Western Australia

Health (Notifications by Midwives) Regulations 1994

Compare between:

[03 Oct 2024, 02-i0-00] and [15 Oct 2026, 02-j0-00]

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.** Deleted: SL 2024/198 r. 4.]*

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~~must be in the form of Form 2 in the Schedule.

[Regulation 4 amended: Gazette 14 Dec 2012 p. 6200; SL 2024/20 r. ~~7~~7; SL 2026/213 r. 4.]

Form 2

Schedule

[Form 1 Deleted: SL 2024/198 r. 5.]

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 **Marital status**
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** _____ *(whole cm)* **Weight** _____ *(whole kilogram)*
Maiden name _____ **Ethnic status of mother**
Email _____ **Telephone** _____ 1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI
Interpreter service required ☐ *(1=yes 2=no)* **Mother's language** _____ *(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: 20
This date certain 1=yes 2=no
Expected due date: 20
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: **First 20 wks** **After 20 wks**
Frequency of drinking an alcoholic drink
01 = never 02 = monthly 03 = 2 to 4 times a month 04 = 2 to 3 times a week 05 = 4 or more times a week 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
3 ☐ asthma
4 ☐ genital herpes
5 ☐ type 1 diabetes
6 ☐ type 2 diabetes
8 ☐ other (specify) _____

Vaccinations during pregnancy: Influenza Pertussis
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)*:
1 ☐ none
2 ☐ oxytocin
3 ☐ prostaglandins
4 ☐ artificial rupture of membranes
8 ☐ other

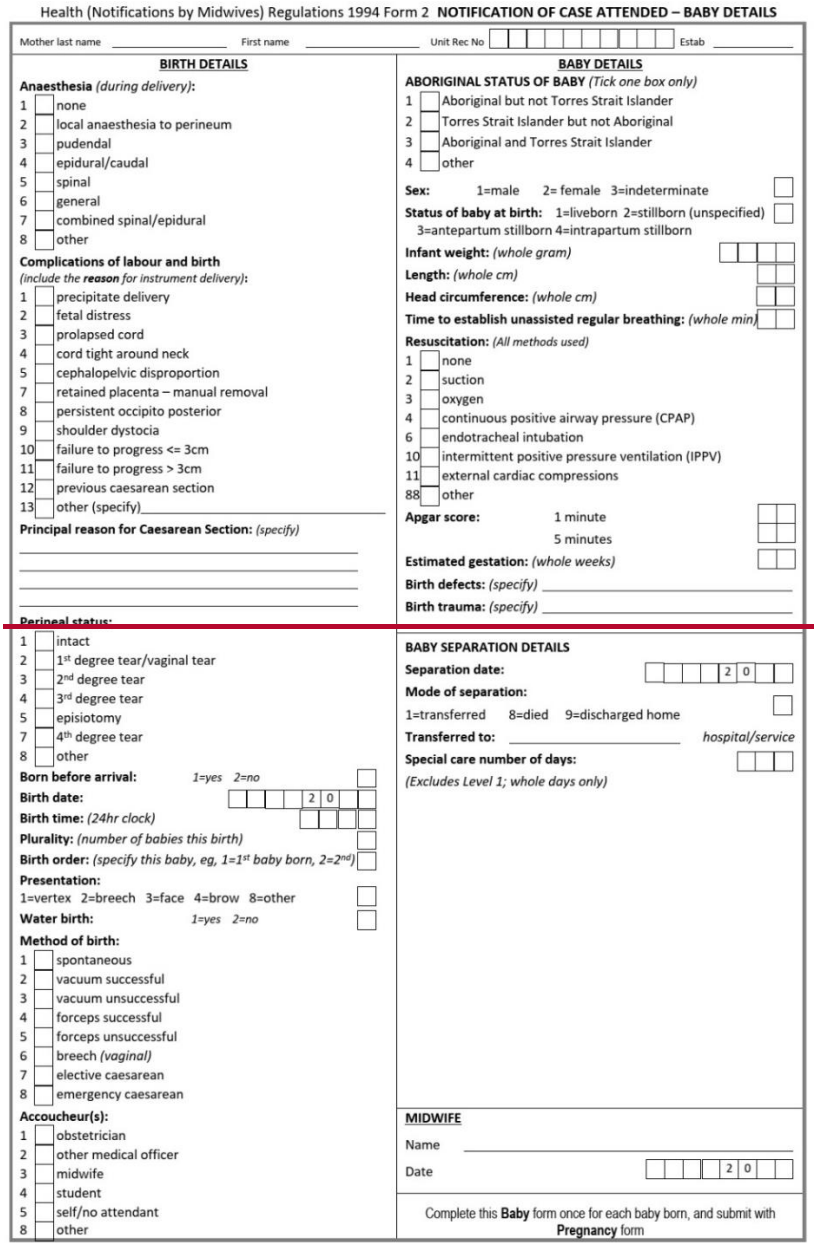
Induction*(before labour begun)*:
1 ☐ none
2 ☐ oxytocin
4 ☐ prostaglandins
5 ☐ artificial rupture of membranes
6 ☐ dilatation device i.e. Foley Catheter
7 ☐ antiprogestogen i.e. mifepristone
8 ☐ other

Analgesia *(during labour)*:
1 ☐ none
2 ☐ nitrous oxide
4 ☐ epidural/caudal
5 ☐ spinal
6 ☐ systemic opioids
7 ☐ combined spinal/epidural
8 ☐ other

Duration of labour hr min
1st stage *(hour & min)*:
2nd stage *(hour & min)*:
Postnatal blood loss in mLs:
Number of babies born (admin purposes only):

MIDWIFE
Name _____
Signature _____
Date 20
Reg. No. N M 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 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: *(specify)*
_____
_____
_____
_____

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

Born before arrival: *1=yes 2=no* ☐
Birth date: ☐☐☐☐20☐☐
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

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

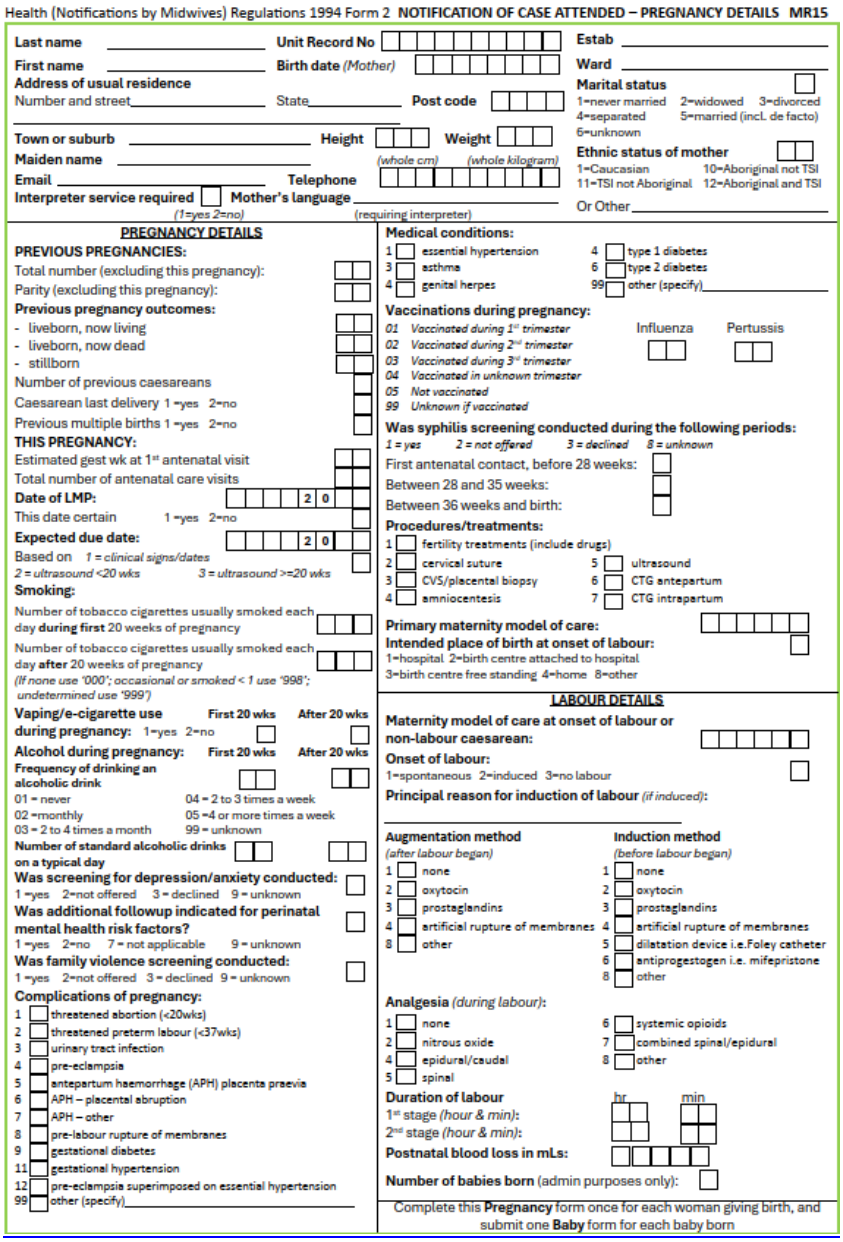
Sex: 1=male 2= female 3=indeterminate ☐
Status of baby at birth: 1=liveborn 2=stillborn (unspecified) ☐
3=antepartum stillborn 4=intrapartum stillborn
Infant weight: *(whole gram)* ☐☐☐☐
Length: *(whole cm)* ☐☐
Head circumference: *(whole cm)* ☐☐
Time to establish unassisted regular breathing: *(whole 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: ☐☐☐☐20☐☐
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 ☐☐☐☐20☐☐

Complete this **Baby** form once for each baby born, and submit with **Pregnancy** form

Form 2



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

Number and street_____ State_____ **Post code** _____

Marital status
1=never married 2=widowed 3=divorced 4=separated 5=married (incl. de facto) 6=unknown

Town or suburb _____ **Height** _____ **Weight** _____
(whole cm) *(whole kilogram)*

Maiden name _____

Ethnic status of mother
1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI Or Other _____

Email _____ **Telephone** _____

Interpreter service required ☐ *(1=yes 2=no)* **Mother's language** _____ (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 = 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')

Vaping/e-cigarette use during pregnancy: 1=yes 2=no — First 20 wks ☐ After 20 wks ☐

Alcohol during pregnancy: First 20 wks ☐☐ After 20 wks ☐☐
Frequency of drinking an alcoholic drink
01 = never
02 =monthly
03 = 2 to 4 times a month
04 = 2 to 3 times a week
05 =4 or more times a week
99 = unknown
Number of standard alcoholic 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
3 ☐ asthma
4 ☐ genital herpes
4 ☐ type 1 diabetes
6 ☐ type 2 diabetes
99 ☐ 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
Influenza ☐☐ Pertussis ☐☐

Was syphilis screening conducted during the following periods:
1 = yes 2 = not offered 3 = declined 8 = unknown
First antenatal contact, before 28 weeks: ☐
Between 28 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 method *(after labour began)*
1 ☐ none
2 ☐ oxytocin
3 ☐ prostaglandins
4 ☐ artificial rupture of membranes
8 ☐ other

Induction method *(before labour began)*
1 ☐ none
2 ☐ oxytocin
3 ☐ prostaglandins
4 ☐ artificial rupture of membranes
5 ☐ dilatation device i.e.Foley catheter
6 ☐ antiprogestogen i.e. mifepristone
8 ☐ other

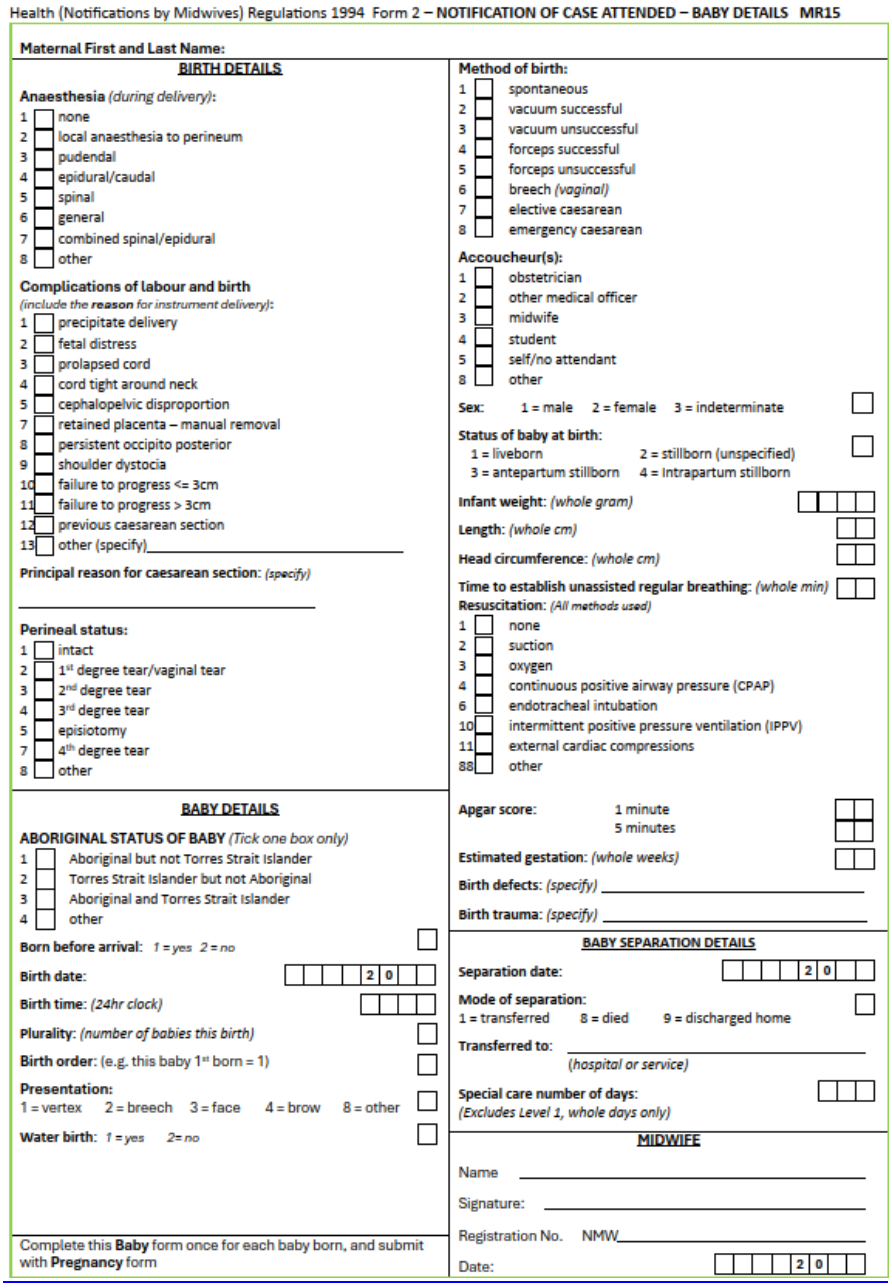
Analgesia *(during labour)*:
1 ☐ none
2 ☐ nitrous oxide
4 ☐ epidural/caudal
5 ☐ spinal
6 ☐ systemic opioids
7 ☐ combined spinal/epidural
8 ☐ other

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

Number of babies born (admin purposes only): ☐

Complete this **Pregnancy** form once for each woman giving birth, and submit one **Baby** form for each baby born

Form 2



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

Maternal First and Last Name:

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: *(specify)*
_____

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

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

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: ☐☐☐☐20☐☐

Birth time: *(24hr clock)* ☐☐☐☐

Plurality: *(number of babies this birth)* ☐

Birth order: (e.g. this baby 1st born = 1) ☐

Presentation: ☐
1 = vertex 2 = breech 3 = face 4 = brow 8 = other

Water birth: *1 = yes 2= no* ☐

Apgar score: 1 minute ☐☐
5 minutes ☐☐

Estimated gestation: *(whole weeks)* ☐☐

Birth defects: *(specify)* _____

Birth trauma: *(specify)* _____

BABY SEPARATION DETAILS

Separation date: ☐☐☐☐20☐☐

Mode of separation: ☐
1 = transferred 8 = died 9 = discharged home

Transferred to: _____
(hospital or service)

Special care number of days: ☐☐☐
(Excludes Level 1, whole days only)

MIDWIFE

Name _____

Signature: _____

Registration No. NMW_____

Date: ☐☐☐☐20☐☐

Complete this **Baby** form once for each baby born, and submit with **Pregnancy** form

[Form 2 inserted: SL ~~2023/104~~2026/213 r. ~~4~~5.]

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
Health (Notifications by Midwives) Regulations 1994	28 Jan 1994 p. 283-5	28 Jan 1994
Reprint 1: The *Health (Notifications by Midwives) Regulations 1994* as at 11 Jun 2004		
Health (Notifications by Midwives) Amendment Regulations 2011	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))
Health (Notifications by Midwives) Amendment Regulations (No. 2) 2011	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))
Health (Notifications by Midwives) Amendment Regulations 2012	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))
Health (Notifications by Midwives) Amendment Regulations 2014	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))
Health (Notifications by Midwives) Amendment Regulations 2016	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))
Health Regulations Amendment (Public Health) Regulations 2016 Pt. 17	10 Jan 2017 p. 237-308	24 Jan 2017 (see r. 2(b) and *Gazette* 10 Jan 2017 p. 165)
Health (Notifications by Midwives) Amendment Regulations 2017	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)		

Citation	Published	Commencement
Health (Notifications by Midwives) Amendment Regulations 2019	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))
Health (Notifications by Midwives) Amendment Regulations 2021	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))
Health (Notifications by Midwives) Amendment Regulations 2023	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))
Health Regulations Amendment (Abortion Legislation Reform) Regulations 2024 Pt. 3	SL 2024/20 21 Feb 2024	27 Mar 2024 (see r. 2(b))
Health (Notifications by Midwives) Amendment Regulations 2024	SL 2024/198 2 Oct 2024	r. 1 and 2: 2 Oct 2024 (see r. 2(a)); Regulations other than r. 1 and 2: 3 Oct 2024 (see r. 2(b))

Health (Notifications by Midwives) Amendment Regulations 2026	SL 2026/213 14 Oct 2026	r. 1 and 2: 14 Oct 2026 (see r. 2(a)); Regulations other than r. 1 and 2: 15 Oct 2026 (see r. 2(b))

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