



Western Australia

Health Act 1911

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

As at 11 Jun 2004

Version 01-a0-04

Extract from www.slp.wa.gov.au, see that website for further information

Reprinted under the
Reprints Act 1984 as at
11 June 2004

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	3
	Notes	
	Compilation table	6



Reprinted under the
Reprints Act 1984 as at
11 June 2004

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-time birth, or still birth, or abortion; and
- (b) section 335(5)(b) of the Act, the notice required to be furnished of a delivery attended by a midwife,

r. 4

is to be in the form of Form 2 in the Schedule.

**Schedule
FORM 1**

[reg. 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
20

PERSONAL PARTICULARS

Full Name:

Date of Birth:

*Private/*Business Address:

*Private/*Business Telephone No.:

Nurses Board Registration Nos. General: Midwifery:

Date of Initial Registrations General: Midwifery:

.....
Signature

.....
Date

*Delete if not applicable

Schedule

FORM 2

[reg. 4]

Health Act (Notification by Midwife) Regulations Form 2. NOTIFICATION OF CASE ATTENDED

MR 15

Surname _____ Forenames _____ Address of usual residence Number and Street _____ _____ Town or City _____ Maiden name _____	Unit Record No. [][][][][][][][][] Birth Date (Mother) [][][][][][][][][] State _____ Post Code [][][][][][] Height (cms) [][][][] Tel. No. [][][][][][][][][][][][][][]	Hospital _____ Ward _____ Marital Status 1=never married 2=widowed 3=divorced 4=separated 5=married (incl. defacto) 6=unknown Ethnic Origin 1=Caucasian 2=Aboriginal / TSI Other _____
Previous Pregnancies : - total number (excluding this pregnancy) [][] Previous pregnancy outcomes: - children now living: [][] - born alive, now dead: [][] - stillborn: [][] Previous caesarean section: 1=yes 2=no [][] Caesarean last delivery: 1=yes 2=no [][] Previous multiple birth: 1=yes 2=no [][] This Pregnancy: Date of LMP: [][][][][][][][][] This date certain 1=yes 2=no [][] Expected due date: [][][][][][][][][] based on 1=clinical signs/dates 2=ultrasound < 20 weeks [][] Smoking during Pregnancy: 1=yes 2=no [][] Complications of Pregnancy: 1 <input type="checkbox"/> threatened abortion (<20wks) 2 <input type="checkbox"/> threatened preterm labour (<37 wks) 3 <input type="checkbox"/> urinary tract infection 4 <input type="checkbox"/> pre-eclampsia 5 <input type="checkbox"/> APH - placenta praevia 6 <input type="checkbox"/> abruptio 7 <input type="checkbox"/> other 8 <input type="checkbox"/> pre-labour rupture of membranes 9 <input type="checkbox"/> gestational diabetes 10 <input type="checkbox"/> other (specify) _____ [][][][][][][][][]	Labour Details Onset of Labour: 1=spontaneous 2=induced 3=no labour [][] Augmentation: 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: 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 Analgesia (during labour): 1 <input type="checkbox"/> none 2 <input type="checkbox"/> nitrous oxide 3 <input type="checkbox"/> intra-muscular narcotics 4 <input type="checkbox"/> epidural / caudal 5 <input type="checkbox"/> spinal 8 <input type="checkbox"/> other Duration of Labour: 1st stage (hours & mins): [][] hrs [][] mins 2nd stage: [][] hrs [][] mins	Baby Details (NB. separate form for each baby) Adoption: 1=yes 2=no [][] Born Before Arrival: 1=yes 2=no [][] Birth Date [][][][][][][][][] Birth Time (24 hr clock) [][][][][][] Plurality: number of babies this birth [][] if multiple specify this baby number [][] Presentation: 1=vertex 2=breech 3=face 4=brow 8=other [][] 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 [][] Status of Baby at Birth: 1=liveborn 2=stillborn [][] Infant Weight (grams): [][][][][][] Length (cms): [][][][][][] Head Circumference (cms): [][][][][][] Time to establish unassisted regular breathing (mins): [][] Resuscitation: 1=none 2=suction only 3=oxygen therapy 4=bag & mask 5=endotracheal intubation 6=ext. cardiac massage & vent. 8=other [][] Appgar Score: 1 minute [][] 5 minutes [][] Estimated Gestation (weeks): [][]
Medical Conditions: 1 <input type="checkbox"/> essential hypertension 2 <input type="checkbox"/> pre-existing diabetes mellitus 3 <input type="checkbox"/> asthma 4 <input type="checkbox"/> genital herpes 8 <input type="checkbox"/> other (specify) _____ [][][][][][][][][]	Delivery Details 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 8 <input type="checkbox"/> other Complications of Labour and Delivery: (include reason stated for operative delivery) 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 6 <input type="checkbox"/> PPH (=>500mls) 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 <=3cms 11 <input type="checkbox"/> failure to progress > 3cms 12 <input type="checkbox"/> previous caesarean section 13 <input type="checkbox"/> other (specify) _____ [][][][][][][][][]	Birth Defects (specify): _____ Birth Trauma (specify): _____ Baby Separation Details: Sep. Date [][][][][][][][][] Mode of separation: 1=transferred 8=died 9=disch. home [][] transferred to: [][][][][][] Special care (whole days only): [][]
Intended place of birth at onset of labour: 1=hospital 2=birth centre attach. hospital 3=birth centre free standing 4=home 8=other [][] MIDWIFE: Name _____ Signature _____ date _____ Reg. No. [][][][][][][][][] Coder ID [][][][][][][][][]	Please complete then forward this copy WITHIN 48 HOURS OF BIRTH TO: Health Information Centre Health Dept of Western Australia, PO Box 8172 Stirling Street, Perth 6849. The mother is not obliged to supply any information for the purposes of this form.	

Notes

- ¹ This is a reprint as at 11 Jun 2004 of the *Health (Notifications by Midwives) Regulations 1994*. The following table contains information about those regulations and 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		