



Western Australia

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

Compare between:

[21 Feb 2024, 02-g0-00] and [27 Mar 2024, 02-h0-00]



## **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;  
[SL 2024/20 r. 7.](#)]*

**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**

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

Last name _____ Unit Record No _____ First name _____ Birth date (Mother) _____ Address of usual residence _____ Number and street _____ State _____ Post code _____ Town or suburb _____ Height _____ Weight _____ Maiden name _____ (whole cm) (whole kilogram) Email _____ Telephone _____ Interpreter service required <input type="checkbox"/> Mother's language _____ (1=yes 2=no) (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 _____	
<b>PREGNANCY DETAILS</b> <b>PREVIOUS PREGNANCIES:</b> Total number (excluding this pregnancy): _____ Parity (excluding this pregnancy): _____ <b>Previous pregnancy outcomes:</b> - 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 _____ <b>THIS PREGNANCY:</b> 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 _____ <b>Smoking:</b> 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') <b>Alcohol during pregnancy:</b> 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 _____ <b>Was screening for depression/anxiety conducted:</b> 1=yes 2=not offered 3=declined 9=unknown _____ <b>Was additional followup indicated for perinatal mental health risk factors?</b> 1=yes 2=no 7=not applicable 9=unknown _____ <b>Was family violence screening conducted:</b> 1=yes 2=not offered 3=declined 9=unknown _____ <b>Complications of pregnancy:</b> 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) _____ <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) _____		<b>Vaccinations during pregnancy:</b> 01 Vaccinated during 1 <sup>st</sup> trimester _____ Influenza _____ Pertussis _____ 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 _____ <b>Was syphilis screening conducted during the following periods:</b> 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 _____ <b>Procedures/treatments:</b> 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 <b>Primary maternity model of care:</b> _____ <b>Intended place of birth at onset of labour:</b> 1=hospital 2=birth centre attached to hospital 3=birth centre free standing 4=home 8=other _____ <b>Maternity model of care at onset of labour or non-labour caesarean:</b> _____ <b>Onset of labour:</b> _____ 1=spontaneous 2=induced 3=no labour <b>Principal reason for induction of labour (if induced):</b> _____ <b>Augmentation (labour has begun): Induction (before labour begun):</b> 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"/> antiprogesterone i.e. mifepristone 8 <input type="checkbox"/> other <b>Analgesia (during labour):</b> 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 <b>Duration of labour</b> 1 <sup>st</sup> stage (hour & min): _____ hr _____ min 2 <sup>nd</sup> stage (hour & min): _____ hr _____ min <b>Postnatal blood loss in mLs:</b> _____ Number of babies born (admin purposes only): _____ <b>MIDWIFE</b> 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

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)		



<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))

### **Uncommenced provisions table**

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

<b>Citation</b>	<b>Published</b>	<b>Commencement</b>
<i>Health Regulations Amendment (Abortion Legislation Reform) Regulations-2024 Pt. 3</i>	SL 2024/20 21 Feb 2024	27 Mar 2024 (see r. 2(b))