



Western Australia

Health (Miscellaneous Provisions) Act 1911

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

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: 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: 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.]*

Form 2

[r. 4]

[Heading inserted: 14 Jun 2019 p. 1895.]

Health (Notifications by Midwives) Regulations 1994 Form 2 NOTIFICATION OF CASE ATTENDED – PREGNANCY DETAILS MR15

Last name _____		Unit/Record No _____	State _____
First name _____		Birth date (Month) _____	Ward _____
Address of usual residence _____		Marital status _____	
Number and street _____		1=never married 2=married 3=divorced 4=separated 5=married (nil Default) 6=unknown	
State _____	Post code _____		
Town or suburb _____		Height _____	Weight _____
Maiden name _____		(Whole cm)	(Whole kilogram)
Email _____		Telephone _____	Ethnic status of mother _____
Interpreter service required _____		Mother's language _____	1=Caucasian 10=Aboriginal not TSJ 11=TSJ not Aboriginal 12=Aboriginal and TSJ Dr Other _____
(If yes 2=yes)		(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 1st 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 = physical signs/symptoms
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 'never use WHO', occasional or smoked < 1 year WHO, under/retired use '99')

Alcohol during pregnancy: First 20 wks _____ After 20 wks _____
Frequency of drinking an alcoholic drink: 01 = never 02 = 1 to 3 times a week 03 = 4 to 6 times a week 04 = 7 to 9 times a week 05 = 10 or more times a week
Number of standard alcohol drinks on a typical day _____

Was screening for depression/anxiety conducted: 1=yes 2=not offered 3=incidental 4=unknown
Was additional followup indicated for perinatal mental health risk factors? 1=yes 2=no 3=not applicable 4=unknown

Complications of pregnancy:
1 = threatened abortion (<20wks)
2 = resolved 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
10 = gestational hypertension
11 = pre-eclampsia superimposed on essential hypertension
12 = other (specify) _____

Medical Conditions:
1 = essential hypertension
2 = ischaemic heart disease
3 = diabetes
4 = genital herpes
5 = type 1 diabetes
6 = type 2 diabetes
7 = other (specify) _____

Vaccinations during pregnancy:
01 Vaccinated during 1st trimester _____
02 Vaccinated during 2nd trimester _____
03 Vaccinated during 3rd trimester _____
04 Vaccinated in unknown trimester _____
05 Not vaccinated _____
06 Unknown if vaccinated _____
Influenza _____ Pertussis _____

Procedures/treatments:
1 = fertility treatments (include drug) _____
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 5=Other _____

Onset of labour:
1=spontaneous 2=induced 3=onset labour _____
Principal reason for induction of labour (if induced): _____

Augmentation (labour has begun):
1 = none _____
2 = oxytocin _____
3 = prostaglandins _____
4 = artificial rupture of membranes _____
5 = other _____

Induction (before labour begun):
1 = none _____
2 = oxytocin _____
3 = prostaglandins _____
4 = artificial rupture of membranes _____
5 = dilatation device i.e. Foley Catheter _____
6 = laminar ectoprostaglandin i.e. misoprostol _____
7 = other _____

Analgesia (during labour):
1 = none _____
2 = nitrous oxide _____
3 = epidural/caudal _____
4 = spinal _____
5 = systemic opioids _____
6 = combined spinal/epidural _____
7 = other _____

Duration of labour:
1st stage (hour & min): _____ hr _____ min
2nd stage (hour & min): _____ hr _____ min
Postnatal blood loss in ml: _____

Number of babies born (admin purpose only): _____

MIDWIFE
Name _____
Signature _____
Date _____ 2 0
Reg. No. _____ R AN 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 last name _____ First name _____ Child No. No. _____ Date _____

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: Yes No

Birth date: _____

Birth time: (24hr clock) _____

Plurality: (number of babies this birth) _____

Birth order: (specify the baby, eg. 1=1st baby born, 2=2nd) _____

Presentation:

- vertex
- breech
- face
- brow
- other _____

Water birth: Yes No

Method of birth:

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

Accoucher(s):

- obstetrician
- other medical officer
- midwife
- student
- self/no attendant
- other _____

Sex: 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: (All methods used)

- none
- suction
- oxygen
- continuous positive airway pressure (CPAP)
- endotracheal intubation
- intermittent positive pressure ventilation (IPPV)
- external cardiac compressions
- 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 2=died 3=discharged home

Transferred to: _____ Hospital/Service

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 _____

[Form 2 inserted: Gazette 14 Jun 2019 p. 1895-6.]

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. 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 (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))
Reprint 2: The Health (Notifications by Midwives) Regulations 1994 as at 22 Sep 2017 (includes amendments listed above)		
<i>Health (Notifications by Midwives) Amendment Regulations 2019</i>	14 Jun 2019 p. 1894-6	r. 1 and 2: 14 Jun 2019 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jul 2019 (see r. 2(b))