STATUTORY INSTRUMENTS

# 1965 No. 1352 (S. 66)

## NURSES AND MIDWIVES

## The Central Midwives Board for Scotland (Amendment) Rules 1965 Approval Instrument 1965

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| *Made* - - - - | *29th June* 1965 |
| *Coming into Operation* | *29th June* 1965 |

Whereas the Central Midwives Board for Scotland in exercise of the powers conferred on them by section 5 of the Midwives (Scotland) Act 1951(a) have made the Central Midwives Board for Scotland (Amendment) Rules 1965 on 15th April 1965, and have submitted the said Rules to the Secretary of State for approval; and whereas the said Rules have, in terms of section 34(1) of the said Act, been communicated to the Executive Committee of the General Medical Council and no representations have been made by them:

Now therefore in exercise of the powers conferred on him by section 34 of the Midwives (Scotland) Act 1951, and of all other powers enabling him in that behalf, the Secretary of State hereby approves the said Rules in the form set out in the Schedule hereto.

This Instrument may be cited as the Central Midwives Board for Scotland (Amendment) Rules 1965 Approval Instrument 1965.

Given under the Seal of the Secretary of State for Scotland.

(L.S.)

(Sgd.) *R. E. C. Johnson,*
Secretary.

Scottish Home and Health Department,
St. Andrew's House,
Edinburgh, 1.
29th June 1965.

(a) 14 & 15 Geo. 6. c. 54.

## SCHEDULE

## THE CENTRAL MIDWIVES BOARD FOR SCOTLAND (AMENDMENT) RULES 1965, DATED 15TH APRIL 1965, MADE BY THE CENTRAL MIDWIVES BOARD FOR SCOTLAND UNDER SECTION 5 OF THE MIDWIVES (SCOTLAND) ACT 1951(a).

The Central Midwives Board for Scotland in exercise of the powers conferred on them by section 5 of the Midwives (Scotland) Act 1951, and of all other powers enabling them in that behalf, hereby make the following Rules:—

1.—(1) These Rules may be cited as the Central Midwives Board for Scotland (Amendment) Rules 1965.

(2) These Rules and the Rules made by the Central Midwives Board for Scotland under the Midwives (Scotland) Act 1951, and approved by the Secretary of State for Scotland on 15th November 1957(b) (hereinafter referred to as "the principal Rules"), on 18th July 1958(c) and on 19th January 1962(d), may be cited together as the Central Midwives Board for Scotland Rules 1957 to 1965.

2.—(1) For Rule 2 (2) of Rules B of the principal Rules, as amended, there shall be substituted the following Rule—

"(2) Women who produce—

(i) the certificate of registration in any of the undermentioned Parts of the Registers of the General Nursing Councils of Scotland or England and Wales, or of the Joint Nursing and Midwives Council for Northern Ireland or of the Joint Nursing and Midwives Council for Eire (An Bord Altranais), or at the discretion of the Board, in corresponding parts of the Register of Nurses in force in any part of the Commonwealth, viz:—

(*a*) the Supplementary Part containing the names of Registered Mental Nurses; or

(*b*) the Supplementary Part containing the names of Registered Mental Deficiency Nurses (or Registered Nurses for the Mentally Subnormal, as the case may be).

(ii) the certificate of enrolment in the Rolls of Nurses of the General Nursing Councils of Scotland or England and Wales or of the Joint Nursing and Midwives Council for Northern Ireland."

(2) For Rule 3 of Rules B of the principal Rules there shall be substituted the following Rule—"Candidates normally should be between the ages of 20 and 50 years."

(3) For Rule 9 of Rules B of the principal Rules there shall be substituted the following Rule—"A pupil shall be granted such holidays as are agreed by the Nurses and Midwives Whitley Council at such times during her training as may be approved by the Board."

(a) 14 & 15 Geo. 6. c. 54.
(b) See S.I. 1957/2011 (1957 I, p. 1381).
(c) See S.I. 1958/1192 (1958 II, p. 1701).
(d) See S.I. 1962/146 (1962 I, p. 112).

(4) In Rule 13(e) of Rules B of the principal Rules for the word " fourteen " there shall be substituted the word " ten ".

(5) In Rule 14(e) of Rules B of the principal Rules, as amended (a), for the word " fourteen " there shall be substituted the word " ten ".

(6) In Rule 16 of Rules B of the principal Rules for the words " six months " there shall be substituted the words " one year ".

(7) In Rule 17(c) of Rules B of the principal Rules for the words " at least ten " there shall be substituted the words " a minimum of five ".

(8) In Rule 17(d) of Rules B of the principal Rules for the words " at least ten " there shall be substituted the words " a minimum of five ".

(9) In Rule 17(d) of Rules B of the principal Rules for the word " fourteen " there shall be substituted the word " ten ".

(10) For Rule 23 of Rules B of the principal Rules there shall be substituted the following Rule—

" The Board before approving an institution shall (a) take into consideration the number and the qualifications of the members of the permanent medical and midwifery staff, the equipment for teaching purposes, the facilities for study by the pupils, and all other matters having relation to the training of midwives ; (b) cause the institution and the training therein to be inspected by the Education Officer of the Board or by a member of the Board. The report of this inspector shall be considered in determining the question of approval.

Approved institutions shall be subject to inspection by the Education Officer or by a member from time to time. "

(11) In Rule 28(a) of Rules B of the principal Rules for the word " three " there shall be substituted the word " two ".

(12) In Rule 45 of Rules B of the principal Rules there shall be added the following words—" A person whose name appears on the Roll of Midwives kept by the Joint Council for Eire (An Bord Altranais) before being admitted to the Roll is required to prove to the satisfaction of the Board that she is of good character ".

(13) In Rule 47 of Rules B of the principal Rules for the words " at intervals of not more than seven years " there shall be substituted the words " at intervals of not more than five years ", and there shall be added to this Rule the following paragraph—

" Any midwife who intends to resume practice as such after having ceased to practise for a period of five years or more shall, before being eligible to practise, attend a Refresher Course of instruction at one of the training hospitals approved by the Board. The Board shall determine the length of the Course required. "

(14) For Rules D of the principal Rules there shall be substituted the following Rules—

" RULES D—REGULATING THE PRACTICE OF STATE CERTIFIED MIDWIVES

1. DEFINITION OF MIDWIFE.—A midwife is a woman whose name is on the Midwives Roll.

(a) See S.I. 1962/146 (1962 I, p. 112).

2. DESIGNATION.—The proper designation of a certified midwife is "State Certified Midwife".

A State Certified Midwife may, if she so desires, use the initial letters S.C.M. in place of the foregoing description.

3. DUTIES.—When practising midwifery she may be personally responsible for the care of her patients during pregnancy, labour, and the post-natal period, or may act under the direction of a medical practitioner in charge of the patient.

In view of the fact that conditions under which the midwife practises can vary widely, whether confinement takes place in the home or a hospital, the Board find it impracticable to define the exact professional relationship of the midwife with registered medical practitioners. The Rules which follow therefore indicate certain principles under which the midwife shall be expected to practise in co-operation with the other members of the maternity services.

4. INTENTION TO PRACTISE.—Whenever a midwife intends to practise she shall inform her Local Supervising Authority on Form XI, and shall give the like notice in the month of January in every year thereafter in which she continues to practise.

5. CHANGE OF NAME AND ADDRESS.—A midwife, whether practising or not, must immediately notify the Board of any change of her name or address. If in practice, she must also notify any change of name and address to every Local Authority to which she has given notice of intention to practise.

6. DISINFECTION.—If a practising midwife other than in hospital practice has been in contact with a person (whether or not a patient) suffering from any condition which is or may reasonably be suspected to be infectious, or if she herself is liable to be a source of infection, she must immediately notify the Local Supervising Authority or Authorities of the fact, and thereafter despatch written notification of the infection to the Authority or Authorities concerned using for the purpose the prescribed Form (Form of Notification (a)), and before going to any maternity patient she must, unless the Local Supervising Authority relieves her of the obligation, carry out or allow to be carried out to the satisfaction of the Authority such measures of disinfection as they may prescribe.

7. TREATMENT OUTWITH A MIDWIFE'S PROVINCE.—(a) A practising midwife must not, except in a serious emergency, undertake any treatment which is outwith her normal province in midwifery. The question whether in any particular case such treatment was justified will be judged on the facts and circumstances of the case. (b) A practising midwife must not on her own responsibility use any drug unless in the course of her obstetric training, whether before or after enrolment, she has been thoroughly instructed in its use and is familiar with its dosage and methods of administration.

Administration by a midwife of any anaesthetic as such, otherwise than under the personal direction and supervision of a registered medical practitioner, is regarded as treatment outside her province.

8. LAYING OUT OF DEAD BODY.—No midwife shall lay out a dead body other than that of a patient upon whom she has been in attendance at the time of death except in circumstances of emergency. After laying out

a dead body for burial she must notify the Local Supervising Authority (Form of Notification (h)), and undergo cleansing and disinfection in accordance with Rule D.6.

ADDITIONAL RULES APPLICABLE ONLY TO MIDWIVES PERSONALLY RESPONSIBLE FOR THE CARE OF THEIR PATIENTS.

9. EQUIPMENT.—The equipment to be carried by a midwife will be specified by the Local Supervising Authority, and must include the items detailed in Appendix II.

10. RECORDS.—(1) A midwife in private practice shall keep a Register of Cases in the prescribed Form (Form XII). She must note therein on each occasion on which she administers or in any way applies any drug (other than a simple aperient) the name and dose of the drug, and the date and time of its administration or application.

(2) Other midwives in domiciliary practice shall keep a Case Record (which should incorporate a temperature chart) approved and supplied by the Local Supervising Authority for each individual patient. On this they must note the administration of any drug. When a midwife ceases to attend a patient she shall transmit the patient's case record to the Local Supervising Authority or to the hospital for which she works.

11. FACILITIES FOR INSPECTION.—A midwife shall give the Medical Officer of Health and any Supervisor of Midwives appointed by the Local Supervising Authority every reasonable facility for the inspection of her records and appliances, such part of her residence as is used for professional purposes and her methods of practice.

Duties during Pregnancy.

12. When engaged to attend a domiciliary confinement a midwife must—

(*a*) Forthwith enter the appropriate details on a case record.

(*b*) As soon as practicable visit the patient and inquire into the suitability of the accommodation and facilities for confinement, and where these are in her opinion not suitable she must notify the fact to the Local Supervising Authority (Form of Notification (b)) and to the patient's own general practitioner.

(*c*) Take the patient's general medical history and inquire as to the course of the present pregnancy, and of any previous pregnancies, confinements, and puerperia, both as regards mother and child.

(*d*) Make appropriate clinical examinations.

(*e*) Examine the patient fortnightly until the 32nd week, and weekly thereafter or more frequently if the circumstances of the case so demand. The blood pressure should be taken and the urine examined at every visit and the findings recorded.

(*f*) Give any necessary advice as to diet, work, exercise, and personal arrangements during pregnancy and in preparation for confinement.

(*g*) Advise the patient to seek medical advice or to take advantage of any pre-natal services available in the area, and in particular urge her to submit herself for medical examination at as early a stage in her pregnancy as possible.

(*h*) Wherever illness or abnormality has occurred in a previous pregnancy, and wherever a previous pregnancy has ended in abortion,

premature labour, or still-birth, explain on being engaged to attend the patient in her next confinement that the case is one in which skilled medical advice is required.

(*i*) Notify the Local Supervising Authority forthwith on the Form prescribed (Form of Notification (e)) should the patient refuse or neglect to follow instruction to seek medical advice.

(*j*) Call to her assistance the patient's medical practitioner, or, in the event of the patient having no medical practitioner, other medical aid, whenever she becomes aware of any abnormal condition (Form of Notification (c)).

Duties during Labour and Puerperium.

13. The midwife must call to her assistance the patient's medical practitioner whenever she becomes aware of any abnormal condition. In the event of the patient having no medical practitioner a midwife must seek other medical aid, in either instance despatching the appropriate Form of Notification (c).

14. The midwife in charge of a patient in labour must not leave her without giving an address at which she can be found without delay. After commencement of the second stage she must stay with the patient. She must remain for at least one hour after the expulsion of the placenta and membranes and as long thereafter as is necessary.

15. The midwife in charge must examine the placenta and membranes and must satisfy herself that they are complete before they are destroyed.

16. The post-natal period shall, in a normal case and for the purposes of these Rules be not less than ten days. Should the midwife for any reason continue her attendance after the tenth day the fact must be noted on her case record with a statement of the reason.

17. The midwife shall visit her patient as often as may be necessary during the post-natal period; in particular she shall visit her patient at least twice a day for the first three days and at least daily thereafter, unless special circumstances make this impracticable.

18. The midwife shall take the pulse and temperature of the patient at each visit, and shall take the temperature of the baby on a low reading thermometer at each visit. She shall enter the dates and times in her record.

19. If a rise of temperature after the first 24 hours or any other condition requiring close supervision be found at the morning or evening visit a registered medical practitioner must be summoned and the Local Supervising Authority notified.

20. The assistance of a registered medical practitioner must be sought in all cases of illness of the mother or child or of any abnormality occurring during the post-natal period.

21. When she ceases attendance the midwife should, with the consent of the general practitioner, advise the patient to avail herself of the help provided by the Heath Visitor and the Maternity and Child Welfare Centre.

DUTIES TO CHILD (APPLICABLE TO ALL MIDWIVES).

22. In the case of a child born apparently dead the midwife must carry out any method of resuscitation in which she has been instructed.

23. It shall be the duty of every midwife to make herself aware of the routine she must follow in the treatment of the eyes of the newborn child in order to prevent ophthalmia neonatorum.

24. The midwife must call in medical aid without delay if there is—

(*a*) any physical abnormality, however slight, of the child;

(*b*) a discharge from the eyes, however slight;

(*c*) a watery blister, a pustule, or a rash on the body of the child;

(*d*) if she is in any way dissatisfied with the condition of the child.

In the case of (*b*) and (*c*) the domiciliary midwife must inform the Local Supervising Authority without delay and complete and despatch the appropriate Form of Notification (a).

25. On the birth of a child which is unlikely to survive, the midwife, in the absence of a medical practitioner, shall inform the relatives or other responsible person.

SENDING FOR MEDICAL ASSISTANCE.

26. (*a*) If a registered medical practitioner has been called in the midwife must obtain her instructions direct from such practitioner and must carry out his instructions. Should the midwife receive only oral instructions she should in her own interests keep a note of these in her records.

(*b*) If the emergency on account of which medical aid has been called in is a condition which threatens immediate danger to the life of the mother or child the midwife must remain with the patient until the emergency is over.

27. If the midwife considers that a registered medical practitioner should be called in but the patient refuses to have medical aid, the midwife must request the patient or her relatives to sign a statement, witnessed if possible, to the effect that she or they accept full responsibility for such refusal. Whether or not such statement has been signed, the midwife must report the fact to the Local Supervising Authority of the area in which the patient is presently residing (Form of Notification (e)).

NOTIFICATION OF DEATHS AND STILL-BIRTHS.

28. If the mother or child dies, or if the child is still-born, the midwife in attendance at the time of death or still-birth, or who was called in immediately afterwards, must notify (whether or not a registered medical practitioner was present at the same time) the Local Supervising Authority of the death or still-birth, using the prescribed Form (Forms of Notification (f) and (g)).

*NOTE*—For the purposes of the Registration of Births, Deaths and Marriages (Scotland) Acts, every birth falls into one or other of three classes:—

(*a*) A child who, *whatever the duration of pregnancy,* breathes or shows any other signs of life after complete expulsion from the mother is a live-born child, and the birth must be registered. If the child dies, even within a brief period after birth, both the birth and the death must be registered.

(*b*) The birth of a child *before* the end of the twenty-eighth week of pregnancy, which did not breathe or show signs of life after complete expulsion from the mother, need not be registered.

(*c*) The birth of a child *after* the twenty-eighth week of pregnancy, which after complete expulsion from the mother did not breathe or show any signs of life, is a still-birth and must be registered."

(15) For the heading to Rules H of the principal Rules there shall be substituted the following heading—

"RULES H.—REGULATING THE GRANT OF THE MIDWIFE TEACHER'S DIPLOMA AND THE MIDWIFE CLINICAL INSTRUCTOR'S CERTIFICATE."

(16) For the paragraph preceding Rule 1 of Rules H of the principal Rules there shall be substituted the following—

"*N.B.—The fact that a midwife holds the Midwife Teacher's Diploma or the Midwife Clinical Instructor's Certificate does not of itself entitle such midwife to call herself an approved teacher or to undertake the practical training of pupil midwives required by the Board.*"

(17) Before Rule 1 of Rules H of the principal Rules there shall be inserted the following heading—

"MIDWIFE TEACHER'S DIPLOMA."

(18) After Rule 9 of Rules H of the principal Rules there shall be added the following additional Rules—

"MIDWIFE CLINICAL INSTRUCTOR'S CERTIFICATE.

10. Candidates for the Certificate shall present themselves for Examination in conformity with these Rules.

11. Midwives before they enter for Examination must—

(*a*) be registered on the General Part of the Register of the General Nursing Council for Scotland or England and Wales, or the Joint Nursing and Midwives Council for Northern Ireland, or An Bord Altranais, Eire.

(*b*) have practised as midwives for a period of at least two years and be currently enrolled on the Roll of Midwives for Scotland.

(*c*) have attended a course of instruction approved by the Board. On application being made the Board may exempt from this requirement any candidate who works in a post from which the nearest course of instruction is inaccessible.

12. The Examination shall be held in one part and shall consist of (1) a written paper and (2) a practical examination (teaching at the bedside). It shall be conducted at such times and at such places as the Board may determine.

(1) The written paper will be based on the following :—

(*a*) Anatomy and Physiology of the reproductive organs with special reference to Pregnancy, Labour and Puerperium.

(*b*) Normal and abnormal conditions and treatment relating to Pregnancy, Labour and Puerperium.

(*c*) The Baby.

(2) Candidates will be expected to demonstrate on a patient before the examiners as they would to pupil midwives under the following headings :—

(*a*) Case History.

(*b*) Examination of Patient.

(*c*) Differential Diagnosis.

(*d*) Treatment and Management.

Special emphasis will be placed on the clinical demonstration part of the examination.

13. The entrance fee for the examination shall be three guineas.

14. In the event of a candidate who has entered for the Examination failing to present herself owing to illness or other reason considered satisfactory by the Board such candidate shall be permitted to enter for the next Examination without being liable to pay a further fee."

Made by the Central Midwives Board of Scotland this fifteenth day of April, 1965.

*J. Bruce Dewar,*
Chairman.

*Dorothy S. Young,*
Secretary.

Central Midwives Board for Scotland,
24 Duke Street,
Edinburgh, 1.

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## EXPLANATORY NOTE

(*This note is not part of the Instrument.*)

The main effects of the Amendment Rules approved by this Instrument are (i) to reduce from fourteen days to ten days the period immediately following labour during which a midwife must attend and nurse the mother and child in their own home ; (ii) to increase the frequency of antenatal visits during domiciliary confinements ; (iii) to reduce from seven years to five years the maximum interval at which midwives must take refresher courses ; and (iv) to enable certificates to be issued to midwives who successfully complete training as clinical instructors.

There are also a number of amendments of a relatively minor nature to the existing Rules.