



Western Australia

Health (Miscellaneous Provisions) 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 Chief Health Officer of his or her intention to do so in the form of Form 1 in the Schedule.

[*Regulation 3 amended in Gazette 10 Jan 2017 p. 270.*]

### **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 (MISCELLANEOUS PROVISIONS) ACT 1911*

*HEALTH (NOTIFICATIONS BY MIDWIVES) REGULATIONS 1994*

**NOTIFICATION OF INTENTION TO ENTER INTO PRIVATE  
PRACTICE AS A MIDWIFE**

CHIEF HEALTH OFFICER

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; amended in  
Gazette 10 Jan 2017 p. 270.]*

**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"><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: _____ This date certain 1=yes 2=no _____ Expected due date: _____ 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>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	<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 _____ 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):**

- none
- local anaesthesia to perineum
- pudendal
- epidural/caudal
- spinal
- general
- combined spinal/epidural
- other

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

- precipitate delivery
- fetal distress
- prolapsed cord
- cord tight around neck
- cephalopelvic disproportion
- retained placenta – manual removal
- persistent occipito posterior
- shoulder dystocia
- failure to progress <= 3cm
- failure to progress > 3cm
- previous caesarean section
- other (specify) \_\_\_\_\_

**Principal reason for caesarean section (Tick one box only):**

- fetal compromise
- suspected fetal macrosomia
- malpresentation
- lack of progress <= 3cm
- lack of progress in the 1st stage, 4cm to < 10cm
- lack of progress in the 2nd stage
- placenta praevia
- placental abruption
- vasa praevia
- antepartum/intrapartum haemorrhage
- multiple pregnancy
- unsuccessful attempt at assisted delivery
- unsuccessful induction
- cord prolapse
- previous caesarean section
- previous shoulder dystocia
- previous perineal trauma/4<sup>th</sup> degree tear
- previous adverse fetal/neonatal outcome
- other obstetric, medical, surgical, psychological indications
- maternal choice in the absence of any obstetric, medical, surgical, psychological indications

**Perineal status:**

- intact
- 1<sup>st</sup> degree tear/vaginal tear
- 2<sup>nd</sup> degree tear
- 3<sup>rd</sup> degree tear
- episiotomy
- 4<sup>th</sup> degree tear
- 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:**

- spontaneous
- vacuum successful
- vacuum unsuccessful
- forceps successful
- forceps unsuccessful
- breech (vaginal)
- elective caesarean
- emergency caesarean

**Accoucheur(s):**

- obstetrician
- other medical officer
- midwife
- student
- self/no attendant
- 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)**

- none
- suction only
- oxygen therapy only
- continuous positive airway pressure (CPAP)
- bag and mask (IPPV)
- endotracheal intubation
- ext. cardiac massage and ventilation
- 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

**BABY DETAILS**

**ABORIGINAL STATUS OF BABY (Tick one box only)**

- Aboriginal but not Torres Strait Islander
- Torres Strait Islander but not Aboriginal
- Aboriginal and Torres Strait Islander
- other

[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. 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 Health (Notifications by Midwives) Regulations 1994 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))
<i>Health Regulations Amendment (Public Health) Regulations 2016 Pt. 17</i>	10 Jan 2017 p. 237-308	24 Jan 2017 (see r. 2(b) and <i>Gazette</i> 10 Jan 2017 p. 165)