



Western Australia

Health (Miscellaneous Provisions) Act 1911

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



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

### Notes

	Compilation table	6
--	-------------------	---





Western Australia

Reprinted under the  
*Reprints Act 1984* as  
at 22 September 2017

Health (Miscellaneous Provisions) Act 1911

## **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: 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

**r. 4**

---

(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: 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: Gazette 14 Dec 2012 p. 6200; amended: Gazette  
10 Jan 2017 p. 270.]*

# Health (Notifications by Midwives) Regulations 1994 Schedule

## Form 2

### 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	Ward	
First name	Birth date (Mother)	Marital status 1=never married 2=widowed 3=divorced 4=separated 5=married (incl. Defacto) 6=unknown		
Address of usual residence Number and street		State Post code		
Town or suburb		Height	Weight	Ethnic status of mother 1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI
Maiden name	Telephone	Or Other		
Mother's language requiring interpreter				
<b>PREGNANCY DETAILS</b>				
<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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0				
This date certain 1=yes 2=no				
Expected due date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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>Alcohol during pregnancy:</b>				
Frequency of drinking an alcoholic drink 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				
Number of standard alcohol drinks on a typical day				
<b>Was screening for depression/anxiety conducted:</b> 1=yes 2=not offered 3=declined 8=unknown				
Was additional followup indicated for perinatal mental health risk factors? 1=yes 2=no 7=not applicable 8=unknown				
<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 <input type="checkbox"/> Vaccinated during 1 <sup>st</sup> trimester				
02 <input type="checkbox"/> Vaccinated during 2 <sup>nd</sup> trimester				
03 <input type="checkbox"/> Vaccinated during 3 <sup>rd</sup> trimester				
04 <input type="checkbox"/> Vaccinated in unknown trimester				
05 <input type="checkbox"/> Not vaccinated				
99 <input type="checkbox"/> 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				
<b>LABOUR DETAILS</b>				
<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>				
1 <sup>st</sup> stage (hour & min): <input type="text"/> hr <input type="text"/> min				
2 <sup>nd</sup> stage (hour & min): <input type="text"/> hr <input type="text"/> min				
<b>Postnatal blood loss in mLs:</b>				
Number of babies born (admin purposes only):				
<b>MIDWIFE</b>				
Name				
Signature				
Date				
Reg. No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0				
Complete this Pregnancy form once for each woman giving birth, and submit one Baby form for each baby born				





## 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

Citation	Gazettal	Commencement
<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 (Notifications 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)
<i>Health (Notifications by Midwives) Amendment Regulations 2017</i>	16 May 2017 p. 2489-91	r. 1 and 2: 16 May 2017 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jul 2017 (see r. 2(b))
<b>Reprint 2: The Health (Notifications by Midwives) Regulations 1994 as at 22 Sep 2017</b> (includes amendments listed above)		