



Western Australia

Health (Miscellaneous Provisions) Act 1911

Health (Notifications by Midwives) Amendment Regulations 2026

Western Australia

Health (Notifications by Midwives) Amendment Regulations 2026

Contents

1.	Citation	1
2.	Commencement	1
3.	Regulations amended	1
4.	Regulation 4 amended	1
5.	Schedule amended	1

Health (Notifications by Midwives) Amendment Regulations 2026

Made by the Governor in Executive Council.

1. Citation

These regulations are the *Health (Notifications by Midwives) Amendment Regulations 2026*.

2. Commencement

These regulations come into operation as follows —

- (a) regulations 1 and 2 — on the day on which these regulations are published on the WA legislation website;
- (b) the rest of the regulations — on the day after that day.

3. Regulations amended

These regulations amend the *Health (Notifications by Midwives) Regulations 1994*.

4. Regulation 4 amended

In regulation 4 delete “is to” and insert:

must

5. Schedule amended

In the Schedule delete Form 2 and insert:

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 _____		Etab _____	
First name _____		Birth date (Mother) _____		Ward _____	
Address of usual residence _____		Post code _____		Marital status _____	
Number and street _____		State _____		1=never married 2=widowed 3=divorced 4=separated 5=married (incl. de facto) 6=unknown	
Town or suburb _____		Height _____		Ethnic status of mother _____	
Maiden name _____		(whole cm)		1=Caucasian 10=Aboriginal not TSI 11=TSI not Aboriginal 12=Aboriginal and TSI	
Email _____		Telephone _____		Or Other _____	
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 _____		Medical conditions: 1 ☐ essential hypertension 4 ☐ type 1 diabetes 3 ☐ asthma 6 ☐ type 2 diabetes 4 ☐ genital herpes 99 ☐ other (specify) _____ Vaccinations during pregnancy: 01 Vaccinated during 1 st trimester Influenza _____ Pertussis _____ 02 Vaccinated during 2 nd trimester _____ 03 Vaccinated during 3 rd 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 First antenatal contact, before 28 weeks: _____ Between 28 and 35 weeks: _____ Between 36 weeks and birth: _____	
THIS PREGNANCY: Estimated gest wk at 1 st 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') Vaping/e-cigarette use during pregnancy: 1=yes 2=no _____ Alcohol during pregnancy: First 20 wks _____ After 20 wks _____ 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 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) _____		Procedures/treatments: 1 ☐ fertility treatments (include drugs) _____ 2 ☐ cervical suture 5 ☐ ultrasound 3 ☐ CVS/placental biopsy 6 ☐ CTG antepartum 4 ☐ amniocentesis 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 ☐ antiprogesterone 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 1 st stage (hour & min): _____ 2 nd 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

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 <i>(include the reason for instrument delivery):</i> 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 ☐ 1 st degree tear/vaginal tear 3 ☐ 2 nd degree tear 4 ☐ 3 rd degree tear 5 ☐ episiotomy 7 ☐ 4 th 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 Apgar score: 1 minute 5 minutes Estimated gestation: (whole weeks) Birth defects: (specify) _____ Birth trauma: (specify) _____
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: 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 ☐	BABY SEPARATION DETAILS Separation date: 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:	

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

BRENDAN D'SA, Clerk of the Executive Council