

Health Act 1911

# Health (Notifications by Midwives) Regulations 1994

## Western Australia

# Health (Notifications by Midwives) Regulations 1994

	<u></u>	
	CONTENTS	
1. 3. 4.	Citation Notification of private practice as midwife Notification of case or delivery attended	1 1 1
	Schedule	
	Notes	
	Compilation table	4

As at 02 Apr 2011 Version 01-b0-02 page i

### Western Australia

## Health Act 1911

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

#### 1. Citation

These regulations may be cited as the Health (Notifications by *Midwives*) Regulations 1994 <sup>1</sup>.

*[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 Executive Director, Public Health of his or her intention to do so in the form of Form 1 in the Schedule.

#### 4. Notification of case or delivery attended

For the purposes of —

- 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-time birth, or still birth, or abortion: and
- section 335(5)(b) of the Act, the notice required to be (b) furnished of a delivery attended by a midwife,

is to be in the form of Form 2 in the Schedule.

As at 02 Apr 2011 Version 01-b0-02 page 1

## **Schedule** FORM 1

[reg. 3]

## HEALTH ACT 1911

HEALTH (NOTIFICATIONS BY MIDWIVES) REGULATIONS 1994

## NOTIFICATION OF INTENTION TO ENTER INTO PRIVATE PRACTICE AS A MIDWIFE

**EXECUTIVE DIRECTOR** PUBLIC HEALTH

I intend to enter into private practice as a midwife on
20
PERSONAL PARTICULARS
Full Name:
Date of Birth:
*Private/*Business Address:
*Private/*Business Telephone No.:
Australian Health Practitioner Regulation Agency Registration No.:
Signature
Date
*Delete if not applicable

Version 01-b0-02 As at 02 Apr 2011 page 2

[Form 1 amended in Gazette 1 Apr 2011 p. 1178.]

## FORM 2

[reg. 4]

Surname	Unit Record No	Hospital
Forenames	Birth Date	Ward
	(Mother)	Marital Status
Address of usual residence Number and Street	State Post Code	1=never married 2=widowed 3=divorced 4=separated 5=married (incl. defacto)
	Height	6=unknown
Town or City	(cms)	Ethnic Origin 1=Caucasian 2= Aboriginal / TSI
Maiden name	Tel. No.	Other
Pregnancy Details	Labour Details	Baby Details
Previous Pregnancies :	Onset of Labour: 1=spontaneous 2=induced 3=no labour	(NB. separate form for each baby)
- total number (excluding this pregnancy) Previous pregnancy outcomes:	Augmentation:	Adoption: 1=yes 2=no
- children now living:	1 □ none 2 □ oxytocin	Born Before Arrival: 1=yes 2=no
- born alive, now dead:	3 ☐ prostaglandins	Birth Date , , 2 0
- stillborn:	4  artificial rupture of membranes 8  other	<del> </del>
Previous caesarean section: 1=yes 2=no	Induction:	Birth Time (24 hr clock)
Caesarean last delivery: 1=yes 2=no	1 □ none 2 □ exytocin	Plurality: number of babies this birth
Previous multiple birth: 1=yes 2=no This Pregnancy:	2  oxytocin 3  prostaglandins	if multiple specify this baby number
Date of LMP: 2 0	4   artificial rupture of membranes	Presentation: 1=vertex 2=breech
This date certain l=yes 2=no	8  other Analgesia (during labour):	3=face 4=brow 8=other
Expected	1  none	Method of Birth: 1 □ spontaneous
due date: 2 U   2 U   3   4   5   5   5   5   5   5   5   5   5	2	2  vacuum successful
2=ultrasound < 20 weeks	4 🗆 epidural / caudal	3 □ unsuccessful 4 □ forceps successful
Smoking during Pregnancy: 1=yes 2=no	5 □ spinal 8 □ other	5 U unsuccessful
Complications of Pregnancy:	Duration of Labour; hrs mins	6 D breech (vaginal)
l ☐ threatened abortion (<20wks)	1st stage (hours & mins):	7 □ elective caesarean 8 □ emergency caesarean
2 ☐ threatened preterm labour (<37 wks)	2nd stage:	Accoucheur(s):
3 urinary tract infection 4 pre-eclampsia		1  obstetrician 2  other medical officer
pre-eclampsia     APH - placenta praevia	Delivery Details Anaesthesia (during delivery):	2  other medical officer 3  midwife
6 abruptio	l □ none	4  student 5  self / no attendant
7 O other	2 D local unaesthesia to perineum	5   self / no attendant 8   other
pre-labour rupture of membranes     gestational diabetes	3 □ pudendal 4 □ epidural / caudal	Gender:
10 other (specify)	5 D spinal	1=male 2=female Status of Baby at Birth:
,,,	6 ☐ general	1=liveborn 2=stillborn
	8 Oother	
Medical Conditions:	Complications of Labour and Delivery: (include reason stated for operative delivery)	Infant Weight (grams):
essential hypertension	1   precipitate delivery	Length (cms):
2 ☐ pre-existing diabetes mellitus 3 ☐ asthma	2  fetal distress	Head Circumference (cms):
4  genital herpes	3 ☐ prolapsed cord 4 ☐ cord tight around neck	Time to establish unassisted
8	5 C cephalopelvic disproportion	regular breathing (mins); Resuscitation:
	6 □ PPH (=>500mls)	I=none 2=suction only 3=oxygen therapy
	7  retained placenta - manual removal 8  persistent occipito posterior	4=bag & mask 5=endotrachaeal intubation
Procedures/treatments:	9  shoulder dystocia	6=ext.cardiac massage & vent. 8=other
fertility treatments (include drugs)     cervical suture	10 ☐ failure to progress <=3cms	Apgar Score: 1 minute
2 ☐ cervical suture 3 ☐ CVS/placental biopsy	11 ☐ failure to progress > 3cms 12 ☐ previous caesarean section	5 minutes
4  amniocentesis	12 □ previous caesarean section 13 □ other (specify)	
5 ultrasound		Estimated Gestation (weeks):
6   CTG antepartum		Birth Defects (specify):
7 □ CTG intrapartum	Perineal Status:	Birth Trauma (specify):
Intended place of birth at onset of labour: 1=hospital 2=birth centre attach. hospital	1=intact 2=1st degree tear 3=2nd degree tear 4=3rd degree tear	
3=birth centre free standing 4=home 8=other	5=episiotomy 6=episiotomy plus tear	Baby Separation Details:
MIDWIFE:	8=other	Sep. Date 2 0
Name	Please complete then forward this copy WITHIN 48 HOURS OF BIRTH TO:	Mode of separation:
8/	WITHIN 48 HOURS OF BIRTH TO: Health Information Centre	I=transferred 8=died 9=disch. home
Signature date	Health Dept of Western Australia.	transferred to:
Reg.No.	PO Box 8172 Stirling Street, Perth 6849.	uansioned to.
	The mother is not obliged to supply any information	
Coder ID	The mother is not obliged to supply any information for the purposes of this form.	Special care (wholedays only):

As at 02 Apr 2011 Version 01-b0-02 Extract from www.slp.wa.gov.au, see that website for further information page 3

## **Notes**

This is a reprint as at 11 Jun 2004 of the *Health (Notifications by Midwives)*Regulations 1994 and includes the amendments made by the other written laws referred to in the following table. The table also contains information about any reprint.

## **Compilation table**

Citation	Gazettal	Commencement
Health (Notifications by Midwives) Regulations 1994	28 Jan 1994 p. 283-5	28 Jan 1994
Reprint 1: The Health (Notifications	s by Midwives) Re	gulations 1994 as at 11 Jun 2004
Health (Notifications by Midwives) Amendment Regulations 2011	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))