



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 (Notifications by Midwives) Regulations 1994**

### **1. Citation**

These regulations may be cited as the *Health (Notifications by Midwives) Regulations 1994*<sup>1</sup>.

[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 _____ (whole cm) (whole kilogram) Interpreter service required (1=yes 2=no) <input type="checkbox"/> Telephone _____ 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"><b>PREGNANCY DETAILS</b></p> <b>PREVIOUS PREGNANCIES:</b> Total number (excluding this pregnancy): _____ Parity (excluding this pregnancy): _____ <b>Previous pregnancy outcomes:</b> - 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 _____ <b>THIS PREGNANCY:</b> Estimated gest wk at 1 <sup>st</sup> 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 _____ <b>Smoking:</b> 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') <b>Complications of pregnancy:</b> 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) _____	<b>Procedures/treatments:</b> 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 <b>Intended place of birth at onset of labour:</b> 1=hospital 2=birth centre attached to hospital 3=birth centre free standing 4=home 8=other _____ <p align="center"><b>LABOUR DETAILS</b></p> <b>Onset of labour:</b> 1=spontaneous 2=induced 3=no labour _____ <b>Principal reason for induction of labour (if induced):</b> _____ <b>Augmentation (labour has begun):</b> 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 _____ <b>Induction (before labour begun):</b> 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 _____ <b>Analgesia (during labour):</b> 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 _____ <b>Duration of labour</b> _____ hr _____ min 1 <sup>st</sup> stage (hour & min): _____ 2 <sup>nd</sup> stage (hour & min): _____ <b>Postnatal blood loss in mLs:</b> _____ Number of babies born (admin purposes only): _____ <b>MIDWIFE</b> Name _____ Signature _____ Date _____ 2 0 Reg. No. _____ N   M   W _____
<b>Medical Conditions:</b> 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) _____ <b>Vaccinations during pregnancy:</b> 01=Vaccinated during 1 <sup>st</sup> trimester Influenza Pertussis 02=Vaccinated during 2 <sup>nd</sup> trimester _____ 03=Vaccinated during 3 <sup>rd</sup> trimester _____ 04=Vaccinated in unknown trimester _____ 05=Not vaccinated 99=Unknown if vaccinated	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/4<sup>th</sup> 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  1<sup>st</sup> degree tear/vaginal tear  
 3  2<sup>nd</sup> degree tear  
 4  3<sup>rd</sup> degree tear  
 5  episiotomy  
 7  4<sup>th</sup> 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=1<sup>st</sup> baby born, 2=2<sup>nd</sup>)** \_\_\_\_\_

**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**

<sup>1</sup> 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 <sup>1a</sup>. The table also contains information about any reprint.

**Compilation table**

<b>Citation</b>	<b>Gazettal</b>	<b>Commencement</b>
<i>Health (Notifications by Midwives) Regulations 1994</i>	28 Jan 1994 p. 283-5	28 Jan 1994
<b>Reprint 1: The <i>Health (Notifications by Midwives) Regulations 1994</i> as at 11 Jun 2004</b>		
<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))

<sup>1a</sup> 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**

<b>Citation</b>	<b>Gazettal</b>	<b>Commencement</b>
<i>Health Regulations Amendment (Public Health) Regulations 2016</i> Pt. 17 <sup>2</sup>	10 Jan 2017 p. 237-308	24 Jan 2017 (see r. 2(b) and <i>Gazette</i> 10 Jan 2017 p. 165)

<sup>2</sup> On the date as at which this compilation was prepared, the *Health Regulations Amendment (Public Health) Regulations 2016* Pt. 17 had not come into operation. It reads as follows:

**Part 17 — *Health (Notifications by Midwives) Regulations 1994* amended**

**59. Regulations amended**

This Part amends the *Health (Notifications by Midwives) Regulations 1994*.

**60. Regulation 3 amended**

In regulation 3 delete “Executive Director, Public Health” and insert:

Chief Health Officer

**61. Schedule amended**

In the Schedule Form 1:

- (a) delete “*HEALTH ACT 1911*” and insert:

*HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911*

- (b) delete:

EXECUTIVE DIRECTOR  
PUBLIC HEALTH

and insert:

CHIEF HEALTH OFFICER

