



Western Australia

Health (Notifications by Midwives) Regulations 1994

Compare between:

[01 Jul 2021, 02-e0-00] and [01 Jul 2023, 02-f0-01]

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: 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 _____		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)		1=Caucasian 10=Aboriginal not TSI	
Email _____ Telephone _____ (whole kilogram)		11=TSI not Aboriginal 12=Aboriginal and TSI	
Interpreter service required <input type="checkbox"/> Mother's language _____		Or Other _____	
(1=yes 2=no) (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 99 = 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 _____			
Was family violence screening conducted:			
1=yes 2=not offered 7=declined 9=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 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) _____			
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			
Primary maternity model of care:			
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			
Maternity model of care at onset of labour or non-labour caesarean: _____			
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			
6 <input type="checkbox"/> antiprogesterone i.e. mifepristone			
8 <input type="checkbox"/> other			
Analgesia (during labour):			
1 <input type="checkbox"/> none			
2 <input type="checkbox"/> nitrous oxide			
3 <input type="checkbox"/> epidural/caudal			
4 <input type="checkbox"/> spinal			
5 <input type="checkbox"/> systemic opioids			
6 <input type="checkbox"/> combined spinal/epidural			
7 <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			

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

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

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

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

Name _____

Date _____ 2 0 _____

Complete this Baby form once for each baby born, and submit with Pregnancy form

Health (Notifications by Midwives) Regulations 1994 Form 2		NOTIFICATION OF CASE ATTENDED – PREGNANCY DETAILS MR15	
Last name	Unit Record No	Estab	Ward
First name	Birth date (Mother)	Marital status	1=never married 2=widowed 3=divorced
Address of usual residence	Post code	4=separated 5=married (incl. De Facto)	6=unknown
Number and street	State	Ethnic status of mother	1=Caucasian 10=Aboriginal not TSI
Town or suburb	Height (whole cm)	Weight (whole kilogram)	11=TSI not Aboriginal 12=Aboriginal and TSI
Maiden name	Telephone	Interpreter service required (1=yes 2=no)	Mother's language (requiring interpreter)
PREGNANCY DETAILS			
PREVIOUS PREGNANCIES:		Vaccinations during pregnancy:	
Total number (excluding this pregnancy):		01 Vaccinated during 1 st trimester	Influenza Pertussis
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		Was syphilis screening conducted during the following periods:	
Caesarean last delivery 1=yes 2=no		1=yes 2=not offered 3=declined 8=unknown	
Previous multiple births 1=yes 2=no		At first antenatal contact, before 28 weeks	
THIS PREGNANCY:		Between 28 weeks and 35 weeks	
Estimated gest wk at 1 st antenatal visit		Between 36 weeks and birth	
Total number of antenatal care visits		Procedures/treatments:	
Date of LMP:		1 fertility treatments (include drugs)	
This date certain 1=yes 2=no		2 cervical suture	
Expected due date:		3 CVS/placental biopsy	
Based on 1=clinical signs/dates		4 amniocentesis	
2=ultrasound <20 wks		5 ultrasound	
3=ultrasound >=20 wks		6 CTG antepartum	
Smoking:		7 CTG intrapartum	
Number of tobacco cigarettes usually smoked each day during first 20 weeks of pregnancy		Primary maternity model of care:	
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')		Intended place of birth at onset of labour:	
Alcohol during pregnancy:		1=hospital 2=birth centre attached to hospital	
Frequency of drinking an alcoholic drink		3=birth centre free standing 4=home 8=other	
01=never 02=monthly 03=2 to 4 times a month 04=2 to 3 times a week 05=4 or more times a week 99=unknown		LABOUR DETAILS	
Number of standard alcohol drinks on a typical day		Maternity model of care at onset of labour or non-labour caesarean:	
Was screening for depression/anxiety conducted:		Onset of labour:	
1=yes 2=not offered 3=declined 9=unknown		1=spontaneous 2=induced 3=no labour	
Was additional followup indicated for perinatal mental health risk factors?		Principal reason for induction of labour (if induced):	
1=yes 2=no 7=not applicable 9=unknown		Augmentation (labour has begun): Induction (before labour begun):	
Was family violence screening conducted:		1 none 2 oxytocin 3 prostaglandins 4 artificial rupture of membranes 8 other	1 none 2 oxytocin 4 prostaglandins 5 artificial rupture of membranes 6 dilatation device i.e. Foley Catheter 7 antiprogesterone i.e. mifepristone 8 other
1=yes 2=not offered 3=declined 9=unknown		Analgesia (during labour):	
Complications of pregnancy:		1 none 2 nitrous oxide 4 epidural/caudal 5 spinal 6 systemic opioids 7 combined spinal/epidural 8 other	
1 threatened abortion (<20wks)		Duration of labour	
2 threatened preterm labour (<37wks)		1 st stage (hour & min):	
3 urinary tract infection		2 nd stage (hour & min):	
4 pre-eclampsia		Postnatal blood loss in mLs:	
5 antepartum haemorrhage (APH) placenta praevia		Number of babies born (admin purposes only):	
6 APH – placental abruption		MIDWIFE	
7 APH – other		Name	
8 pre-labour rupture of membranes		Signature	
9 gestational diabetes		Date	
11 gestational hypertension		Reg. No.	
12 pre-eclampsia superimposed on essential hypertension			
99 other (specify)			
Medical Conditions:			
1 essential hypertension 5 type 1 diabetes			
3 asthma 6 type 2 diabetes			
4 genital herpes 8 other (specify)			

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 – BABY DETAILS**

Mother last name _____	First name _____	Unit Rec No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Estab _____
BIRTH DETAILS		BABY DETAILS		
Anaesthesia (during delivery): 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		ABORIGINAL STATUS OF BABY (Tick one box only) 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		
Complications of labour and birth (include the <i>reason</i> for instrument delivery): 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) _____		Sex: 1=male 2= female 3=indeterminate <input type="checkbox"/> Status of baby at birth: 1=liveborn 2=stillborn (unspecified) <input type="checkbox"/> 3=anteperpartum stillborn 4=intrapartum stillborn		
Principal reason for Caesarean Section: (specify) _____ _____ _____		Infant weight: (whole gram) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Length: (whole cm) <input type="text"/> <input type="text"/> Head circumference: (whole cm) <input type="text"/> <input type="text"/> Time to establish unassisted regular breathing: (whole min) <input type="text"/> <input type="text"/>		
Perineal status: 1 <input type="checkbox"/> intact 2 <input type="checkbox"/> 1 st degree tear/vaginal tear 3 <input type="checkbox"/> 2 nd degree tear 4 <input type="checkbox"/> 3 rd degree tear 5 <input type="checkbox"/> episiotomy 7 <input type="checkbox"/> 4 th degree tear 8 <input type="checkbox"/> other		Resuscitation: (All methods used) 1 <input type="checkbox"/> none 2 <input type="checkbox"/> suction 3 <input type="checkbox"/> oxygen 4 <input type="checkbox"/> continuous positive airway pressure (CPAP) 6 <input type="checkbox"/> endotracheal intubation 10 <input type="checkbox"/> intermittent positive pressure ventilation (IPPV) 11 <input type="checkbox"/> external cardiac compressions 88 <input type="checkbox"/> other		
Born before arrival: 1=yes 2=no <input type="checkbox"/>		Resuscitation: 1 minute <input type="checkbox"/> <input type="checkbox"/> 5 minutes <input type="checkbox"/> <input type="checkbox"/>		
Birth date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Estimated gestation: (whole weeks) <input type="text"/> <input type="text"/>		
Birth time: (24hr clock) <input type="text"/> <input type="text"/>		Birth defects: (specify) _____ Birth trauma: (specify) _____		
Plurality: (number of babies this birth) <input type="checkbox"/>		BABY SEPARATION DETAILS Separation date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Birth order: (specify this baby, eg, 1=1st baby born, 2=2nd) <input type="checkbox"/>		Mode of separation: <input type="checkbox"/> 1=transferred 8=died 9=discharged home		
Presentation: 1=vertex 2=breech 3=face 4=brow 8=other <input type="checkbox"/>		Transferred to: _____ hospital/service		
Water birth: 1=yes 2=no <input type="checkbox"/>		Special care number of days: <input type="text"/> <input type="text"/> <input type="text"/> (Excludes Level 1; whole days only)		
Method of birth: 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		MIDWIFE Name _____ Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Accoucheur(s): 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		Complete this Baby form once for each baby born, and submit with Pregnancy form		

[Form 2 inserted: SL ~~2021/62~~2023/104 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.

Compilation table

Citation	Published	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 (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 <i>Health (Notifications by Midwives) Regulations 1994</i> as at 22 Sep 2017 (includes amendments listed above)		

Health (Notifications by Midwives) Regulations 1994

Notes Compilation table

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))
<i>Health (Notifications by Midwives) Amendment Regulations 2021</i>	SL 2021/62 21 May 2021	r. 1 and 2: 21 May 2021 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jul 2021 (see r. 2(b))

<u>Health (Notifications by Midwives) Amendment Regulations 2023</u>	<u>SL 2023/104</u> <u>30 Jun 2023</u>	<u>r. 1 and 2: 30 Jun 2023</u> <u>(see r. 2(a));</u> <u>Regulations other than r. 1 and 2:</u> <u>1 Jul 2023 (see r. 2(b))</u>
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