



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	5
--	-------------------	---

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; 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;
SL 2024/20 r. 7.]

Form 1

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 _____	
First name _____		Birth date (Mother) _____		Ward _____	
Address of usual residence _____		State _____		Post code _____	
Number and street _____		State _____		Post code _____	
Town or suburb _____		Height _____		Weight _____	
Maiden name _____		(whole cm)		(whole kilogram)	
Email _____		Telephone _____		Ethnic status of mother _____	
Interpreter service required <input type="checkbox"/> Mother's language _____		(1=yes 2=no)		(requiring interpreter)	
Or Other _____					

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: _____

This date certain 1=yes 2=no _____

Expected due date: _____

Based on 1 = clinical signs/dates _____

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 none use '000'; occasional or smoked < 1 use '998'; undetermined use '999')

Alcohol during pregnancy:

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 99 = unknown

Number of standard alcohol drinks on a typical day _____

Was screening for depression/anxiety conducted: _____

1=yes 2=not offered 3=declined 9=unknown

Was additional followup indicated for perinatal mental health risk factors? _____

1=yes 2=no 7=not applicable 9=unknown

Was family violence screening conducted: _____

1=yes 2=not offered 3=declined 9=unknown

Complications of pregnancy:

1 ☐ threatened abortion (<20wks)

2 ☐ threatened 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

11 ☐ gestational hypertension

12 ☐ pre-eclampsia superimposed on essential hypertension

99 ☐ other (specify) _____

Medical Conditions:

1 ☐ essential hypertension 5 ☐ type 1 diabetes

3 ☐ asthma 6 ☐ type 2 diabetes

4 ☐ genital herpes 8 ☐ 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 _____

99 Unknown if vaccinated _____

Was syphilis screening conducted during the following periods:

1=yes 2=not offered 3=declined 8=unknown

At first antenatal contact, before 28 weeks _____

Between 28 weeks and 35 weeks _____

Between 36 weeks and birth _____

Procedures/treatments:

1 ☐ fertility treatments (include drugs)

2 ☐ cervical suture

3 ☐ CVS/placental biopsy

4 ☐ amniocentesis

5 ☐ ultrasound

6 ☐ CTG antepartum

7 ☐ CTG intrapartum

Primary maternity model of care: _____

Intended place of birth at onset of labour:

1=hospital 2=birth centre attached to hospital

3=birth centre free standing 4=home 8=other _____

LABOUR DETAILS

Maternity model of care at onset of labour or non-labour caesarean: _____

Onset of labour: _____

1=spontaneous 2=induced 3=no labour

Principal reason for induction of labour (if induced): _____

Augmentation (labour has begun): Induction (before labour begun):

1 ☐ none 1 ☐ none

2 ☐ oxytocin 2 ☐ oxytocin

3 ☐ prostaglandins 4 ☐ prostaglandins

4 ☐ artificial rupture of membranes 5 ☐ artificial rupture of membranes

5 ☐ other 6 ☐ dilatation device i.e. Foley Catheter

6 ☐ other 7 ☐ antiprogesterone i.e. mifepristone

8 ☐ other 8 ☐ other

Analgesia (during labour):

1 ☐ none 6 ☐ systemic opioids

2 ☐ nitrous oxide 7 ☐ combined spinal/epidural

4 ☐ epidural/caudal 8 ☐ other

5 ☐ spinal

Duration of labour

1st stage (hour & min): _____ hr _____ min

2nd stage (hour & min): _____ hr _____ min

Postnatal blood loss in mLs: _____

Number of babies born (admin purposes only): _____

MIDWIFE

Name _____

Signature _____

Date _____

Reg. No. _____

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		BABY 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 7 <input type="checkbox"/> combined spinal/epidural 8 <input type="checkbox"/> other		ABORIGINAL STATUS OF BABY (Tick one box only) 1 <input type="checkbox"/> Aboriginal but not Torres Strait Islander 2 <input type="checkbox"/> Torres Strait Islander but not Aboriginal 3 <input type="checkbox"/> Aboriginal and Torres Strait Islander 4 <input type="checkbox"/> other	
Complications of labour and birth (include the reason for instrument 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 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 <= 3cm 11 <input type="checkbox"/> failure to progress > 3cm 12 <input type="checkbox"/> previous caesarean section 13 <input type="checkbox"/> other (specify) _____		Sex: 1=male 2=female 3=indeterminate <input type="checkbox"/> Status of baby at birth: 1=liveborn 2=stillborn (unspecified) <input type="checkbox"/> 3=anteperitum 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 <input type="checkbox"/> none 2 <input type="checkbox"/> suction 3 <input type="checkbox"/> oxygen 4 <input type="checkbox"/> continuous positive airway pressure (CPAP) 6 <input type="checkbox"/> endotracheal intubation 10 <input type="checkbox"/> intermittent positive pressure ventilation (IPPV) 11 <input type="checkbox"/> external cardiac compressions 88 <input type="checkbox"/> other	
Principal reason for Caesarean Section: (specify) _____ _____ _____		Apgar score: 1 minute _____ 5 minutes _____ Estimated gestation: (whole weeks) _____ Birth defects: (specify) _____ Birth trauma: (specify) _____	
Perineal status: 1 <input type="checkbox"/> intact 2 <input type="checkbox"/> 1 st degree tear/vaginal tear 3 <input type="checkbox"/> 2 nd degree tear 4 <input type="checkbox"/> 3 rd degree tear 5 <input type="checkbox"/> episiotomy 7 <input type="checkbox"/> 4 th degree tear 8 <input type="checkbox"/> other		BABY SEPARATION DETAILS Separation date: _____ 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)	
Born before arrival: 1=yes 2=no <input type="checkbox"/> Birth date: _____ 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 <input type="checkbox"/> Water birth: 1=yes 2=no <input type="checkbox"/> 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		MIDWIFE Name _____ Date _____ Complete this Baby form once for each baby born, and submit with Pregnancy form	
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			

[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.

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</i> Pt. 17	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 Compilation 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))
<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))

© State of Western Australia 2024.
This work is licensed under a Creative Commons Attribution 4.0 International Licence (CC BY 4.0).
To view relevant information and for a link to a copy of the licence, visit www.legislation.wa.gov.au.
Attribute work as: © State of Western Australia 2024.
By Authority: GEOFF O. LAWN, Government Printer