



Western Australia

Health Act 1911

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

As at 31 Dec 2011

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Western Australia

Health (Notifications by Midwives) Regulations 1994

CONTENTS

1.	Citation	1
3.	Notification of private practice as midwife	1
4.	Notification of case or delivery attended	1
	Schedule	
	Notes	
	Compilation table	4

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Health (Notifications by Midwives) Regulations 1994

1. Citation

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

[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 —

- (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-time birth, or still birth, 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.

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

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

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

FORM 2

[r. 4]

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

<p>Last name _____ Unit Record No. _____</p> <p>First name _____ Birth date (Mother) _____</p> <p>Address of usual residence Number and street _____ State _____ Post code _____</p> <p>Town or suburb _____ Height _____ Weight _____ (whole cm) (whole kilogram)</p> <p>Maiden name _____ Telephone _____</p>	<p>Establishment _____</p> <p>Ward _____</p> <p>Marital status 1=never married 2=widowed 3=divorced 4=separated 5=married (incl. defacto) 6=unknown</p> <p>Ethnic status 1=Caucasian 2=Aboriginal/TSI Other _____</p>	
<p>PREVIOUS PREGNANCIES: Total number (excluding this pregnancy): _____</p> <p>Previous pregnancy outcomes: - liveborn, now living _____ - liveborn, now dead _____ - stillborn _____</p> <p>Number of previous caesareans _____ Caesarean last delivery 1=yes 2=no _____ Previous multiple births 1=yes 2=no _____</p> <p>THIS PREGNANCY: Antenatal: Estimated gestation weeks at first antenatal visit _____ Total number of antenatal care visits _____</p> <p>Date of LMP: _____ This date certain 1=yes 2=no _____</p> <p>Expected due date: _____ based on 1=clinical signs/dates 2=ultrasound <20 wks</p> <p>Smoking: Number of tobacco cigarettes usually smoked each day during first 20 weeks _____ Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy (none, use '000'; occasional or smoked <1, use '999'; undetermined, use '999') _____</p> <p>Complications of pregnancy: 1 <input type="checkbox"/> threatened abortion (<20wks) 2 <input type="checkbox"/> threatened preterm labour (<37 wks) 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 10 <input type="checkbox"/> other (specify) _____</p> <p>Medical conditions: 1 <input type="checkbox"/> essential hypertension 2 <input type="checkbox"/> pre-existing diabetes mellitus 3 <input type="checkbox"/> asthma 4 <input type="checkbox"/> genital herpes 8 <input type="checkbox"/> other (specify) _____</p> <p>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</p> <p>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 _____</p> <p>MIDWIFE Name _____ Signature _____ Date _____ Reg. No. _____</p>	<p>LABOUR DETAILS</p> <p>Onset of labour: 1 <input type="checkbox"/> none 2 <input type="checkbox"/> spontaneous 3=induced 3=no labour</p> <p>Augmentation (labour has begun): 1 <input type="checkbox"/> oxytocin 2 <input type="checkbox"/> prostaglandins 3 <input type="checkbox"/> artificial rupture of membranes 4 <input type="checkbox"/> other</p> <p>Induction (before labour began): 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</p> <p>Anaesthesia (during labour): 1 <input type="checkbox"/> none 2 <input type="checkbox"/> nitrous oxide 3 <input type="checkbox"/> intra-muscular narcotics 4 <input type="checkbox"/> epidural/caudal 5 <input type="checkbox"/> spinal 7 <input type="checkbox"/> combined spinal/epidural 8 <input type="checkbox"/> other</p> <p>Duration of labour: _____ hr _____ min 1st stage (hour & min): _____ 2nd stage (hour & min): _____</p> <p>DELIVERY DETAILS</p> <p>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</p> <p>Complications of labour and delivery (includes the reason for operative 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 6 <input type="checkbox"/> PPH(≥500mls) 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) _____</p> <p>Perineal status: 1=intact 2=1st degree tear/vaginal tear 3=2nd degree tear 4=3rd degree tear 5=episiotomy 6=episiotomy plus tear 7=4th degree tear 8=other _____</p> <p>ABORIGINAL STATUS OF BABY (Tick one box only) 1 Aboriginal but not TSI 2 TSI but not Aboriginal 3 Aboriginal and TSI 4 Other _____</p>	<p>BABY DETAILS (Please use a separate form for each baby)</p> <p>Adoption: 1=yes 2=no _____</p> <p>Born before arrival: 1=yes 2=no _____</p> <p>Birth date: _____ 2 0 _____</p> <p>Birth time (24hr clock): _____</p> <p>Plurality (number of babies this birth): _____</p> <p>Birth order (specify this baby, eg, 1=1st baby born, 2=2nd baby born, etc.): _____</p> <p>Presentation: 1=vertex 2=breech 3=face 4=brow 8=other _____</p> <p>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</p> <p>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 _____</p> <p>Gender: 1=male 2=female 3=indeterminate _____</p> <p>Status of baby at birth: 1=liveborn 2=stillborn (unspecified) 3= antepartum stillborn 4=intrapartum stillborn</p> <p>Infant weight (whole gram): _____</p> <p>Length (whole cm): _____</p> <p>Head circumference (whole cm): _____</p> <p>Time to establish unassisted regular breathing (whole min): _____</p> <p>Resuscitation: (record one only - the most invasive or highest number) 1 <input type="checkbox"/> none 2 <input type="checkbox"/> suction only 3 <input type="checkbox"/> oxygen therapy only 4 <input type="checkbox"/> bag and mask (PPR) 5 <input type="checkbox"/> endotracheal intubation 6 <input type="checkbox"/> ext. cardiac massage and ventilation 8 <input type="checkbox"/> other _____</p> <p>Apgar score: 1 minute _____ 5 minutes _____</p> <p>Estimated gestation (whole weeks): _____</p> <p>Birth defects (specify): _____</p> <p>Birth trauma (specify): _____</p> <p>BABY SEPARATION DETAILS</p> <p>Separation date: _____ 2 0 _____</p> <p>Mode of separation: 1=transferred 8=died 9=discharged home</p> <p>Transferred to: _____ (specify establishment code)</p> <p>Special care: _____ (excludes Level 1; whole days only)</p> <p>Coder ID: _____</p>

[Form 2 inserted in Gazette 30 Dec 2011 p. 5578.]

Notes

- ¹ This is a compilation 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
<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 (Notification 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))