



Western Australia

Health Act 1911

Health (Notifications by Midwives) Regulations 1994

As at 01 Jul 2014

Version 01-f0-02

Extract from www.slp.wa.gov.au, see that website for further information

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	5
-------------------	---

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**

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

Mother last name _____ First name _____ Unit Rec No _____ Estab _____

BIRTH DETAILS		BABY DETAILS (continued)	
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 (specify) _____		Born before arrival: 1=yes 2=no <input type="checkbox"/>	
Complications of labour and birth <i>(include the reason for instrument delivery):</i> 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 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) _____		Birth date: _____ 2 0 _____ Birth time: (24hr clock) _____ Plurality: (number of babies this birth) _____ Birth order: <i>(specify this baby, eg, 1=1st baby born, 2=2nd baby born, etc)</i> Presentation: 1=vertex 2=breech 3=face 4=brow 8=other <input type="checkbox"/>	
Principal reason for Caesarean Section (Tick one box only) 1 <input type="checkbox"/> fetal compromise 2 <input type="checkbox"/> suspected fetal macrosomia 3 <input type="checkbox"/> malpresentation 4 <input type="checkbox"/> lack of progress <= 3cm 5 <input type="checkbox"/> lack of progress in the 1st stage, 4cm to < 10cm 6 <input type="checkbox"/> lack of progress in the 2nd stage 7 <input type="checkbox"/> placenta praevia 8 <input type="checkbox"/> placental abruption 9 <input type="checkbox"/> vasa praevia 10 <input type="checkbox"/> antepartum/intrapartum haemorrhage 11 <input type="checkbox"/> multiple pregnancy 12 <input type="checkbox"/> unsuccessful attempt at assisted delivery 13 <input type="checkbox"/> unsuccessful induction 14 <input type="checkbox"/> cord prolapse 15 <input type="checkbox"/> previous caesarean section 16 <input type="checkbox"/> previous shoulder dystocia 17 <input type="checkbox"/> previous perineal trauma/4 th degree tear 18 <input type="checkbox"/> previous adverse fetal/neonatal outcome 19 <input type="checkbox"/> other obstetric, medical, surgical, psychological indications 20 <input type="checkbox"/> maternal choice in the absence of any obstetric, medical, surgical, psychological indications		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 <input type="checkbox"/> Status of baby at birth: 1=liveborn 2=stillborn (unspecified) <input type="checkbox"/> 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 <input type="checkbox"/> none 2 <input type="checkbox"/> suction only 3 <input type="checkbox"/> oxygen therapy only 4 <input type="checkbox"/> continuous positive airway pressure (CPAP) 5 <input type="checkbox"/> bag and mask (IPPV) 6 <input type="checkbox"/> endotracheal intubation 7 <input type="checkbox"/> ext. cardiac massage and ventilation 8 <input type="checkbox"/> other	
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		Appgar 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: _____ <i>(excludes Level 1; whole days only)</i>	
ABORIGINAL STATUS OF BABY (Tick one box only) 1 <input type="checkbox"/> Aboriginal but not Torres Strait Islander 2 <input type="checkbox"/> Torres Strait Islander but not Aboriginal 3 <input type="checkbox"/> Aboriginal and Torres Strait Islander 4 <input type="checkbox"/> other		MIDWIFE Name _____ Date _____ 2 0 _____	

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

[Form 2 inserted in Gazette 24 Apr 2014 p. 1144-5.]

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