



Western Australia

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

Compare between:

[01 Jul 2023, 02-f0-01] and [21 Feb 2024, 02-g0-00]



## **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]

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

Last name _____ First name _____ Address of usual residence _____ Number and street _____ State _____ Post code _____ Town or suburb _____ Height _____ Weight _____ Maiden name _____ Email _____ Telephone _____ Interpreter service required <input type="checkbox"/> Mother's language _____ (1=yes 2=no) (requiring interpreter)	Unit Record No _____ Birth date (Mother) _____ State _____ Post code _____ Height _____ Weight _____ Telephone _____ Mother's language _____ (requiring interpreter)	Estab _____ Ward _____ Marital status _____ 1=never married 2=widowed 3=divorced 4=separated 5=married (incl. Defacto) 6=unknown Ethnic status of mother _____ 1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI Or Other _____
<p align="center"><b>PREGNANCY DETAILS</b></p> 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 <sup>st</sup> 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 '999'; undetermined use '999') Alcohol during pregnancy: First 20 wks _____ After 20 wks _____ 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 3=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 Vaccinated during 1 <sup>st</sup> trimester _____ 02 Vaccinated during 2 <sup>nd</sup> trimester _____ 03 Vaccinated during 3 <sup>rd</sup> trimester _____ 04 Vaccinated in unknown trimester _____ 05 Not vaccinated _____ 99 Unknown if vaccinated _____ Was syphilis screening conducted during the following periods: 1=yes 2=not offered 3=declined 8=unknown At first antenatal contact, before 28 weeks _____ Between 28 weeks and 35 weeks _____ Between 36 weeks and birth _____ 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): Induction (before labour begun): 1 <input type="checkbox"/> none 1 <input type="checkbox"/> none 2 <input type="checkbox"/> oxytocin 2 <input type="checkbox"/> oxytocin 3 <input type="checkbox"/> prostaglandins 4 <input type="checkbox"/> prostaglandins 4 <input type="checkbox"/> artificial rupture of membranes 5 <input type="checkbox"/> artificial rupture of membranes 6 <input type="checkbox"/> dilatation device i.e. Foley Catheter 8 <input type="checkbox"/> other 7 <input type="checkbox"/> antiprogestogen i.e. mifepristone 8 <input type="checkbox"/> other Analgesia (during labour): 1 <input type="checkbox"/> none 6 <input type="checkbox"/> systemic opioids 2 <input type="checkbox"/> nitrous oxide 7 <input type="checkbox"/> combined spinal/epidural 4 <input type="checkbox"/> epidural/caudal 8 <input type="checkbox"/> other 5 <input type="checkbox"/> spinal Duration of labour 1 <sup>st</sup> stage (hour & min): _____ hr _____ min 2 <sup>nd</sup> stage (hour & min): _____ hr _____ min Postnatal blood loss in mLs: _____ Number of babies born (admin purposes only): _____ MIDWIFE Name _____ Signature _____ Date _____ Reg. No. _____ [ N   M   W   _____   _____   _____   2   0   _____ ]		
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"/> <input type="text"/> <input type="text"/>	Estab _____
<b>BIRTH DETAILS</b>		<b>BABY DETAILS</b>		
<b>Anaesthesia (during delivery):</b> 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		<b>ABORIGINAL STATUS OF BABY (Tick one box only)</b> 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		
<b>Complications of labour and birth (include the reason for instrument delivery):</b> 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) _____		<b>Sex:</b> 1=male 2= female 3=indeterminate <input type="checkbox"/> <b>Status of baby at birth:</b> 1=liveborn 2=stillborn (unspecified) <input type="checkbox"/> 3=antepartum stillborn 4=intrapartum stillborn		
<b>Principal reason for Caesarean Section: (specify)</b> _____ _____ _____		<b>Infant weight: (whole gram)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Length: (whole cm)</b> <input type="text"/> <input type="text"/> <b>Head circumference: (whole cm)</b> <input type="text"/> <input type="text"/> <b>Time to establish unassisted regular breathing: (whole min)</b> <input type="text"/> <input type="text"/>		
<b>Perineal status:</b> 1 <input type="checkbox"/> intact 2 <input type="checkbox"/> 1 <sup>st</sup> degree tear/vaginal tear 3 <input type="checkbox"/> 2 <sup>nd</sup> degree tear 4 <input type="checkbox"/> 3 <sup>rd</sup> degree tear 5 <input type="checkbox"/> episiotomy 7 <input type="checkbox"/> 4 <sup>th</sup> degree tear 8 <input type="checkbox"/> other		<b>Resuscitation: (All methods used)</b> 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		
<b>Born before arrival:</b> 1=yes 2=no <input type="checkbox"/>		<b>Resuscitation:</b> 1 minute <input type="text"/> <input type="text"/> 5 minutes <input type="text"/> <input type="text"/>		
<b>Birth date:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>Estimated gestation: (whole weeks)</b> <input type="text"/> <input type="text"/>		
<b>Birth time: (24hr clock)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>Birth defects: (specify)</b> _____ <b>Birth trauma: (specify)</b> _____		
<b>Plurality: (number of babies this birth)</b> <input type="checkbox"/>		<b>BABY SEPARATION DETAILS</b> <b>Separation date:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>Birth order: (specify this baby, eg, 1=1<sup>st</sup> baby born, 2=2<sup>nd</sup>)</b> <input type="checkbox"/>		<b>Mode of separation:</b> <input type="checkbox"/> 1=transferred 8=died 9=discharged home		
<b>Presentation:</b> 1=vertex 2=breech 3=face 4=brow 8=other <input type="checkbox"/>		<b>Transferred to:</b> _____ hospital/service		
<b>Water birth:</b> 1=yes 2=no <input type="checkbox"/>		<b>Special care number of days:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Excludes Level 1; whole days only)		
<b>Method of birth:</b> 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		<b>MIDWIFE</b> Name _____ Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>Accoucheur(s):</b> 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 <b>Baby</b> form once for each baby born, and submit with <b>Pregnancy form</b>		

[Form 2 inserted: SL 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. [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                      Compilation table

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

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### [Uncommenced provisions table](#)

To view the text of the uncommenced provisions see [Subsidiary legislation as made on the WA Legislation website](#).

<u>Citation</u>	<u>Published</u>	<u>Commencement</u>
<a href="#">Health Regulations Amendment (Abortion Legislation Reform) Regulations 2024 Pt. 3</a>	<a href="#">SL 2024/20</a> <a href="#">21 Feb 2024</a>	<a href="#">27 Mar 2024 (see r. 2(b))</a>