

CHAPTER 281

THE MIDWIVES RULES

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CHAPTER 281

S.I. 3/1962.

THE MIDWIFERY ACT

RULES MADE BY THE MIDWIVES BOARD UNDER SECTION 27 OF THE MIDWIFERY ACT.

1. SHORT TITLE. These Rules may be cited as the Midwives Rules.

2. INTERPRETATION. In these Rules unless the context otherwise requires—

“authorised person” means any member of the Midwives’ Board, any medical practitioner, the Matron of the Holberton Hospital, the Secretary to the Board and any other person authorised by the Board in writing in that behalf;

“district medical officer” means a district medical officer appointed under section 14 of the Medical and Holberton Institution Act;

“lying-in-period” means a period not less than nine days or more than fourteen days after the end of labour, during which the continued attendance on mother and child by the midwife is requisite;

“medical practitioner” means a person registered as such under the Medical Act;

“midwife” means a woman whose name appears on the Register of Midwives;

“normal labour” means a labour in which there are none of the conditions mentioned in rule 28 of these Rules.

A. GENERAL

3. PRODUCTION OF RULES. Every midwife must possess, and produce for inspection, when asked to do so by any authorised person, a copy of the pamphlet “Rules regulating the practice of midwifery and the fees payable to registered midwives” as issued by the Board.

4. REGISTER OF CASES. Every midwife shall keep a register of cases attended by her in such form and manner as may be approved by the Board from time to time, and such register of cases shall be produced by the midwife for inspection when called upon to do so by any authorised person; and if it is not in her immediate possession shall be produced by her within 24 hours of the request to produce the same.

5. RETURNS. It shall be the duty of every midwife to furnish the Board with such returns as the Board may from time to time demand.

6. DISTRICT MEDICAL OFFICER TO BE INFORMED OF INFECTIOUS CASES. When a midwife has been in attendance, whether as a midwife or as a nurse upon a patient, or has been in contact with a person suffering from puerperal fever, ophthalmia neonatorum, or from contagious or infectious disease, or is, herself, liable to be a source of infection or contagion, she shall immediately notify the district medical officer of the district in which she is practising, and shall disinfect herself and all her instruments and other appliances and have her clothing thoroughly disinfected to the satisfaction of the district medical officer or the Superintendent of Public Health Nurses and shall not attend any other midwifery case until she has obtained written permission to do so from the district medical officer of her district.

7. DEATHS. A midwife shall not lay out a dead body except in the case of a patient upon whom she has been in attendance at the time of death. After laying out a body for burial she shall notify the district medical officer of the district in which she practises and undergo adequate cleansing and disinfection in accordance with the preceding rule.

8. ADMINISTRATION OF DRUGS TO BE NOTED IN MIDWIFE'S REGISTER OF CASES. Every midwife shall note in her register of cases each occasion on which she is under the necessity of administering in any way any drug and the time and cause of administration.

9. CLEANLINESS OF MIDWIFE TO BE SCRUPULOUSLY OBSERVED. The midwife shall be scrupulously clean in every way with respect to her person, clothing, appliances and premises. She shall keep her nails cut short and clean and preserve the skin of her hands as far as possible from cracks and abrasions. Every midwife shall submit herself for inspection in this respect whenever called upon for this purpose by any authorised person. When attending her patients she must wear a clean dress of washable material which can be boiled, and which either has short sleeves reaching to above the elbow only or sleeves which can be detached therefrom, or which can easily be rolled up to above the elbow. She must also wear when actually at work on a case, a clean washable apron or overall. She shall not wear any rings or wristwatch when in attendance on a case.

10. CONTENTS OF EVERY MIDWIFERY BAG. (1) Every midwife shall keep and take with her on all occasions when attending a confinement, a case or bag kept solely for the purpose, and furnished with a removable lining which can be washed and boiled. At least two linings must be provided, the one in use must be clean, the other must be washed immediately on removal and retained ready for use. The case of bag must at all times be ready, and be produced for inspection when requested by an authorised person. It must always contain—

- (i) a pair of dessecting forceps;
- (ii) a Higginson's syringe;
- (iii) a pair of scissors;
- (iv) a nail brush;
- (v) a clinical thermometer;
- (vi) a catheter;
- (vii) a bottle of disinfectant approved by the Board;
- (viii) a container of disinfectant powder approved by the Board;
- (ix) a bottle of boracic solution or tin of boracic powder with which to make a solution for cleaning the eyes of children;
- (x) a bottle of an approved preparation for the disinfection of the eyes of children;
- (xi) cotton wool;
- (xii) dressing for cord such as lint or clean cloth which has been boiled;

- (xiii) thread or tape for tying the cord;
- (xiv) soap;
- (xv) an enamel iron bowl or other container approved by the Board;
- (xvi) a medicine glass or other measure approved by the Board;
- (xvii) a supply of two ounces of tincture of ergot for administration as directed in paragraph (2) of this rule, or 6 tablets of ergometrine.
- (xviii) such other articles and drugs as may from time to time be specified by the Board;
- (xix) dressing towel;
- (xx) hand towel.

(2) A midwife when attending a confinement may give to the patient one drachm of tincture of ergot or one tablet of ergometrine which shall be given following normal labour and only after delivery of the placenta. The administration of ergot or ergometrine shall not be repeated except by the direction of a medical practitioner.

B. DUTIES OF PATIENTS

11. HANDS ETC. TO BE WASHED AND STERILISED. Before touching the patient's genitals or their neighbourhood, the midwife in charge of the patient shall on each occasion thoroughly wash in soap and water and then disinfect her hands and forearms in an efficient manner and all instruments and other appliances shall be sterilised by boiling before being brought into contact with the patient's genitals. The hands must also be disinfected as aforesaid described before performing any internal examination or inserting a catheter.

12. MIDWIFE TO INTERVIEW PATIENT. (1) When engaged to attend a case of labour a midwife shall interview her patient at the earliest possible opportunity and shall enquire as to the following—

- (a) the course of any previous pregnancies, deliveries and their puerperia;
- (b) the present health of the mother, and her children, if any, and she shall advise as to the general arrangements for the confinement of the patient, and shall with the patient's consent visit her house for the purpose of inspecting the same.

(2) A midwife must see her patient during the pregnancy as often as it is necessary, and must keep notes of her antenatal observations in the form approved by the Board.

13. TEMPERATURE. If a rise of temperature, or any other condition requiring close supervision, be found during the morning visit, an evening visit must be paid.

14. TEMPERATURE AND PULSE RATE TO BE TAKEN. A midwife shall take the pulse rate, temperature and respiration of her patient on each visit, and shall accurately enter the same together with the times and date of the taking thereof in the Register to be kept by her for the purpose and if the temperature was not taken in the mouth, the manner in which it was taken shall also be recorded.

15. PATIENT TO BE NOTIFIED OF MIDWIFE'S ADDRESS. A midwife must not leave a confinement case without giving an address at which she can be found without delay; and after the commencement of the second stage of labour she shall remain with her patient until after the expulsion of the placenta and for such further period as may be necessary. In a case where a doctor has been sent for either on account of the labour being abnormal or there being threatened danger, she shall await his arrival and faithfully carry out his instructions. If for any reason the services of a medical practitioner be not available, the midwife shall remain with the patient until the emergency is over.

16. CARE OF PATIENT. A midwife shall wash the patient's external parts with soap and water and then swab them with the antiseptic lotion approved by the Board on the following occasions—

- (a) before making an internal examination;
- (b) after the termination of labour;
- (c) during the lying-in period when washing is required; and
- (d) before passing a catheter.

A midwife shall swab with antiseptic solution before any further examination is given. For this purpose on no account shall a midwife use ordinary sponges or flannel but only materials which have been boiled or otherwise disinfected before use.

17. INTERNAL EXAMINATIONS. A midwife shall take care to make no more internal examinations than are absolutely necessary.

18. EXAMINATION OF PLACENTA AND MEMBRANES. A midwife in charge of a case of labour shall in all cases examine the placenta and membranes before they are destroyed and shall satisfy herself that they are completely expelled.

19. SOILED LINEN TO BE REMOVED. A midwife shall remove or cause to be removed all soiled linen, blood, faeces, urine, placenta and membranes from the neighbourhood of the patient and from the lying-in room as soon as possible after the labour and in every case before she leaves the patient's house.

20. AFTER CARE. A midwife shall be responsible for the cleanliness of the mother and child and shall give all necessary directions for securing their comfort and proper dieting during the lying-in period. If after ceasing to attend a case the midwife is again called in to attend an illness of the mother or the child connected with the confinement, she shall comply with rules 27 and 28 of these Rules.

C. DUTIES TO THE CHILD

21. CHILD BORN APPARENTLY DEAD. In the case of a child which is born apparently dead, the midwife shall carry out appropriate methods of resuscitation.

22. CARE OF CHILD'S EYES. As soon as the child's head is born, and if possible before the eyes are opened, its eyelids shall be carefully cleaned by the midwife, and a prophylactic application approved by the Board inserted.

23. BIRTH OF CHILD IN DANGER OF DEATH. On the birth of a child which is in danger of death, the midwife shall inform one of the parents or a responsible representative of the family of the child's condition, and recommend that he or she inform their minister of religion.

24. STILL BIRTH. In all cases of still birth, that is to say where the child after having been completely born has not breathed or shown any signs of life, and where a medical practitioner is not in attendance at the time of birth, the midwife in attendance at such still birth shall immediately notify the district medical officer of the district in which she practises.

25. TREATMENT OF CORD. It shall be the duty of a midwife after pulsation has ceased to cut the cord, having first tied the same in two places, between which the cord shall be cut with the pair of scissors mentioned in rule 10 of these Rules. After having cut the cord, the end of which remains

attached to the child's abdomen shall be dusted with boric acid powder or such powder as the Board may from time to time approve and shall be covered with a dressing for the cord, kept as in rule 10 of these Rules. Such dressing shall be properly bandaged across the abdomen. On no account shall any other dressing be applied to the cord, or anything used in the dressing, which is not contained in the midwife's case or bag as mentioned in the said rule 10. A midwife must examine the cord within two hours after it has been tied.

26. BREAST FEEDING. A midwife must endeavour to promote breast feeding and must, when breast feeding cannot apparently be continued, urge medical aid. Substitute feeds must not be given by a midwife to the baby without previous medical advice.

D. WHEN A MEDICAL PRACTITIONER SHOULD BE SENT FOR

27. DUTY OF MIDWIFE TO SEND FOR MEDICAL PRACTITIONER WHEN NECESSARY. In all cases of illness of the patient or child or of any abnormality occurring during the pregnancy, labour or the lying-in period it shall be the duty of the midwife in charge of the case, as soon as she becomes aware thereof, to explain to the husband or near relative or friend that the case is one in which a medical practitioner must either be called in or consulted. If no steps are taken, the midwife herself must inform the medical practitioner by telephone or use when possible the form shown in Schedule A to these Rules which may be obtained from the office of the Senior Medical Officer.

28. MEDICAL AID. The foregoing rule shall apply particularly—

(1) In the case of a woman who—

(a) during the pregnancy, labour or lying-in period appears to be dying or is dead;

(b) during pregnancy is suffering from severe and continued vomiting, severe continued headache, unusual loss of blood, abortion or threatened abortion, fits or convulsions, albumin in the urine, puffiness of the face, hands, or feet, discharge from or sores on the genitals, or other abnormalities or complications;

(c) is experiencing any of the following that is to say, prolonged labour, a presentation other than the uncomplicated head or breach, no presentation that can be made out, prolapse of the cord, no advance after full dilation of the os in two hours in primiparae or one hour in multiparae, fits or convulsions, excessive bleeding, incomplete expulsion of the placenta and membranes two hours after the birth

of the child, rupture of the perenium or other injuries to the soft parts, other abnormalities or complications;

(d) during the lying-in period is suffering from any of the following, loss of blood, foul smelling lochia, a temperature of 100 degrees on two successive days, fits or convulsions, a steadily rising pulse rate, or white leg.

(2) In the case of a child when there is any severe injury received during birth, malformation, deformity or abnormality endangering the child's life, unusual weakness, inflammation of or discharge from the eyes however slight, any skin eruption (especially those marked by water blisters), inflammation about or haemorrhage from the navel.

29. FEES. Fees shall not be charged to destitute persons or those in receipt of poor relief; and the fees to be charged persons of the labouring classes by midwives employed in Government Service shall not exceed those set out in Schedule "C" to these Rules, for the services therein specified.

30. DISCIPLINARY—DISOBEDIENCE OR NON OBSERVANCE OF RULES. If a report is made against a midwife to the Chairman of the Board for any wilful disobedience or non-observance of these Rules, it shall be lawful for him to suspend her from practice (if he considers this necessary) until the charge is considered by the Midwives Board. The midwife against whom the report is made shall be given an opportunity to appear before the Board and shall be heard on her own behalf, and shall be permitted to call witnesses on her own behalf.

31. BOARD TO CONSIDER CHARGE. On receiving such a report the chairman of the Board shall summon a meeting of the Board as soon as possible thereafter, and not exceeding ten days from the date of notification thereof, to consider the said report against the midwife.

32. SUSPENSION OR OTHERWISE OF MIDWIFE. If the complaint contained in the report mentioned in the last preceding rule be proved to the satisfaction of the Board, the Board may order the midwife to be suspended for a period of time not exceeding one year, or if the offence warrants it, may order her name to be removed from the register of midwives and her certificate of registration cancelled.

33. COURT CONVICTION. A midwife who is convicted of a misdemeanour or felony is liable to be suspended by the Board, or to have her name removed from the register of Midwives as the Board may deem fit.

34. BADGE. A Midwives' badge may be issued to registered midwives at a reasonable cost, which badge will be returnable when the recipient retires from active service in her profession, or is suspended, or has had her name removed from the register.

35. SYLLABUS FOR EXAMINATIONS. The syllabus for the midwifery examinations is set out in Schedule B to these Rules.

36. EXAMINATIONS. A candidate who wishes to sit for a midwifery examination shall pay a fee of \$5.00 to the Supervisory Authority before she can be allowed to sit for the examination. Should she fail the examination, she will be allowed to sit it again, but not more than on three occasions in all and on paying the registration fee of \$5.00 for each sitting.

37. DUPLICATE COPY OF REGISTRATION FORM. The fee for a duplicate copy of a midwife's registration form shall be \$1.00

38. EXAMINERS. The Board shall have power to appoint examiners for midwifery examinations as and when necessary.

SCHEDULE A

r.27.

MIDWIFE'S FORM FOR SENDING FOR MEDICAL
PRACTITIONER'S ASSISTANCE

Date:

- (1) This notice is sent in respect of
Address
- (2) Medical assistance is sought by
- (3) The case is urgent
- Sent to
- At
- Time of sending message
- Signed (Midwife)

Footnote: (1) Fill in the name of patient
(2) "Me", "Relative" or "Friend", as the case may be
(3) If the case is not urgent, cross this out.

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SCHEDULE B

r.36.

PROPOSED SYLLABUS OF TRAINING FOR MIDWIVES

Anatomy of the female pelvis	Bones—Joints, Ligaments, Pelvis measurement, Organs of generation, external and internal ovulation, Menstruation.
Physiology of Pregnancy	Fertilisation, Development of embryo and placenta.
Changes in the Maternal Organism	Diagnosis of pregnancy, duration and hygiene of pregnancy, antenatal supervision, examination of the pregnant woman, management of normal pregnancy.
The Foetus	Foetal circulation, foetal skull, attitude, lie, presentation and position of the foetus, normal labour, onset, stages of labour, duration, factors of labour, mechanism of labour in the occipito-anterior position of the head, management of normal labour, mechanism and management of an occipito-posterior position, mechanism and management of face and brow presentation, mechanism and management of breech presentation, mechanism and management of transverse lie of foetus (shoulder presentation), mechanism and management of plural births, physiology and management of the puerperium.
Pathology of pregnancy	Concurrent and intercurrent diseases
Toxaemia of pregnancy	Hyperemesis gravidarum.
Pre-eclamptic Toxaemia	Nephritic toxaemia, eclampsia, displacements and abnormalities of the uterus during pregnancy.
Ante-version and Ante-flexion	Retroversion and retroflexion.
Abnormalities and diseases of chorion, amnion, placenta and cord.	

Premature interruption of pregnancy.

Abortion etc., extra-uterine pregnancy, pathology of labour, faults in the powers, passages and passenger, antepartum haemorrhage, accidental and unavoidable (placenta praevia), post partum haemorrhage, injuries to the genital tract.

Pathology of the puerperium

Puerperal infection, other puerperal diseases, sub-involution, secondary post partum haemorrhage, collapse.

Pathology of the new born infant

Asphyxia neonatorum, nursing in ophthalmic cases, dangers and prevention, umbilical haemorrhage and sepsis, diarrhoea, jaundice, malformations and disorders of the new-born child.

Birth injuries

Operative Obstetrics

Version, forceps, caesarian section, episiotomy, induction of labour and abortion.

Infection—Its causes and means taken to prevent it; asepsis; antiseptics in midwifery and the way to prepare and use them; the disinfection of the person, clothing and appliances. The use of rubber gloves and masks, and the conditions in which it is advisable to use them.

Nursing in relation to major and minor disorders of pregnancy. Haemorrhage.

Management of the new born child. The umbilical cord. Breast feeding.

Artificial feeding. Care of the premature child.

The duties of the midwife as described in Regulations of the Nursing Council of Antigua and Barbuda.

Conditions to be fulfilled by candidates for registration as Registered Midwives.

The Candidate must satisfy the Nursing Council that she has—
(a) attended not less than 40 lectures;

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(b) attended and taken responsibility for the ante-natal care of not less than 20 pregnant women, such responsibility including the booking of cases and keeping of records and the reporting of cases;

(c) attended and delivered not less than 25 cases;

(d) attended and nursed not less than 40 lying-in women and their children;

(e) attended at least 5 sessions at a Maternity and Infant Welfare Clinic approved by the Nursing Council of Antigua and Barbuda.

SCHEDULE C

r. 29.

FEES FOR MIDWIVES

Midwives employed in Government Service—

Not exceeding \$5.00 for delivery and visiting case during lying-in period.