australia

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

Compare between:

[21 May 2021, 02-d0-00] and [01 Jul 2021, 02-e0-00]



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

**1. Citation**

These regulations may be cited as the *Health (Notifications by Midwives) Regulations 1994*.

[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]

[Heading inserted: ~~14 Jun 2019 p. 1895~~ [SL 2021/62 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 _____	Marital status <input type="checkbox"/> 1=never married 2=widowed 3=divorced <input type="checkbox"/> 4=separated 5=married (incl. DeFacto) <input type="checkbox"/> 6=unknown
Number and street _____	Height _____	Weight _____	Ethnic status of mother <input type="checkbox"/> 1=Caucasian 10=Aboriginal not TSI <input type="checkbox"/> 11=TSI not Aboriginal 12=Aboriginal and TSI Or Other _____
Town or suburb _____	(whole cm)	(whole kilogram)	
Maiden name _____	Telephone _____		
Email _____	Mother's language _____		
Interpreter service required <input type="checkbox"/> (1=yes 2=no)	(requiring interpreter)		
<b>PREGNANCY DETAILS</b>			
<b>PREVIOUS PREGNANCIES:</b>		<b>Vaccinations during pregnancy:</b>	
Total number (excluding this pregnancy): _____		01 Vaccinated during 1 <sup>st</sup> trimester <input type="checkbox"/> Influenza <input type="checkbox"/> Pertussis <input type="checkbox"/>	
Parity (excluding this pregnancy): _____		02 Vaccinated during 2 <sup>nd</sup> trimester _____	
<b>Previous pregnancy outcomes:</b>		03 Vaccinated during 3 <sup>rd</sup> trimester _____	
- liveborn, now living _____		04 Vaccinated in unknown trimester _____	
- liveborn, now dead _____		05 Not vaccinated _____	
- stillborn _____		99 Unknown if vaccinated _____	
Number of previous caesareans _____		<b>Procedures/treatments:</b>	
Caesarean last delivery 1=yes 2=no _____		1 <input type="checkbox"/> fertility treatments (include drugs)	
Previous multiple births 1=yes 2=no _____		2 <input type="checkbox"/> cervical suture	
<b>THIS PREGNANCY:</b>		3 <input type="checkbox"/> CVS/placental biopsy	
Estimated gest wk at 1 <sup>st</sup> antenatal visit _____		4 <input type="checkbox"/> amniocentesis	
Total number of antenatal care visits _____		5 <input type="checkbox"/> ultrasound	
Date of LMP: _____ 2 0 _____		6 <input type="checkbox"/> CTG antepartum	
This date certain 1=yes 2=no _____		7 <input type="checkbox"/> CTG intrapartum	
Expected due date: _____ 2 0 _____		<b>Intended place of birth at onset of labour:</b>	
Based on 1=clinical signs/dates _____		1=hospital 2=birth centre attached to hospital <input type="checkbox"/>	
2=ultrasound <20 wks _____		3=birth centre free standing 4=home 8=other _____	
3=ultrasound >=20 wks _____		<b>LABOUR DETAILS</b>	
<b>Smoking:</b>		<b>Onset of labour:</b>	
Number of tobacco cigarettes usually smoked each day during first 20 weeks of pregnancy _____		1=spontaneous 2=induced 3=no labour <input type="checkbox"/>	
Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy _____		<b>Principal reason for induction of labour (if induced):</b> _____	
(If none use '000'; occasional or smoked < 1 use '998'; undetermined use '999')		<b>Augmentation (labour has begun):</b>	
<b>Alcohol during pregnancy:</b>		1 <input type="checkbox"/> none	
Frequency of drinking an alcoholic drink _____		2 <input type="checkbox"/> oxytocin	
01 = never 04 = 2 to 3 times a week		3 <input type="checkbox"/> prostaglandins	
02 = monthly 05 = 4 or more times a week		4 <input type="checkbox"/> artificial rupture of membranes	
03 = 2 to 4 times a month 99 = unknown		8 <input type="checkbox"/> other	
Number of standard alcohol drinks on a typical day _____		<b>Induction (before labour begun):</b>	
<b>Was screening for depression/anxiety conducted:</b>		1 <input type="checkbox"/> none	
1=yes 2=not offered 3=declined 9=unknown		2 <input type="checkbox"/> oxytocin	
<b>Was additional followup indicated for perinatal mental health risk factors?</b>		3 <input type="checkbox"/> prostaglandins	
1=yes 2=no 7=not applicable 9=unknown		4 <input type="checkbox"/> artificial rupture of membranes	
<b>Complications of pregnancy:</b>		5 <input type="checkbox"/> dilatation device i.e. Foley Catheter	
1 <input type="checkbox"/> threatened abortion (<20wks)		6 <input type="checkbox"/> antiprogestogen i.e. mifepristone	
2 <input type="checkbox"/> threatened preterm labour (<37wks)		8 <input type="checkbox"/> other	
3 <input type="checkbox"/> urinary tract infection		<b>Analgesia (during labour):</b>	
4 <input type="checkbox"/> pre-eclampsia		1 <input type="checkbox"/> none	
5 <input type="checkbox"/> antepartum haemorrhage (APH) placenta praevia		2 <input type="checkbox"/> nitrous oxide	
6 <input type="checkbox"/> APH – placental abruption		4 <input type="checkbox"/> epidural/caudal	
7 <input type="checkbox"/> APH – other		5 <input type="checkbox"/> spinal	
8 <input type="checkbox"/> pre-labour rupture of membranes		6 <input type="checkbox"/> systemic opioids	
9 <input type="checkbox"/> gestational diabetes		7 <input type="checkbox"/> combined spinal/epidural	
11 <input type="checkbox"/> gestational hypertension		8 <input type="checkbox"/> other	
12 <input type="checkbox"/> pre-eclampsia superimposed on essential hypertension		<b>Duration of labour</b>	
99 <input type="checkbox"/> other (specify) _____		1 <sup>st</sup> stage (hour & min): _____ hr _____ min	
<b>Medical Conditions:</b>		2 <sup>nd</sup> stage (hour & min): _____ hr _____ min	
1 <input type="checkbox"/> essential hypertension		<b>Postnatal blood loss in mLs:</b> _____	
3 <input type="checkbox"/> asthma		Number of babies born (admin purposes only): _____	
4 <input type="checkbox"/> genital herpes		<b>MIDWIFE</b>	
5 <input type="checkbox"/> type 1 diabetes		Name _____	
6 <input type="checkbox"/> type 2 diabetes		Signature _____	
8 <input type="checkbox"/> other (specify) _____		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			



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

**Form 2**

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

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

**Health (Notifications by Midwives) Regulations 1994  
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**Form 2**

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

Mother last name \_\_\_\_\_ 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: (All methods used)**

1  none  
 2  suction  
 3  oxygen  
 4  continuous positive airway pressure (CPAP)  
 6  endotracheal intubation  
 10  intermittent positive pressure ventilation (IPPV)  
 11  external cardiac compressions  
 88  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:** \_\_\_\_\_ hospital/service

**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: *Gazette 14 Jun 2019 p. 1895-6* [SL 2021/62 r. 4.](#)]



## Notes

This is a compilation of the *Health (Notifications by Midwives) Regulations 1994* and includes amendments made by other written laws. For provisions that have come into operation, and for information about any reprints, see the compilation table. ~~For provisions that have not yet come into operation see the uncommenced provisions table.~~

### Compilation table

Citation	Published	Commencement
<i>Health (Notifications by Midwives) Regulations 1994</i>	28 Jan 1994 p. 283-5	28 Jan 1994
<b>Reprint 1: The <i>Health (Notifications by Midwives) Regulations 1994</i> as at 11 Jun 2004</b>		
<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))
<b>Reprint 2: The <i>Health (Notifications by Midwives) Regulations 1994</i> as at 22 Sep 2017</b> (includes amendments listed above)		

## Health (Notifications by Midwives) Regulations 1994

Notes Uncommenced provisions table

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Citation	Published	Commencement
<i>Health (Notifications by Midwives) Amendment Regulations 2019</i>	14 Jun 2019 p. 1894-6	r. 1 and 2: 14 Jun 2019 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jul 2019 (see r. 2(b))

### ~~Uncommenced provisions table~~

~~To view the text of the uncommenced provisions see *Subsidiary legislation as made on the WA Legislation website*.~~

Citation	Published	Commencement
<i>Health (Notifications by Midwives) Amendment Regulations 2021-<del>r. 3</del> and 4</i>	SL 2021/62 21 May 2021	<a href="#">r. 1 and 2: 21 May 2021</a> <a href="#">(see r. 2(a));</a> <a href="#">Regulations other than r. 1 and 2: 1 Jul 2021 (see r. 2(b))</a>