



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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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*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		Marital status
Number and street	State	1=never married 2=widowed 3=divorced
Post code		4=separated 5=married (incl. defacto)
		6=unknown
Town or suburb	Height (whole cm)	Ethnic status of mother
Maiden name	Weight (whole kilogram)	1=Caucasian 10=Aboriginal not TSI
Telephone		11=TSI not Aboriginal 12=Aboriginal and TSI
		Other
PREGNANCY DETAILS		LABOUR DETAILS
PREVIOUS PREGNANCIES:		Onset of labour: <input type="checkbox"/>
Total number (excluding this pregnancy):		1-spontaneous 2-induced 3=no labour
Previous pregnancy outcomes:		Augmentation (labour has begun):
- liveborn, now living	<input type="checkbox"/>	1 none
- liveborn, now dead	<input type="checkbox"/>	2 oxytocin
- stillborn	<input type="checkbox"/>	3 prostaglandins
		4 artificial rupture of membranes
		8 other
Number of previous caesareans	<input type="checkbox"/>	Induction (before labour began):
Caesarean last delivery 1=yes 2=no	<input type="checkbox"/>	1 none
Previous multiple births 1=yes 2=no	<input type="checkbox"/>	2 oxytocin
		3 prostaglandins
		4 artificial rupture of membranes
		8 other
THIS PREGNANCY:		Analgesia (during labour):
Estimated gest wk at 1st antenatal visit	<input type="checkbox"/>	1 none
Total number of antenatal care visits	<input type="checkbox"/>	2 nitrous oxide
Date of LMP:	<input type="checkbox"/>	4 epidural/caudal
This date certain 1=yes 2=no	<input type="checkbox"/>	5 spinal
Expected due date:	<input type="checkbox"/>	6 systemic opioids
based on 1-clinical signs/dates	<input type="checkbox"/>	7 combined spinalepidural
2=ultrasound <20 wks	<input type="checkbox"/>	8 other
3=ultrasound ≥20 wks	<input type="checkbox"/>	Duration of labour:
Smoking:	<input type="checkbox"/>	1 st stage (hour & min):
Number of tobacco cigarettes usually smoked each day during first 20 weeks	<input type="checkbox"/>	2 nd stage (hour & min):
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')	<input type="checkbox"/>	
Complications of pregnancy:		DELIVERY DETAILS
1 threatened abortion (<20wks)	<input type="checkbox"/>	Anaesthesia (during delivery):
2 threatened preterm labour (<37 wks)	<input type="checkbox"/>	1 none
3 urinary tract infection	<input type="checkbox"/>	2 local anaesthesia to perineum
4 pre-eclampsia	<input type="checkbox"/>	3 pudendal
5 Antepartum haemorrhage (APH) - placenta praevia	<input type="checkbox"/>	4 epidural/caudal
6 APH - placental abruption	<input type="checkbox"/>	5 spinal
7 APH - other	<input type="checkbox"/>	6 general
8 pre-labour rupture of membranes	<input type="checkbox"/>	7 combined spinalepidural
9 gestational diabetes	<input type="checkbox"/>	8 other
10 other (specify) _____	<input type="checkbox"/>	Complications of labour and delivery (includes the reason for operative delivery):
Medical conditions:	<input type="checkbox"/>	1 precipitate delivery
1 essential hypertension	<input type="checkbox"/>	2 fetal distress
2 pre-existing diabetes mellitus	<input type="checkbox"/>	3 prolapsed cord
3 asthma	<input type="checkbox"/>	4 cord tight around neck
4 genital herpes	<input type="checkbox"/>	5 cephalopelvic disproportion
8 other (specify) _____	<input type="checkbox"/>	6 PPH(>500mls)
		7 retained placenta - manual removal
Procedures/treatments:	<input type="checkbox"/>	8 persistent occipito posterior
1 fertility treatments (include drugs)	<input type="checkbox"/>	9 shoulder dystocia
2 cervical suture	<input type="checkbox"/>	10 failure to progress <3cm
3 CVS/placental biopsy	<input type="checkbox"/>	11 failure to progress >3cm
4 amniocentesis	<input type="checkbox"/>	12 previous caesarean section
5 ultrasound	<input type="checkbox"/>	13 other (specify) _____
6 CTG antepartum	<input type="checkbox"/>	
7 CTG intrapartum	<input type="checkbox"/>	Perineal status:
Intended place of birth at onset of labour:	<input type="checkbox"/>	1 intact
1-hospital 2-birth centre attached to hospital	<input type="checkbox"/>	2 1 st degree tear/vaginal tear
3-birth centre free standing 4-home 8-other	<input type="checkbox"/>	3 2 nd degree tear
		4 3 rd degree tear
		5 episiotomy
		7 4 th degree tear
		8 other
MIDWIFE		ABORIGINAL STATUS OF BABY
Name _____		(Tick one box only)
Signature _____		1 Aboriginal but not TSI
Date _____		2 TSI but not Aboriginal
Reg. No. _____		3 Aboriginal and TSI
		4 Other
Establishment		BABY DETAILS
Ward		(Please use a separate form for each baby)
		Adoption: 1=yes 2=no <input type="checkbox"/>
		Born before arrival: 1=yes 2=no <input type="checkbox"/>
		Birth date: _____
		Birth time (24hr clock): _____
		Plurality (number of babies this birth): <input type="checkbox"/>
		Birth order (specify this baby, eg. 1=1st baby born, 2=2nd baby born, etc): <input type="checkbox"/>
		Presentation:
		1=vertex 2=breech 3=face 4=brow 8=other <input type="checkbox"/>
		Method of birth:
		1 spontaneous
		2 vacuum successful
		3 vacuum unsuccessful
		4 forceps successful
		5 forceps unsuccessful
		6 breech (vaginal)
		7 elective caesarean
		8 emergency caesarean
		Accoucheur(s):
		1 obstetrician
		2 other medical officer
		3 midwife
		4 student
		5 self/no attendant
		8 other
		Gender:
		1=male 2=female 3=indeterminate <input type="checkbox"/>
		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 none
		2 suction only
		3 oxygen therapy only
		4 bag and mask (PPPR)
		5 endotracheal intubation
		6 ext. cardiac massage and ventilation
		8 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: _____

[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 ^{1a}. 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))

- ^{1a} On the date as at which this compilation was prepared, provisions referred to in the following table had not come into operation and were therefore not included in this compilation. For the text of the provisions see the endnotes referred to in the table.

Provisions that have not come into operation

Citation	Gazettal	Commencement
<i>Health (Notifications by Midwives) Amendment Regulations 2014</i> r. 3 and 4 ²	24 Apr 2014 p. 1143-5	1 Jul 2014 (see r. 2(b))

- ² On the date as at which this compilation was prepared, the *Health (Notifications by Midwives) Amendment Regulations 2014* r. 3 and 4 had not come into operation. They read as follows:

3. Regulations amended

These regulations amend the *Health (Notifications by Midwives) Regulations 1994*.

4. Schedule amended

In the Schedule delete Form 2 and insert:

FORM 2

[r. 4]

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

Last name _____		Unit Record No _____		Estab _____	
First name _____		Birth date (Mother) _____ 2 0 _____		Ward _____	
Address of usual residence _____		State _____		Marital status _____	
Number and street _____		Post code _____		1=never married 2=widowed 3=divorced 4=separated 5=married (incl. Defacto) 6=unknown	
Town or suburb _____		Height _____		Ethnic status of mother _____	
Maiden name _____		Weight _____		1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI Other _____	
		Telephone _____			

PREGNANCY DETAILS		LABOUR DETAILS	
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 _____		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 allocated to hospital 3=birth centre free standing 4=home 8=other _____	
THIS PREGNANCY: Estimated gest wk at 1 st antenatal visit _____ Total number of antenatal care visits _____ Date of LMP: _____ 2 0 _____ This date certain 1=yes 2=no _____ Expected due date: _____ 2 0 _____ 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 '998', undetermined use '999')		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 begun) 1 <input type="checkbox"/> none 2 <input type="checkbox"/> oxytocin 3 <input type="checkbox"/> prostaglandins 4 <input type="checkbox"/> artificial rupture of membranes 5 <input type="checkbox"/> dilatation device i.e. Foley Catheter 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 _____	
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) _____		Onset of labour: 1=spontaneous 2=induced 3=no labour _____ Duration of labour 1 st stage (hour & min): _____ hr _____ min 2 nd stage (hour & min): _____ hr _____ min Postnatal blood loss in mLs: _____ Number of babies born (admin purposes only): _____	
Medical conditions: 1 <input type="checkbox"/> essential hypertension 3 <input type="checkbox"/> asthma 4 <input type="checkbox"/> genital herpes 5 <input type="checkbox"/> type 1 diabetes 6 <input type="checkbox"/> type 2 diabetes 8 <input type="checkbox"/> other (specify) _____		MIDWIFE Name _____ Signature _____ Date _____ 2 0 _____ Reg. No. _____	

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 Form 2 **NOTIFICATION OF CASE ATTENDED – BABY DETAILS**

Mother last name	First name	Unit Rec No	Estab
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BIRTH DETAILS

Anaesthesia (during delivery):

- 1 none
- 2 local anaesthesia to perineum
- 3 pudendal
- 4 epidural/caudal
- 5 spinal
- 6 general
- 7 combined spinal/epidural
- 8 other (specify) _____

Complications of labour and birth
(include the reason for instrument delivery):

- 1 precipitate delivery
- 2 fetal distress
- 3 prolapsed cord
- 4 cord tight around neck
- 5 cephalopelvic disproportion
- 7 retained placenta – manual removal
- 8 persistent occipito posterior
- 9 shoulder dystocia
- 10 failure to progress <= 3cm
- 11 failure to progress > 3cm
- 12 previous caesarean section
- 13 other (specify) _____

Principal reason for Caesarean Section (Tick one box only)

- 1 fetal compromise
- 2 suspected fetal macrosomia
- 3 malpresentation
- 4 lack of progress <= 3cm
- 5 lack of progress in the 1st stage, 4cm to < 10cm
- 6 lack of progress in the 2nd stage
- 7 placenta praevia
- 8 placental abruption
- 9 vasa praevia
- 10 antepartum/intrapartum haemorrhage
- 11 multiple pregnancy
- 12 unsuccessful attempt at assisted delivery
- 13 unsuccessful induction
- 14 cord prolapse
- 15 previous caesarean section
- 16 previous shoulder dystocia
- 17 previous perineal trauma/4th degree tear
- 18 previous adverse fetal/neonatal outcome
- 19 other obstetric, medical, surgical, psychological indications
- 20 maternal choice in the absence of any obstetric, medical, surgical, psychological indications

Perineal status

- 1 intact
- 2 1st degree tear/vaginal tear
- 3 2nd degree tear
- 4 3rd degree tear
- 5 episiotomy
- 7 4th degree tear
- 8 other

BABY DETAILS (continued)

Born before arrival: 1=yes 2=no

Birth date: _____ 2 0 _____

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=brech 3=face 4=brow 8=other

Method of birth:

- 1 spontaneous
- 2 vacuum successful
- 3 vacuum unsuccessful
- 4 forceps successful
- 5 forceps unsuccessful
- 6 breech (vaginal)
- 7 elective caesarean
- 8 emergency caesarean

Accoucheur(s):

- 1 obstetrician
- 2 other medical officer
- 3 midwife
- 4 student
- 5 self/no attendant
- 8 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 intensive or highest number)

- 1 none
- 2 suction only
- 3 oxygen therapy only
- 4 continuous positive airway pressure (CPAP)
- 5 bag and mask (IPPV)
- 6 endotracheal intubation
- 7 ext. cardiac massage and ventilation
- 8 other

Apgar score: 1 minute _____ 5 minutes _____

Estimated gestation: (whole weeks): _____

Birth defects: (specify): _____

Birth trauma: (specify): _____

BABY SEPARATION DETAILS

Separation date: _____ 2 0 _____

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)

MIDWIFE Name _____ Date _____ 2 0 _____

Complete this **Baby** form once for each baby born, and submit with **Pregnancy** form