



Western Australia

Health (Miscellaneous Provisions) Act 1911

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

As at 16 May 2017

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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*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 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 _____	Estab _____
First name _____	Birth date (Mother) _____	Ward _____
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 _____	Ethnic status of mother <input type="checkbox"/>
Mother's language requiring Interpreter _____		1=Caucasian 10=Aboriginal not Torres Strait Islander (TSI) 11=TSI not Aboriginal 12=Aboriginal and TSI or other

PREGNANCY DETAILS	Procedures/treatments:
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: _____ 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 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	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 <input type="checkbox"/> LABOUR DETAILS Onset of labour: 1=spontaneous 2=induced 3=no labour <input type="checkbox"/> 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 _____ 2 0 Reg. No. _____ N M W _____

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 ^{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 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))
<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)

^{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 2017</i> r. 3 and 4 ²	16 May 2017 p. 2489-91	1 Jul 2017 (see r. 2(b))

² On the date as at which this compilation was prepared, the *Health (Notifications by Midwives) Amendment Regulations 2017* 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 Form 2 NOTIFICATION OF CASE ATTENDED – PREGNANCY DETAILS MR15

Last name _____ Unit Record No _____ Estab _____	
First name _____ Birth date (Mother) _____ Ward _____	
Address of usual residence _____ Marital status _____ <small>1=never married 2=widowed 3=divorced 4=separated 5=married (incl. De Facto) 6=unknown</small>	
Number and street _____ State _____ Post code _____	
Town or suburb _____ Height _____ Weight _____	Ethnic status of mother _____ <small>1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI Or Other _____</small>
Maiden name _____ (whole cm) _____ (whole kilogram) _____	
Interpreter service required (1=yes 2=no) _____ Telephone _____	
Mother's language requiring interpreter _____	
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: _____ 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 _____	
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 _____	
<small>(If none use '000'; occasional or smoked < 1 use '998'; undetermined use '999')</small>	
Alcohol during pregnancy:	
Frequency of drinking an alcoholic drink _____	
<small>01 = never 04 = 2 to 3 times a week 02 = monthly 05 = 4 or more times a week 03 = 2 to 4 times a month 08 = unknown</small>	
Number of standard alcohol drinks on a typical day _____	
Was screening for depression/anxiety conducted:	
1=yes 2=not offered 3=declined 8=unknown _____	
<small>Was additional followup indicated for perinatal mental health risk factors?</small>	
1=yes 2=no 7=not applicable 8=unknown _____	
Complications of pregnancy:	
1 _____ threatened abortion (<20wks)	
2 _____ threatened preterm labour (<37wks)	
3 _____ urinary tract infection	
4 _____ pre-eclampsia	
5 _____ antepartum haemorrhage (APH) placenta praevia	
6 _____ APH – placental abruption	
7 _____ APH – other	
8 _____ pre-labour rupture of membranes	
9 _____ gestational diabetes	
11 _____ gestational hypertension	
12 _____ pre-eclampsia superimposed on essential hypertension	
99 _____ other (specify) _____	
Medical Conditions:	
1 _____ essential hypertension	
3 _____ asthma	
4 _____ genital herpes	
5 _____ type 1 diabetes	
6 _____ type 2 diabetes	
8 _____ 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 _____ fertility treatments (include drugs)	
2 _____ cervical suture	
3 _____ CVS/placental biopsy	
4 _____ amniocentesis	
5 _____ ultrasound	
6 _____ CTG antepartum	
7 _____ 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 _____	
Onset of labour:	
1=spontaneous 2=induced 3=no labour _____	
Principal reason for induction of labour (if induced):	

Augmentation (labour has begun):	
1 _____ none	
2 _____ oxytocin	
3 _____ prostaglandins	
4 _____ artificial rupture of membranes	
8 _____ other	
Induction (before labour begun):	
1 _____ none	
2 _____ oxytocin	
3 _____ prostaglandins	
4 _____ artificial rupture of membranes	
5 _____ dilatation device i.e. Foley Catheter	
8 _____ other	
Analgesia (during labour):	
1 _____ none	
2 _____ nitrous oxide	
4 _____ epidural/caudal	
5 _____ spinal	
6 _____ systemic opioids	
7 _____ combined spinal/epidural	
8 _____ 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 _____ 2 0	
Reg. No. _____ N M W _____	
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

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/4th 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
- 1st degree tear/vaginal tear
- 2nd degree tear
- 3rd degree tear
- episiotomy
- 4th degree tear
- other

BORN BEFORE ARRIVAL: 1=yes 2=no

Birth date: _____

Birth time: (24hr clock) _____

Plurality: (number of babies this birth) _____

Birth order: (specify this baby, eg, 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:

- 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: _____

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 _____

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

BIRTH 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