



Western Australia

Health Act 1911

Health (Notifications by Midwives) Regulations 1994

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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	5
Provisions that have not come into operation	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 ^{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))
<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))

^{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 2016</i> r. 3 and 4 ²	3 May 2016 p. 1356-8	1 Jul 2016 (see r. 2(b))

² On the date as at which this compilation was prepared, the *Health (Notifications by Midwives) Amendment Regulations 2016* 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

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

Last name _____	Unit Record No _____	Estab _____	Ward _____
First name _____	Birth date (Mother) _____	Marital status <input type="checkbox"/>	
Address of usual residence _____		1=never married 2=widowed 3=divorced	
Number and street _____	State _____	4=separated 5=married (incl. de facto)	
Town or suburb _____		6=unknown	
Maiden name _____	Height _____ (whole cm)	Ethnic status of mother <input type="checkbox"/>	
Interpreter service required (1=yes 2=no) <input type="checkbox"/>	Weight _____ (whole kilogram)	1=Caucasian 10=Aboriginal not Torres Strait	
Mother's language requiring interpreter _____	Telephone _____	11=TSI not Aboriginal	
		12=Aboriginal and TSI or other _____	

PREGNANCY 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 _____	
THIS PREGNANCY:	
Estimated gest wk at 1 st 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 of pregnancy _____	
Number of tobacco cigarettes usually smoked each day after 20 weeks of pregnancy _____	
<i>(If none use '000'; occasional or smoked < 1 use '998'; undetermined use '999')</i>	
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) _____	
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) _____	
Vaccinations during pregnancy:	
01=Vaccinated during 1 st trimester _____	Influenza _____ Pertussis _____
02=Vaccinated during 2 nd trimester _____	
03=Vaccinated during 3 rd trimester _____	
04=Vaccinated in unknown trimester _____	
05=Not vaccinated _____	
99=Unknown if vaccinated _____	

LABOUR DETAILS	
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: <input type="checkbox"/>	
1=hospital 2=birth centre attached to hospital 3=birth centre free standing 4=home 8=other _____	
Onset of labour: <input type="checkbox"/>	
1=spontaneous 2=induced 3=no labour	
Principal reason for induction of labour (if induced): _____	
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 _____	
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): _____	
MIDWIFE	
Name _____	
Signature _____	
Date _____	
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's last name _____ Mother's first name _____ Unit Rec No _____ Estab _____

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

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

ABORIGINAL STATUS OF BABY (Tick one box only)

1 Aboriginal but not Torres Strait Islander
 2 Torres Strait Islander but not Aboriginal
 3 Aboriginal and Torres Strait Islander
 4 other

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 e.g. 1=1st baby born, 2=2nd) _____

Presentation:
 1=vertex 2=breech 3=face 4=brow 8=other

Water birth: 1=yes 2=no

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

