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Crown Law Department,
Perth, 2nd May, 1968.

THE undermentioned Regulations made under the provisions of the Health Act, 1911-1966 and amended from time to time up to and including the 25th March, 1968, are reprinted as so amended pursuant to the Reprinting of Regulations Act, 1954 by authority of the Minister for Justice.

W. J. ROBINSON,
Under Secretary for Law.

HEALTH ACT, 1911-1966.

REGULATIONS

Published in the *Government Gazette* on the 30th September, 1959, and incorporating the amendments thereto published in the *Government Gazette* on the 13th June, 1962 and 16th September, 1963, and the amendments that, pursuant to the provisions of section 8 of the Decimal Currency Act, 1965, are deemed for the purposes of this reprint to be amendments to the regulations; and reprinted pursuant to the Reprinting of Regulations Act, 1954.

Reprinted pursuant to the Reprinting of Regulations Act, 1954, by authority of the Minister, dated 1st May, 1968.

HEALTH ACT, 1911.

MIDWIVES REGULATIONS, 1959.

PART I.—PRELIMINARY.

1. (1) These regulations may be cited as the Midwives Regulations, 1959.

(2) The Midwives Regulations published in the *Government Gazette* on the 9th January, 1948, as amended from time to time thereafter, and the reprint of those regulations as amended and reprinted pursuant to the Reprinting of Regulations Act, 1954, and published in the *Government Gazette* on 20th June, 1956, are revoked.

2. These regulations are divided into parts as follows:—

Part I—Preliminary—Regulations 1-3.

Part II—Regulation of the practice of Midwives—Regulations 4-30.

Part III—Proceedings in Case of Breach of the Regulations—Regulations 31-39.

Part IV—Appeals—Regulations 40-48.

Appendix—Forms.

3. In these regulations, unless the context otherwise requires—

“birth” includes live birth, stillbirth and abortion;

“Board” means Nurses Registration Board established under the Nurses Registration Act, 1921 (as amended);

“Commissioner” means the Commissioner of Public Health;

“confinement” includes the whole of the period between the time of onset of labour and until ten days after birth;

“domiciliary practice” means midwifery practice carried on elsewhere than in a hospital;

“Health Act” means the Health Act, 1911 (as amended);

“midwife” means a person duly registered as a midwifery nurse under the Nurses Registration Act, 1921 (as amended), and includes a person entitled to undertake midwifery nursing for gain;

“patient” means a pregnant or confined woman under the care of a midwifery nurse;

“Secretary” means the person for the time being discharging the duties of secretary of the Board; and

“stillbirth” means the birth of an infant of twenty-eight weeks gestation or over which, when born, does not breathe or show any sign of independent life; and “stillborn” has a correlative meaning.

PART II.—REGULATION OF THE PRACTICE OF MIDWIVES.

4. A midwife shall not engage in domiciliary practice unless she has given written notice to the Commissioner of her name and current address.

5. A midwife engaged in domiciliary practice who attends a patient who is not under the care of a medical practitioner shall—

(a) submit a written report on the condition of her patient to the Commissioner forthwith after each professional visit to the patient;

(b) before the patient is confined, arrange for the patient to have her blood tested to determine her blood group and Rh factor which shall include testing for antibodies in all cases where the blood is Rh negative and in all other cases where the patient's clinical history indicates such test is necessary; and

(c) arrange for a medical practitioner to examine the patient at least once during the pregnancy.

6. A midwife engaged in domiciliary practice shall—
- (a) inspect the accommodation and facilities at the premises where the patient intends to be confined;
 - (b) arrange for the cleansing of the room to be used for the delivery, and the removal therefrom of all unnecessary furniture, clothing and hangings; and
 - (c) advise the patient as to personal and general arrangements with respect to the confinement.
7. A midwife who—
- (a) by any act or omission is neglectful of her duty as a midwife; or
 - (b) is unclean with respect to her person, habits or clothing; or
 - (c) commits any act of infamous or improper conduct in a professional respect; or
 - (d) does anything forbidden, or fails to do anything required of her by the Health Act, 1911 (as amended), or these regulations
- may be charged with an offence which shall be dealt with by the Board in the prescribed manner.
8. (1) Every midwife engaged in domiciliary practice shall carry with her, when attending a patient, a bag or case.
- (2) The bag or case must have a detachable lining made of a material which can be sterilised by boiling.
- (3) The bag or case must contain—
- (a) a gauze mask to be used by the midwife to cover her mouth and nose when engaged in delivery and vaginal examination;
 - (b) a clinical thermometer;
 - (c) two rubber catheters, size 8;
 - (d) a pair of sterile rubber gloves and two guarded finger stalls;
 - (e) a sterile nail brush;
 - (f) a pair of scissors;
 - (g) a Higginson's syringe (for enemata);
 - (h) a disinfectant suitable for hand disinfection;
 - (i) a quantity of sterile cotton wool and sterile linen;
 - (j) a hypodermic syringe;
 - (k) Oxytocic drugs;
 - (l) a mucous extractor;
 - (m) soap and clean towel; and
 - (n) ligatures and dressings for the cord.
9. A midwife who has been in contact with a patient or other person who is suffering from an infectious disease (including puerperal pyrexia) or is herself suffering from an infectious disease, shall notify the Commissioner of such contact or disease and shall cease practice as a midwife until such time as the Commissioner shall direct.
10. The Commissioner shall not direct a midwife to resume practice under regulation 9 of these regulations unless the midwife has previously disinfected herself, her clothing and her appliances to the Commissioner's satisfaction.
- Duties to Patients.
11. A midwife in attendance on a patient—
- (a) shall not leave the patient during the first stage of labour without leaving directions as to where she can be found without delay; and
 - (b) shall remain with the patient throughout the second stage of labour, the expulsion of the placenta, and for a period of twelve hours thereafter.

12. Whenever a midwife in attendance on a patient sends for a medical practitioner to attend the patient, she shall remain with the patient until the medical practitioner has attended the patient, and shall carry out the instructions given by the medical practitioner.

Reg. 13
amended by
G.G.
13/6/62,
p. 1551.

13. It shall be the duty of every midwife who undertakes to attend a woman during confinement to—

- (a) see that the lying-in room and the contents thereof, are maintained in a clean condition;
- (b) wear a mask whenever attending a delivery or performing a vaginal examination;
- (c) attend to the comfort, cleanliness and nursing care of the patient and child;
- (d) supervise the diet of the patient and child;
- (e) take, and record in her case register, the pulse rate and temperature of the patient each morning and evening; and
- (f) keep a correct and accurate case register in the form of Form No. 2 of the Appendix to these regulations, except where the confinement is in a hospital in which the midwife is employed and which maintains head sheets, ward reports and temperature charts and those records are available for inspection by a public health official upon demand.

Anaesthetics.

14. A midwife shall not administer an anaesthetic to a patient except for the purpose of obstetric analgesia.

15. A midwife shall not administer an anaesthetic to a patient for the purpose of obstetric analgesia unless—

- (a) (i) she has completed the prescribed course and passed the examination in obstetric analgesia conducted by the Nurses Registration Board; or
- (ii) she holds an equivalent qualification recognised by the Nurses Registration Board; or
- (iii) she is judged by the Board to be competent in the administration of obstetric analgesia by reason of the fact that she has proved to the satisfaction of the Board that she has had such experience in obstetric analgesia and in the use of approved apparatus and anaesthetics, and her application has been supported by one or more medical practitioners; and
- (b) the patient has, within thirty days immediately preceding her confinement, been examined by a medical practitioner who has furnished to the midwife a certificate in writing that the patient, when examined, was in a fit condition to undergo the administration of an anaesthetic for obstetric analgesia; and
- (c) one other person, being a person acceptable to the patient and, in the opinion of the midwife, suitable for the purpose, is present at the time of the administration of the anaesthetic.

16. A midwife shall not administer any anaesthetic to a patient or use any anaesthetic apparatus, other than an anaesthetic and the apparatus prescribed therefor as is listed in this regulation; nor shall she use any anaesthetic apparatus other than in conjunction with the anaesthetic prescribed therefor as is listed in this regulation:—

Prescribed Anaesthetics and Apparatus.

- (a) Anaesthetic—Nitrous Oxide and Oxygen.
Apparatus—C.I.G. type "A" or apparatus of similar construction.
- (b) Anaesthetic—Nitrous Oxide and Air.
Apparatus—Minnitt gas-air analgesia apparatus.
- (c) Anaesthetic—Trilene.
Apparatus—Siebe-Gorman or Freedman inhaler or Tecota and Emotril Trilene Machines.

17. A midwife shall not administer an oxytocic drug to a patient in labour by the intramuscular route unless the head and anterior shoulder of the child about to be born have been delivered.

Duties to Child.

18. In the case of a child being born apparently dead the midwife in attendance shall forthwith commence and carry out resuscitation measures.

19. As soon as the child's head is born, and, if possible, before the eyes are opened, the midwife in attendance shall cleanse the child's eyelids with dry sterile swabs.

20. On the birth of a child which is in danger of death the midwife shall inform one of the parents of the child's condition.

21. (1) A midwife shall not lay out a dead body for burial or cremation unless—

- (a) the body is that of a patient on whom she was in attendance at the time of death; or
- (b) the body was that of a stillborn infant or an infant that died within ten days of birth; or
- (c) in the case of a body other than that of a patient on whom she was in attendance at the time of death, no other person was available to lay out the body.

(2) Whenever a midwife lays out a dead body for burial or cremation she shall—

- (a) thoroughly cleanse and disinfect her body, clothing and appliances which may have been exposed to contamination; and
- (b) notify the Commissioner in the form of Form No. 1 of the Appendix to these regulations.

Service of Medical Practitioner to be Obtained.

22. A midwife in attendance on a patient shall engage a medical practitioner to attend the patient—

- (a) if the patient suffers ill health, disease or any abnormal condition during pregnancy, labour or puerperium, or if blood tests reveal that abnormal iso-antibodies are present in the patient's blood;
- (b) if the child has been injured during birth, or is premature, feeble or suffering from any disease;
- (c) if during labour—
 - (i) the presentation is other than uncomplicated vertex;
 - (ii) she cannot recognise the presentation;
 - (iii) the placenta has not been expelled and cannot be expressed within one hour of the birth of the child;
 - (iv) the midwife is not satisfied that there is sufficient room in the pelvis and vagina for the infant to be born;
 - (v) she detects any abnormal swelling in the abdominal region;
 - (vi) the patient suffers convulsions or abnormal haemorrhage; or
 - (vii) the perineum is ruptured or there is injury to the soft tissue;
- (d) if, after delivery, the patient—
 - (i) does not make satisfactory progress;
 - (ii) has abdominal swelling or signs of insufficient contraction of the uterus;
 - (iii) has any foul smelling discharge;
 - (iv) has secondary post-partum haemorrhage;
 - (v) develops a temperature of 38° C. or higher, or a persistent pulse rate above 90; or
 - (vi) has unusual swelling of the breasts with local tenderness or pain.

Reg. 22
amended by
G.G.
13/6/62,
p. 1551.

23. (1) (a) Where it is necessary to call for assistance in a case where the patient has engaged the services of a medical practitioner to attend her, the attending midwife shall first call that medical practitioner.

(b) If that medical practitioner is not available then she shall call on another practitioner who is available to attend the patient.

(2) If the patient has not engaged the services of a medical practitioner to attend her, the attending midwife shall, in case of necessity, call on the nearest available medical practitioner to attend the patient.

24. (1) A midwife shall not undertake any treatment of a patient which is not properly within the province of a midwife.

(2) Notwithstanding subregulation (1) of this regulation, in every case where the life of a patient or child in her care is threatened, the midwife shall do all within her knowledge and ability to preserve the life of the patient and child, and the circumstances existing at the time shall be weighed in determining whether any treatment given was outside the province of the midwife.

25. (1) Where a midwife calls on a medical practitioner to assist in the care of any patient or child, she shall use the fastest available means of communicating with the medical practitioner.

(2) Every notification to a medical practitioner calling for his assistance shall be accompanied by such information as is available to the midwife as the circumstances require to inform the medical practitioner of the nature and urgency of the case.

(3) (a) Whenever a midwife calls for assistance from a medical practitioner she shall send a written request for assistance in the form of Form No. 3 of the Appendix to these regulations.

(b) The form shall be sent whether or not the midwife has already communicated by written or other means with the medical practitioner in connection with the case.

Notification.

26. (1) Every midwife who fills up the schedule of information for the registration of a birth, shall insert in the place provided for the name of the midwife, in addition to her name, her registration number as a midwife (e.g. "Mary A. Smith, Registered Midwife 257").

(2) If she does not herself fill up such form, she shall supply the patient or the person responsible for the registration of the birth, with information as to her full name and registered number for entry on such form.

27. Every attending midwife shall, within forty-eight hours of the event, send notice to the Commissioner and the medical officer, in the following cases on the corresponding form:—

(a) Death—on Form No. 4 of the Appendix to these regulations in all cases in which the death of the mother or of the infant occurs;

(b) Stillbirth—on Form No. 5 of the Appendix to these regulations in all cases of stillbirth.

28. A midwife shall report to the Commissioner and the Medical Officer of Health on every case attended by her in the form of Form No. 6 of the Appendix to these regulations.

Inspection.

29. (1) Any person appointed by the Commissioner for the purpose may—

(a) inspect the premises of any midwife and may examine all books, records, bag, appliances, required to be kept under these regulations by such midwife; and

(b) make any investigation into the professional conduct of any midwife.

(2) A midwife who obstructs any person so appointed from making an inspection or investigation in accordance with sub-regulation (1) of this regulation commits an offence.

Penalty.

30. A person who does anything forbidden to be done, or fails to do anything required to be done pursuant to these regulations, commits an offence.

Penalty: Twenty dollars.

PART III.—PROCEEDINGS IN CASE OF BREACH
OF REGULATIONS.

31. When the Board receives a report that a breach of these regulations has been committed, the Board shall cause due inquiry to be made into the case.

32. (1) If the Board is of the opinion that a *prima facie* case has been made out, proceedings shall be commenced by the issue of a notice in writing by the Board addressed to the person charged.

(2) The notice shall specify the nature and particulars of the charge alleged against the person and shall inform her of the day and time which the Board has set for the hearing of her charge.

(3) The notice shall require the person charged to forward her certificate and case register to the Board before the hearing of the case, to answer in writing the charge brought against her and to attend before the Board on the day and at the time appointed for the hearing.

33. The notice, accompanied by a copy of these regulations, shall be sent by registered letter to the last known address or the enrolled address of the person charged and shall be so sent as to allow at least fourteen days between the day on which the notice is despatched and the day appointed for the hearing of the case by the Board.

34. (1) The hearing shall be conducted at a special meeting of the Board, of which at least seven days' notice shall be given to each member by the Secretary.

(2) The person charged may be represented or assisted by a counsel or a friend: But the person charged shall give three days' clear notice to the Board if she is to be represented by counsel.

35. (1) At the hearing of the case, the Secretary or other person appointed by the Board for the purpose shall first state to the Board the facts of the case and the offence with which the person is charged, and shall then submit to the Board the evidence which has been received in support of the charge.

(2) The person charged or her representative shall be entitled to cross-examine any witness appearing for the Board on matters relevant to the charge.

36. When the evidence in support of the charge and a statement by or on behalf of the person making the charge is concluded, the person charged or her representative shall be invited by the chairman to address the Board and to tender evidence in answer to the charge.

37. If the person charged does not attend as required either personally or by representative the Board may proceed to hear and decide on the charge in her absence.

38. Upon the conclusion of the hearing of evidence the Board shall deliberate thereon and shall, after due consideration of the evidence, pronounce its decision either forthwith or at a subsequent meeting.

39. If the Board finds the charge to be proved, either in whole or in part, and the offence cannot in its opinion be adequately dealt with by censure or caution the Board may impose a penalty which shall not exceed a fine of twenty dollars and may make such order as to costs as it shall think just.

PART IV.—APPEALS.

40. Any provision of this Part applies and has effect only to the extent that it is not inconsistent with any rule of the Supreme Court made with respect to appeals referred to in subsection (2) of section three hundred and thirty-four of the Health Act.

41. Appeals from decisions of the Nurses Registration Board shall be brought by notice in writing signed by the person aggrieved.

42. The notice must set out the substance of the decision complained of and the date of such decision and also fully state the grounds on which the appeal is brought; and an address for service within one mile of the General Post Office, Perth, must be stated at which notices and documents relating to the appeal may be delivered or given to the appellant.

43. The appeal shall be entered and the notice of appeal filed by the appellant in the Central Office of the Supreme Court within one month from the date of the Board's decision.

44. Notice of the entry shall be given to the Board by the appellant within two days of the entry and a copy of the notice of the appeal shall be delivered therewith.

45. The appeal shall come on for hearing on such day as a Judge in Chambers appoints.

46. Evidence which is sought to be adduced by way of affidavit shall be filed at least two clear days before the hearing.

47. The appeal may be determined on the material before the Board when giving the decision (which may be ascertained in such manner as the Judge thinks proper) or on fresh evidence either oral or by affidavit or both and the Judge may rehear the testimony of any witness whether by way of examination or cross-examination, and any party concerned may be represented by counsel.

48. A minute of the Order of the Court on determining the appeal shall be entered in a register kept by the Board for that purpose.

Appendix.

Western Australia.

Form No. 1

Reg. 21 (2)

Department of Public Health.

Midwives Regulations.

FORM OF NOTIFICATION OF HAVING LAID OUT A DEAD BODY.

To the Commissioner of Public Health/Medical Officer of Health of the *Road District/Municipal District of.....

I,....., being a Registered Midwife (No.....) hereby notify that on theday of.....19....

I *prepared/assisted to prepare a dead body for burial the particulars in respect of which are:—

Name of deceased.....

Age of deceased.....

Cause of death.....

(Signature) :.....

(Address) :.....

*Strike out the words not applicable.

Form No. 2.

Western Australia.
Department of Public Health.
Midwives Regulations.
CASE REGISTER.

Reg. 13 (f).

Form 2
substituted
by G.G.
16/9/63.
p. 2823.

Progressive No.....
Date of expected confinement.....
Name and address of patient.....
No. of previous labours and miscarriages.....
Age.....
Date and hour of child's birth.....
Presentation.....
Duration of first, second, third stages of labour.....
Complications (if any) during or after labour.....
Sex of infant..... Born living or dead.....
Full time or premature. No. of weeks.....
Medical practitioner.....
Condition of mother.....
Condition of child.....
*Remarks.....

*If any drugs, other than a simple aperient, have been administered, state here their names, doses, times of administration, and reasons for administration and the stages of labour when given.

Form No. 3

Western Australia.
Department of Public Health.
Midwives Regulations.

Reg. 25 (3)

NOTICE CALLING FOR MEDICAL AID.

To: Dr.....

I am nursing a maternity patient named.....
who is at present at..... (address).

The patient is in need of attention from a medical practitioner for the following reason:.....

I consider the need to be *urgent/not urgent. Will you please attend.

(Signature):.....

(Registered No.):.....

Time and date of sending notice.....
Note.—If notice is sent in confirmation, it should be endorsed
"Confirmation."

*Strike out whichever is not applicable.

Form No. 4.

Reg. 27

Western Australia.

Department of Public Health.

Midwives Regulations.

FORM OF NOTIFICATION OF DEATH.

To the Commissioner of Public Health/Medical Officer of Health
of the * Road District/Municipal District ofI, being a Registered Midwife (No.....) hereby notify that
the following death occurred in my practice on the
day of 19

Was a registered medical practitioner in attendance?.....

Name of Midwife.....

Address of Midwife.....

Name of deceased.....

Address of deceased.....

Age of deceased.....

Date of delivery.....

(Signature) :

(Registered No.) :

* Strike out the words not applicable.

Form No. 5.

Reg. 27

Western Australia.

Department of Public Health.

Midwives Regulations.

FORM OF NOTIFICATION OF STILLBIRTH.

To the Commissioner of Public Health/Medical Officer of Health
of the * Road District/Municipal District ofI, being a Registered Midwife (No.....) hereby notify that
on the day of 19.....,
..... was delivered of a stillborn child.

Was a registered medical practitioner in attendance?.....

Sex of child.....

Full term or premature (No. of weeks).....

Condition of child (whether macerated or not)

Presentation

Name of Midwife.....

Address of Midwife.....

(Signature) :

* Strike out the words not applicable.

Form No. 6.

Reg. 28

Western Australia.

Department of Public Health.

Midwives Regulations.

FORM OF NOTIFICATION OF CASE ATTENDED.

To the Commissioner of Public Health/Medical Officer of Health
of the * Road District/Municipal District of

I hereby report having attended the case of * livebirth/stillbirth/
abortion, particulars of which are set out hereunder:—

- Name of patient.....
- Address where patient attended
- Home address of mother.....
- Date and hour of confinement.....
- Sex of infant.....
- Christian name of infant (if known).....
- Was labour complicated (Yes or No)
- Name of medical practitioner.....

(Signature):.....

(Registered No.):.....

(Address):.....

* Strike out the words not applicable.