



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*.

[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.]*

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

Form 2

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 _____		Estab _____	
First name _____ Birth date (Mother) _____		Ward _____	
Address of usual residence _____		Marital status <input type="checkbox"/>	
Number and street _____ State _____ Post code _____		1=never married 2=widowed 3=divorced 4=separated 5=married (incl. Defacto) 6=unknown	
Town or suburb _____ Height _____ Weight _____		Ethnic status of mother <input type="checkbox"/>	
Maiden name _____ (whole cm) (whole kilogram)		1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI	
Email _____ Telephone _____		Or Other _____	
Interpreter service required <input type="checkbox"/> Mother's language _____ <small>(1=yes 2=no) (requiring interpreter)</small>			
PREGNANCY DETAILS			
PREVIOUS PREGNANCIES:		Vaccinations during pregnancy:	
Total number (excluding this pregnancy): _____		01 Vaccinated during 1 st trimester <input type="checkbox"/> Influenza <input type="checkbox"/> Pertussis <input type="checkbox"/>	
Parity (excluding this pregnancy): _____		02 Vaccinated during 2 nd trimester <input type="checkbox"/>	
Previous pregnancy outcomes:		03 Vaccinated during 3 rd trimester <input type="checkbox"/>	
- liveborn, now living _____		04 Vaccinated in unknown trimester <input type="checkbox"/>	
- liveborn, now dead _____		05 Not vaccinated <input type="checkbox"/>	
- stillborn _____		99 Unknown if vaccinated <input type="checkbox"/>	
Number of previous caesareans _____		Procedures/treatments:	
Caesarean last delivery 1=yes 2=no _____		1 <input type="checkbox"/> fertility treatments (include drugs)	
Previous multiple births 1=yes 2=no _____		2 <input type="checkbox"/> cervical suture	
THIS PREGNANCY:		3 <input type="checkbox"/> CVS/placental biopsy	
Estimated gest wk at 1 st antenatal visit _____		4 <input type="checkbox"/> amniocentesis	
Total number of antenatal care visits _____		5 <input type="checkbox"/> ultrasound	
Date of LMP: _____ 2 0		6 <input type="checkbox"/> CTG antepartum	
This date certain 1=yes 2=no _____		7 <input type="checkbox"/> CTG intrapartum	
Expected due date: _____ 2 0		Intended place of birth at onset of labour: <input type="checkbox"/>	
Based on 1 = clinical signs/dates <input type="checkbox"/>		1=hospital 2=birth centre attached to hospital	
2 = ultrasound <20 wks <input type="checkbox"/>		3=birth centre free standing 4=home 8=other	
3 = ultrasound >=20 wks <input type="checkbox"/>		LABOUR DETAILS	
Smoking:		Onset of labour: <input type="checkbox"/>	
Number of tobacco cigarettes usually smoked _____		1=spontaneous 2=induced 3=no labour	
each day during first 20 weeks of pregnancy _____		Principal reason for induction of labour (if induced): _____	
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:		Augmentation (labour has begun):	
Frequency of drinking an alcoholic drink _____		1 <input type="checkbox"/> none	
01 = never 04 = 2 to 3 times a week		2 <input type="checkbox"/> oxytocin	
02 = monthly 05 = 4 or more times a week		3 <input type="checkbox"/> prostaglandins	
03 = 2 to 4 times a month 99 = unknown		4 <input type="checkbox"/> artificial rupture of membranes	
Number of standard alcohol drinks _____		8 <input type="checkbox"/> other	
on a typical day _____		Induction (before labour begun):	
Was screening for depression/anxiety conducted:		1 <input type="checkbox"/> none	
1=yes 2=not offered 3=declined 9=unknown <input type="checkbox"/>		2 <input type="checkbox"/> oxytocin	
Was additional followup indicated for perinatal mental health risk factors?		3 <input type="checkbox"/> prostaglandins	
1=yes 2=no 7=not applicable 9=unknown <input type="checkbox"/>		4 <input type="checkbox"/> artificial rupture of membranes	
Complications of pregnancy:		5 <input type="checkbox"/> dilatation device i.e. Foley Catheter	
1 <input type="checkbox"/> threatened abortion (<20wks)		6 <input type="checkbox"/> antiprogesterone i.e. mifepristone	
2 <input type="checkbox"/> threatened preterm labour (<37wks)		8 <input type="checkbox"/> other	
3 <input type="checkbox"/> urinary tract infection		Analgesia (during labour):	
4 <input type="checkbox"/> pre-eclampsia		1 <input type="checkbox"/> none	
5 <input type="checkbox"/> antepartum haemorrhage (APH) placenta praevia		2 <input type="checkbox"/> nitrous oxide	
6 <input type="checkbox"/> APH – placental abruption		4 <input type="checkbox"/> epidural/caudal	
7 <input type="checkbox"/> APH – other		5 <input type="checkbox"/> spinal	
8 <input type="checkbox"/> pre-labour rupture of membranes		6 <input type="checkbox"/> systemic opioids	
9 <input type="checkbox"/> gestational diabetes		7 <input type="checkbox"/> combined spinal/epidural	
11 <input type="checkbox"/> gestational hypertension		8 <input type="checkbox"/> other	
12 <input type="checkbox"/> pre-eclampsia superimposed on essential hypertension		Duration of labour	
99 <input type="checkbox"/> other (specify) _____		1 st stage (hour & min): _____ hr _____ min	
Medical Conditions:		2 nd stage (hour & min): _____ hr _____ min	
1 <input type="checkbox"/> essential hypertension		Postnatal blood loss in mLs: _____	
3 <input type="checkbox"/> asthma		Number of babies born (admin purposes only): _____	
4 <input type="checkbox"/> genital herpes		MIDWIFE	
5 <input type="checkbox"/> type 1 diabetes		Name _____	
6 <input type="checkbox"/> type 2 diabetes		Signature _____	
8 <input type="checkbox"/> other (specify) _____		Date _____ 2 0	
		Reg. No. _____ N M W _____ 2 0	
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 _____ 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

BABY 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

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, 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:

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

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)

1 none
 2 suction
 3 oxygen
 4 continuous positive airway pressure (CPAP)
 6 endotracheal intubation
 10 intermittent positive pressure ventilation (IPPV)
 11 external cardiac compressions
 88 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: _____ hospital/service

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

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

Notes

This is a compilation of the *Health (Notifications by Midwives) Regulations 1994* and includes amendments made by other written laws. For provisions that have come into operation, and for information about any reprints, see the compilation table. For provisions that have not yet come into operation see the uncommenced provisions table.

Compilation table

Citation	Published	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		
<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 <i>Health (Notifications by Midwives) Regulations 1994</i> as at 22 Sep 2017 (includes amendments listed above)		

Health (Notifications by Midwives) Regulations 1994

Notes Uncommenced provisions table

Citation	Published	Commencement
<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))

Uncommenced provisions table

To view the text of the uncommenced provisions see *Subsidiary legislation as made* on the WA Legislation website.

Citation	Published	Commencement
<i>Health (Notifications by Midwives) Amendment Regulations 2021</i> r. 3 and 4	SL 2021/62 21 May 2021	1 Jul 2021 (see r. 2(b))
