ANGUILLA

REVISED REGULATIONS OF ANGUILLA

under

MIDWIFERY ACT
R.S.A. c. M90

Showing the Law as at 15 December 2010

This Edition was prepared under the authority of the Revised Statutes and Regulations Act, R.S.A. c. R55 by the Attorney General as Law Revision Commissioner.

Regulation	Citation	Page
MIDWIFERY REGULATIONS *Consolidates Act 7/2010, in force 1 November 2010*	R.R.A. M90-1 *(15/12/2010)*	3

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Revised Regulations of Anguilla: M90

MIDWIFERY ACT (R.S.A. c. M90)

MIDWIFERY REGULATIONS

Note: These Regulations are enabled under sections 20 and 21 of the Midwifery Act, R.S.A. c. M90.

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SCHEDULE: Midwife's Form for Sending for Medical Practitioner's Assistance

PART 1

INTERPRETATION AND APPOINTMENT OF MIDWIFERY STATIONS

Interpretation

1. In these Regulations—

"Act" means the Midwifery Act;

"authorised person" means any member of the Midwifery Board, any medical practitioner, the clerk to the Board and any other person authorised by the Board.

Midwifery stations

2. Medical District No. 1 is subdivided into the following midwifery stations—

(a) Station A The Valley;

(b) Station B South Hill;

(c) Station C East End;

(d) Station D West End.

PART 2

REGULATING THE SITTINGS OF THE BOARD

Meetings of the Board

3. The Board shall meet at such place as the chairman shall appoint, at least once every month on a day and hour appointed by the Board for the transaction of business.

Special meeting by circulation of minutes

4. Where the circumstances of the case seem to him to warrant the procedure, the chairman may by a circular minute addressed to each member ascertain the views of members on the question at issue and act on the decision of the majority as if a special meeting had been held. The decision arrived at shall, however, be recorded in the minutes of the next meeting of the Board.

Absence of chairman

5. In the absence of the chairman at any meeting, the Board shall elect a presiding chairman for that meeting.

Business not on agenda

6. No business which is not on the agenda paper shall be discussed at any meeting of the Board (except routine business) unless the chairman declares such business to be of an urgent nature and shall be supported by one other member present and voting.

Voting

7. Every question shall be decided by a majority of the members present and voting and when a division is called for by any member, the names for and against shall be taken down in writing by the clerk and entered on

the minutes. The presiding chairman shall have an original and, in case of equality of votes, a second or casting vote.

Notices of motion

8. Every notice of motion shall be in writing signed by the member giving the notice and the clerk shall insert in the agenda paper of the next ordinary meeting of the Board all notices of motion which he may have received.

Notice to midwife of inquiry respecting her conduct

9. A notice in writing by the clerk of the Board shall be sent by post to the address of any midwife into whose conduct an inquiry is to be held who is charged with any offence punishable under section 13 of the Act notifying the date, hour, and place at which the inquiry is to be held and stating shortly the substance of the charge against her.

Board to ensure notice of inquiry given to midwife

10. At every inquiry the Board shall first satisfy itself that a notice has been served on the midwife in accordance with section 9, and if satisfied that such notice has been duly sent, shall proceed to hold the necessary inquiry. If it appears to the Board that due notice has not been sent, then the inquiry shall be adjourned until such time as notice has been duly sent.

PART 3

MEDICAL EXAMINATION OF APPLICANTS FOR REGISTRATION

Certificate of medical practitioner to be furnished

11. All applicants for registration shall, if the Board so desires, furnish to the clerk of the Board a certificate signed by a duly qualified medical practitioner and dated within 1 month of the application that such applicant is in his opinion free from any infectious or contagious disease and is physically and mentally capable of discharging the duties of a midwife.

PART 4

REGULATING THE DUTIES OF MIDWIVES

Midwife to possess and produce copy of this Part

12. Every midwife must possess, and produce for inspection, when asked to do so by any authorised person, a copy of this Part regulating the duties of midwives.

Midwife to keep and produce register of cases

13. Every midwife shall keep a register of cases attended by her in the form and manner approved of by the Board and such register of cases shall be produced by the midwife for inspection when called upon by any authorised person.

Midwife to furnish return on demand

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

Procedure when midwife in contact with contagious, etc., disease

15. 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, or from any contagious or infectious disease, or is, herself, liable to be a source of infection or contagion, she shall immediately notify the Medical Officer, shall disinfect herself and all her instruments and other appliances and have her clothing thoroughly disinfected to the satisfaction of the Medical Officer and shall not attend any other midwifery case until she has obtained written permission to do so from the Medical Officer.

When midwife may lay out dead body

16. No midwife shall 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 Medical Officer and undergo adequate cleansing and disinfection in accordance with section 15.

Midwife to note administration of drug in register

17. 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.

Cleanliness and clothing

18. 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 from, 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.

Midwife's case or bag and its contents

19. 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 2 linings must be provided, the one in use must be clean, the other being washed immediately on removal and retained ready for use. The case or bag must at all times be ready, and be brought when requested, for inspection by an authorised person. It must always contain—

(a) a douche can with necessary attachments;

(b) a Higginson's syringe;

(c) a pair of scissors;

(d) a nail brush;

(e) a clinical thermometer;

(f) a catheter;

(g) a bottle of approved disinfectant;

(h) a container of approved disinfectant powder;

(i) a bottle of boracic solution, or tin of boracic powder with which to make a solution, for cleaning the child's eyes;

(j) a bottle of an approved silver preparation for the disinfection of the child's eyes;

(k) cotton wool;

(l) dressing for cord such as lint or clean rags which have been boiled;

(m) thread or tape for tying the cord;

(n) soap;

(o) an enamelled iron bowl or other approved container;

(p) a medicine glass or other approved measure; and

(q) such articles as may from time to time be laid down by the Midwifery Board which is the authority which approves the disinfectants and disinfectant powders which may be used and which may modify the above list from time to time as it considers necessary or expedient.

Procedure before touching genitals

20. Before touching the genitals or their neighbourhood, the midwife 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 disinfected by boiling before being brought into contact with the patient's genitals.

Interview of patient by midwife

21. When engaged to attend a case of labour, the midwife shall interview her patient at the earliest opportunity to enquire as to the course of the previous pregnancies, confinements and puerperia, both as regards mother and child, and to advise as to the personal and general arrangements for the confinement, and, with the consent of the patient, visit the house.

When midwife may leave confinement

22. 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, will remain with her patient until after the expulsion of the placenta and for as much longer as may be necessary. In a case where a doctor has been sent for, 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 are not available, the midwife shall remain with the patient until the emergency is over.

When midwife must wash and swab external parts

23. (1) The midwife shall wash the patient's external parts with soap and water and then swab them with the approved antiseptic solution 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;

(d) before passing a catheter.

(2) The swabbing with antiseptic solution shall be repeated before any further examination and before a douche is given. For this purpose on no account shall the midwife use ordinary sponges or flannel but only materials which have been boiled or otherwise disinfected before use.

Midwife to make necessary internal examinations only

24. The midwife shall take care to make no more internal examinations than are actually necessary.

Midwife to ensure placenta, etc., removed

25. The midwife in charge of a case of labour shall in all cases examine the placenta and membranes before they are destroyed and satisfy herself that they are completely removed.

Removal of soiled linen and waste

26. The midwife shall remove 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.

Responsibilities regarding lying-in period

27. The midwife shall be responsible for the cleanliness, and shall give all necessary directions for securing the comfort and proper dieting, of the mother and child during the lying-in period, that is to say, in a normal case the time occupied by the labour and a period of 5 days thereafter. If after ceasing to attend a case, the midwife is again called in to an illness of the mother or the child connected with the confinement, sections 34 and 35 shall apply.

Definition of "normal labour"

28. A case of normal labour in these Regulations shall mean a labour in which there are none of the conditions specified in section 35.

Resuscitation of child

29. In the case of a child born apparently dead, the midwife shall carry out appropriate methods of resuscitation.

When eyelids of child to be cleaned

30. 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.

Midwife to inform parent of danger of child's death

31. 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.

Notice of stillbirth

32. In all cases of stillbirth, that is to say, where the child after having been completely born has not breathed or shown any signs of life, where a medical practitioner is not in attendance at the time of birth, the midwife in attendance at such stillbirth shall immediately notify the Medical Officer.

Cutting cord

33. It shall be the duty of the midwife to cut the cord after having first tied it in 2 places, between which the cord shall be cut with the pair of scissors mentioned in section 19. After having cut the cord, the end which remains attached to the child's abdomen shall be dusted with boric acid or such powder as the Board may approve and covered with a piece of clean cloth; kept as in section 19, and 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 section 19. The midwife must examine the cord within 2 hours after it has been tied.

When midwife has duty to inform medical practitioner

34. 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 a midwife, 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 a medical practitioner using, when possible, the form shown in the Schedule.

Application of section 34

35. (1) Section 34 shall apply in the case of the woman when—

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

(b) during pregnancy, there is or are, severe and continued headache, severe and continued vomiting, unusual loss of blood, abortion or threatened abortion, fits or convulsions, discharge from, or sores on, the genitals, or other abnormalities or complications;

(c) during labour there is or are, a presentation other than the uncomplicated head or breech, no presentation that can be made out, prolapse of the cord, no advance after full dilatation 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 2 hours after the birth of the child, severe rupture of the perineum or other injuries to the soft parts or other abnormalities or complications; or

(d) during the lying-in period there is or are, loss of blood, foul smelling lochia, a temperature of 100° on 2 successive days, fits or convulsions, excessive weakness, or other abnormalities or complications.

(2) Section 34 shall apply in the case of the child when there is or are any severe injuries received during birth, any malformation, deformity or abnormality endangering the child's life, unusual weakness, inflammation of, or discharge from, the eyes, however slight, any serious skin eruptions but especially those marked by the formation of watery blisters, inflammation in or around, or bleeding from, the navel or any other abnormalities or complications.

PART 5

DUTIES OF MIDWIVES APPOINTED TO STATIONS AND THE SUPPLY OF DRUGS AND APPLIANCES TO SUCH

Requirements for appointment of midwife to station

36. No midwife shall be appointed to a station permanently unless such midwife has had at least 6 months hospital training, has attended at 1east 20 cases of labour under competent supervision and has been certified as competent to practice midwifery by 2 qualified medical practitioners.

Temporary appointments

37. The Board may, however, recommend any registered midwife for temporary appointment as a station midwife.

Board to supply drugs and appliances

38. It shall be the duty of the Board to provide each station midwife with the drugs and appliances necessary under section 19.

Duty of midwife to obey regulations and Board instructions

39. All station midwives shall strictly obey, not only the regulations defining the duties of station midwives, but also the regulations relating to midwives in general and any other instructions which they may receive from time to time from the Board or any authorized person.

Clean overall or dress

40. All station midwives shall at all times keep an overall or dress of washable material clean for attendance on a case of labour, and it shall be an offence for any midwife to attend a case of labour or puerperal case in an overall or dress which is dirty or soiled.

Attending paupers

41. Station midwives shall immediately and without delay attend any pauper in labour at the request of any Medical Officer, the Chairman of the Poor Law Board or a Relieving Officer and continue to attend the same during lying-in period, and for every such case a fee of $1.20 shall be paid to such midwife out of the Consolidated Fund. If the attendance is on a case outside the limits of her station, the fee shall be $1.44.

(Act 7/2010, s. 26)

Fees

42. Station midwives shall be entitled to the following fees to be collected from the patients or those responsible for the same—

(a) delivery and attendance—

(i) for a period of 8 days of any woman who is a labourer or of the labourer class or the wife of a labourer, a fee not exceeding $5, and

(ii) for every additional day beyond 8 days, a fee of 50¢ a day;

(b) delivery and attendance—

(i) for a period of 8 days of any woman who is of the clerk or shopkeeper class or whose husband is of the artisan, clerk or shopkeeper class, a fee not exceeding $10, and

(ii) for every additional day beyond 8 days, a fee of $1 a day;

(c) delivery and attendance—

(i) for a period of 8 days of a woman not of any of the classes mentioned in paragraphs (a) and (b) hereof, a fee not exceeding $20, and

(ii) for every additional day beyond 8 days, a fee of $2 a day;

(d) attendance upon a woman (during a period not exceeding 8 days after delivery where such woman has been delivered of her child at a Government hospital and has been discharged therefrom—

(i) a fee of 50¢ per day where such woman is a labourer or of the labourer class or the wife of a labourer,

(ii) a fee of $1 a day where such woman is of the clerk or shopkeeper class or her husband is of the artisan, clerk or shopkeeper class, and

(iii) a fee of $2 per day where such woman is not of any of the classes mentioned in subparagraph (i) or (ii).

When midwife may perform nurse's duties

43. On the application of a medical practitioner, and not otherwise, the Board may permit a station midwife to perform the duties of a monthly nurse and to be in permanent attendance on any case of midwifery for a period not exceeding 10 days at any one time on the following terms and conditions—

(a) that the midwife of an adjoining station agrees to discharge the duties of such station midwife during the period or a *locum tenens*, to be approved of by the Board, is provided and paid by the station midwife;

(b) the fee receivable by such midwife for such services as a monthly nurse shall not exceed $9.60 in the case of any person of the artisan, clerk or shopkeeper class; and $14.40 in the case of any woman not of the labouring, clerical, artisan or shopkeeper class; free board and lodging being in each case provided.

When midwife may perform visiting nursing duties

44. A station midwife may at the request of a Medical Officer and with the approval of the chairman, or in his absence any member of the Board, in an emergency case only, perform any visiting nursing duties not necessarily midwifery save and except attendance on any person suffering from any infectious or contagious disease.

Duty of Board to provide instruction in midwifery

45. It shall be the duty of the Board to see that all station midwives are instructed in the practice of midwifery and for this purpose it shall be lawful for the Board to require the attendance of any station midwife for the purpose of receiving such instructions at such time and place as the Board may appoint.

Citation

46. These Regulations may be cited as the Midwifery Regulations, Revised Regulations of Anguilla M90-1.

———————

SCHEDULE

(Section 34)

MIDWIFES' FORM FOR SENDING FOR MEDICAL PRACTITIONER'S ASSISTANCE

Date……..

(1) This Notice is sent in respect of ……..…..……...……..……..…..

Address……...……..……

(2) Medical Assistance is sought by……..……

On account of……...…….

(3) The case is urgent.

Sent to ……..……...……

At……..……..……...……

Time of sending message……...……..……

Signed ……. *Midwife.*

FOOTNOTE.

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