



Western Australia

Health Act 1911

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

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Western Australia

Health (Notifications by Midwives) Regulations 1994

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Health Act 1911

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 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 in Gazette 14 Dec 2012 p. 6200.*]

Schedule

FORM 1

[r. 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 ____/____/____

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 in Gazette 14 Dec 2012 p. 6200.]

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

FORM 2

[r. 4]

Health (Notifications by Midwives) Regulations 1994 Form 2 NOTIFICATION OF CASE ATTENDED		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 _____ <small>(whole cm) (whole kilogram)</small> Maiden name _____ Telephone _____		Establishment _____ 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 Other _____
PREVIOUS PREGNANCIES: Total number (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 1st 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 _____ Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy (none, use '00'; occasional or smoked <1, use '99'; undetermined, use '999') _____ 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) _____ 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) _____ 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 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 Onset of labour: _____ 1=spontaneous 2=induced 3=no labour 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 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 _____ Analgesia (during labour): 1 <input type="checkbox"/> none 2 <input type="checkbox"/> nitrous oxide 4 <input type="checkbox"/> epidural/caudal 5 <input type="checkbox"/> spinal 6 <input type="checkbox"/> systemic opioids 7 <input type="checkbox"/> combined spinal/epidural 8 <input type="checkbox"/> other _____ Duration of labour: _____ hr _____ min 1 st stage (hour & min): _____ 2 nd stage (hour & min): _____ DELIVERY 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 _____ 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) _____ 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 _____ ABORIGINAL STATUS OF BABY (Tick one box only) 1 <input type="checkbox"/> Aboriginal but not TSI 2 <input type="checkbox"/> TSI but not Aboriginal 3 <input type="checkbox"/> Aboriginal and TSI 4 <input type="checkbox"/> Other _____	BABY DETAILS (Please use a separate form for each baby) Adoption: 1=yes 2=no _____ Born before arrival: 1=yes 2=no _____ Birth date: _____ Birth time (24hr clock): _____ Plurality (number of babies this birth): _____ Birth order (specify this baby, eg. 1=1st baby born, 2=2nd baby born, etc.): _____ Presentation: 1=vertex 2=breech 3=face 4=brow 8=other _____ 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 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 _____ 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: (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 (PPPR) 5 <input type="checkbox"/> endotracheal intubation 6 <input type="checkbox"/> ext. cardiac massage and ventilation 8 <input type="checkbox"/> other _____ Apgar score: 1 minute _____ 5 minutes _____ Estimated gestation (whole weeks): _____ Birth defects (specify): _____ Birth trauma (specify): _____ BABY SEPARATION DETAILS Separation date: _____ Mode of separation: 1=transferred 8=died 9=discharged home Transferred to: _____ (Specify establishment code) Special care number of days: _____ (excludes Level 1; whole days only) Coder ID: _____
MIDWIFE Name _____ Signature _____ Date _____ Reg. No. _____		HEALTH DEPARTMENT SCOPY

[Form 2 inserted in Gazette 14 Dec 2012 p. 6201.]

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))
<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))