



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]

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

Last name _____ Unit Record No <input type="text"/>		Estab _____	
First name _____ Birth date (Mother) <input type="text"/>		Ward _____	
Address of usual residence _____		Marital status <input type="checkbox"/>	
Number and street _____ State _____ Post code <input type="text"/>		1=never married 2=widowed 3=divorced 4=separated 5=married (incl. Defacto) 6=unknown	
Town or suburb _____ Height <input type="text"/> Weight <input type="text"/>		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 Or Other _____	
Email _____ Telephone _____			
Interpreter service required <input type="checkbox"/> Mother's language _____			
PREGNANCY DETAILS			
PREVIOUS PREGNANCIES: Total number (excluding this pregnancy): <input type="text"/>		Vaccinations during pregnancy:	
Parity (excluding this pregnancy): <input type="text"/>		01 Vaccinated during 1 st trimester <input type="checkbox"/>	
Previous pregnancy outcomes:		Influenza <input type="checkbox"/> Pertussis <input type="checkbox"/>	
- liveborn, now living <input type="checkbox"/>		02 Vaccinated during 2 nd trimester <input type="checkbox"/>	
- liveborn, now dead <input type="checkbox"/>		03 Vaccinated during 3 rd trimester <input type="checkbox"/>	
- stillborn <input type="checkbox"/>		04 Vaccinated in unknown trimester <input type="checkbox"/>	
Number of previous caesareans <input type="text"/>		05 Not vaccinated <input type="checkbox"/>	
Caesarean last delivery 1=yes 2=no <input type="checkbox"/>		99 Unknown if vaccinated <input type="checkbox"/>	
Previous multiple births 1=yes 2=no <input type="checkbox"/>		Was syphilis screening conducted during the following periods:	
THIS PREGNANCY:		1=yes 2=not offered 3=declined 8=unknown	
Estimated gest wk at 1 st antenatal visit <input type="text"/>		At first antenatal contact, before 28 weeks <input type="checkbox"/>	
Total number of antenatal care visits <input type="text"/>		Between 28 weeks and 35 weeks <input type="checkbox"/>	
Date of LMP: <input type="text"/>		Between 36 weeks and birth <input type="checkbox"/>	
This date certain 1=yes 2=no <input type="checkbox"/>		Procedures/treatments:	
Expected due date: <input type="text"/>		1 <input type="checkbox"/> fertility treatments (include drugs)	
Based on 1 = clinical signs/dates <input type="checkbox"/>		2 <input type="checkbox"/> cervical suture	
2 = ultrasound <20 wks <input type="checkbox"/>		3 <input type="checkbox"/> CVS/placental biopsy	
3 = ultrasound >=20 wks <input type="checkbox"/>		4 <input type="checkbox"/> amniocentesis	
Smoking:		5 <input type="checkbox"/> ultrasound	
Number of tobacco cigarettes usually smoked		6 <input type="checkbox"/> CTG antepartum	
each day during first 20 weeks of pregnancy <input type="text"/>		7 <input type="checkbox"/> CTG intrapartum	
Number of tobacco cigarettes usually smoked			
each day after 20 weeks of pregnancy <input type="text"/>		Primary maternity model of care: <input type="text"/>	
(If none use '000'; occasional or smoked < 1 use '999';		Intended place of birth at onset of labour:	
undetermined use '999')		1=hospital 2=birth centre attached to hospital	
Alcohol during pregnancy:		3=birth centre free standing 4=home 8=other	
First 20 wks <input type="text"/> After 20 wks <input type="text"/>		LABOUR DETAILS	
Frequency of drinking an alcoholic drink:		Maternity model of care at onset of labour or non-labour caesarean: <input type="text"/>	
01 = never 04 = 2 to 3 times a week		Onset of labour:	
02 = monthly 05 = 4 or more times a week		1=spontaneous 2=induced 3=no labour	
03 = 2 to 4 times a month 99 = unknown		Principal reason for induction of labour (if induced):	
Number of standard alcohol drinks on a typical day: <input type="text"/>		Augmentation (labour has begun): Induction (before labour begun):	
Was screening for depression/anxiety conducted:		1 <input type="checkbox"/> none 1 <input type="checkbox"/> none	
1=yes 2=not offered 3=declined 9=unknown		2 <input type="checkbox"/> oxytocin 2 <input type="checkbox"/> oxytocin	
Was additional followup indicated for perinatal mental health risk factors?		3 <input type="checkbox"/> prostaglandins 4 <input type="checkbox"/> prostaglandins	
1=yes 2=no 7=not applicable 9=unknown		4 <input type="checkbox"/> artificial rupture of membranes 5 <input type="checkbox"/> artificial rupture of membranes	
Was family violence screening conducted:		6 <input type="checkbox"/> dilatation device i.e. Foley Catheter	
1=yes 2=not offered 3=declined 9=unknown		7 <input type="checkbox"/> antiprogestogen i.e. mifepristone	
Complications of pregnancy:		8 <input type="checkbox"/> other	
1 <input type="checkbox"/> threatened abortion (<20wks)		Analgesia (during labour):	
2 <input type="checkbox"/> threatened preterm labour (<37wks)		1 <input type="checkbox"/> none 6 <input type="checkbox"/> systemic opioids	
3 <input type="checkbox"/> urinary tract infection		2 <input type="checkbox"/> nitrous oxide 7 <input type="checkbox"/> combined spinal/epidural	
4 <input type="checkbox"/> pre-eclampsia		4 <input type="checkbox"/> epidural/caudal 8 <input type="checkbox"/> other	
5 <input type="checkbox"/> antepartum haemorrhage (APH) placenta praevia		Duration of labour	
6 <input type="checkbox"/> APH – placental abruption		1 st stage (hour & min):	
7 <input type="checkbox"/> APH – other		2 nd stage (hour & min):	
8 <input type="checkbox"/> pre-labour rupture of membranes		Postnatal blood loss in mLs:	
9 <input type="checkbox"/> gestational diabetes		Number of babies born (admin purposes only): <input type="text"/>	
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 5 <input type="checkbox"/> type 1 diabetes			
3 <input type="checkbox"/> asthma 6 <input type="checkbox"/> type 2 diabetes			
4 <input type="checkbox"/> genital herpes 8 <input type="checkbox"/> other (specify) _____			
		MIDWIFE	
		Name _____	
		Signature _____	
		Date _____	
		Reg. No. <input type="text"/>	
		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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Estab _____
------------------------	------------------	-------------	---	-------------

BIRTH DETAILS	BABY DETAILS
<p>Anaesthesia (during delivery):</p> <p>1 <input type="checkbox"/> none</p> <p>2 <input type="checkbox"/> local anaesthesia to perineum</p> <p>3 <input type="checkbox"/> pudendal</p> <p>4 <input type="checkbox"/> epidural/caudal</p> <p>5 <input type="checkbox"/> spinal</p> <p>6 <input type="checkbox"/> general</p> <p>7 <input type="checkbox"/> combined spinal/epidural</p> <p>8 <input type="checkbox"/> other</p> <p>Complications of labour and birth <i>(include the reason for instrument delivery):</i></p> <p>1 <input type="checkbox"/> precipitate delivery</p> <p>2 <input type="checkbox"/> fetal distress</p> <p>3 <input type="checkbox"/> prolapsed cord</p> <p>4 <input type="checkbox"/> cord tight around neck</p> <p>5 <input type="checkbox"/> cephalopelvic disproportion</p> <p>7 <input type="checkbox"/> retained placenta – manual removal</p> <p>8 <input type="checkbox"/> persistent occipito posterior</p> <p>9 <input type="checkbox"/> shoulder dystocia</p> <p>10 <input type="checkbox"/> failure to progress <= 3cm</p> <p>11 <input type="checkbox"/> failure to progress > 3cm</p> <p>12 <input type="checkbox"/> previous caesarean section</p> <p>13 <input type="checkbox"/> other (specify) _____</p> <p>Principal reason for Caesarean Section: (specify)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Perineal status:</p> <p>1 <input type="checkbox"/> intact</p> <p>2 <input type="checkbox"/> 1st degree tear/vaginal tear</p> <p>3 <input type="checkbox"/> 2nd degree tear</p> <p>4 <input type="checkbox"/> 3rd degree tear</p> <p>5 <input type="checkbox"/> episiotomy</p> <p>7 <input type="checkbox"/> 4th degree tear</p> <p>8 <input type="checkbox"/> other</p> <p>Born before arrival: 1=yes 2=no <input type="checkbox"/></p> <p>Birth date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Birth time: (24hr clock) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Plurality: (number of babies this birth) <input type="checkbox"/></p> <p>Birth order: (specify this baby, eg, 1=1st baby born, 2=2nd) <input type="checkbox"/></p> <p>Presentation:</p> <p>1=vertex 2=breech 3=face 4=brow 8=other <input type="checkbox"/></p> <p>Water birth: 1=yes 2=no <input type="checkbox"/></p> <p>Method of birth:</p> <p>1 <input type="checkbox"/> spontaneous</p> <p>2 <input type="checkbox"/> vacuum successful</p> <p>3 <input type="checkbox"/> vacuum unsuccessful</p> <p>4 <input type="checkbox"/> forceps successful</p> <p>5 <input type="checkbox"/> forceps unsuccessful</p> <p>6 <input type="checkbox"/> breech (vaginal)</p> <p>7 <input type="checkbox"/> elective caesarean</p> <p>8 <input type="checkbox"/> emergency caesarean</p> <p>Accoucheur(s):</p> <p>1 <input type="checkbox"/> obstetrician</p> <p>2 <input type="checkbox"/> other medical officer</p> <p>3 <input type="checkbox"/> midwife</p> <p>4 <input type="checkbox"/> student</p> <p>5 <input type="checkbox"/> self/no attendant</p> <p>8 <input type="checkbox"/> other</p>	<p>ABORIGINAL STATUS OF BABY (Tick one box only)</p> <p>1 <input type="checkbox"/> Aboriginal but not Torres Strait Islander</p> <p>2 <input type="checkbox"/> Torres Strait Islander but not Aboriginal</p> <p>3 <input type="checkbox"/> Aboriginal and Torres Strait Islander</p> <p>4 <input type="checkbox"/> other</p> <p>Sex: 1=male 2= female 3=indeterminate <input type="checkbox"/></p> <p>Status of baby at birth: 1=liveborn 2=stillborn (unspecified) <input type="checkbox"/></p> <p>3=antepartum stillborn 4=intrapartum stillborn</p> <p>Infant weight: (whole gram) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Length: (whole cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Head circumference: (whole cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Time to establish unassisted regular breathing: (whole min) <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Resuscitation: (All methods used)</p> <p>1 <input type="checkbox"/> none</p> <p>2 <input type="checkbox"/> suction</p> <p>3 <input type="checkbox"/> oxygen</p> <p>4 <input type="checkbox"/> continuous positive airway pressure (CPAP)</p> <p>6 <input type="checkbox"/> endotracheal intubation</p> <p>10 <input type="checkbox"/> intermittent positive pressure ventilation (IPPV)</p> <p>11 <input type="checkbox"/> external cardiac compressions</p> <p>88 <input type="checkbox"/> other</p> <p>Apgar score: 1 minute <input type="text"/> <input type="text"/> <input type="text"/></p> <p>5 minutes <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Estimated gestation: (whole weeks) <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Birth defects: (specify) _____</p> <p>Birth trauma: (specify) _____</p> <p>BABY SEPARATION DETAILS</p> <p>Separation date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Mode of separation: <input type="checkbox"/></p> <p>1=transferred 8=died 9=discharged home</p> <p>Transferred to: _____ hospital/service</p> <p>Special care number of days: <input type="text"/> <input type="text"/> <input type="text"/></p> <p><i>(Excludes Level 1; whole days only)</i></p> <p>MIDWIFE</p> <p>Name _____</p> <p>Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Complete this Baby form once for each baby born, and submit with Pregnancy form</p>

[Form 2 inserted: SL 2023/104 r. 4.]

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))
<i>Health (Notifications by Midwives) Amendment Regulations 2021</i>	SL 2021/62 21 May 2021	r. 1 and 2: 21 May 2021 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jul 2021 (see r. 2(b))
<i>Health (Notifications by Midwives) Amendment Regulations 2023</i>	SL 2023/104 30 Jun 2023	r. 1 and 2: 30 Jun 2023 (see r. 2(a)); Regulations other than r. 1 and 2: 1 Jul 2023 (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 Regulations Amendment (Abortion Legislation Reform) Regulations 2024 Pt. 3</i>	SL 2024/20 21 Feb 2024	27 Mar 2024 (see r. 2(b))

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