



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.]

FORM 2

[r. 4]

Health (Notifications by Midwives) Regulations 1994 Form 2 **NOTIFICATION OF CASE ATTENDED – PREGNANCY DETAILS 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 _____ Maiden name _____ Telephone _____ Interpreter service required (1=yes 2=no) <input type="checkbox"/> Mother's language requiring Interpreter _____	Estab _____ Ward _____ Marital status <input type="checkbox"/> 1=never married 2=widowed 3=divorced 4=separated 5=married (incl. de facto) 6=unknown Ethnic status of mother <input type="checkbox"/> 1=Caucasian 10=Aboriginal not Torres Strait Islander (TSI) 11=TSI not Aboriginal 12=Aboriginal and TSI or other _____
<p align="center">PREGNANCY DETAILS</p> 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 _____ (If none use '000'; occasional or smoked < 1 use '998'; undetermined use '999') 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	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 _____ <p align="center">LABOUR DETAILS</p> Onset of labour: 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 _____ hr _____ min 1 st stage (hour & min): _____ 2 nd stage (hour & 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
Schedule**

FORM 2

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

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 _____

BIRTH 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

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

[Form 2 inserted in Gazette 3 May 2016 p. 1357-8.]

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))
<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))
<i>Health (Notifications by Midwives) Amendment Regulations 2016</i>	3 May 2016 p. 1356-8	r. 1 and 2: 3 May 2016 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jul 2016 (see r. 2(b))