



# VICTORIA GOVERNMENT GAZETTE

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[1935

THE MIDWIVES ACT 1928.

THE NURSES BOARD OF VICTORIA.

## REGULATIONS

RELATING TO THE

TRAINING, EXAMINATION, REGISTRATION,  
AND PRACTICE OF MIDWIVES.

THE Nurses Board of the State of Victoria, by virtue of the powers conferred by the *Midwives Act* 1928 and all other powers enabling it in that behalf, doth hereby make the following Regulations, that is to say:—

1. These Regulations may be cited as the *Midwives Regulations* 1935, and shall apply to all midwives and trainees: Provided that in respect of any trainee who commenced her course prior to the 31st day of July, 1929, the production of evidence of having carried out the requirements prescribed by paragraphs (a), (b), and (c) of Form 12 of the First Schedule hereto shall not be necessary.

2. All Regulations previously in force relating to matters herein provided for are hereby repealed.

3. For the purposes of these Regulations, unless inconsistent with the context or subject matter—

“Approved” means approved in writing by the Board.

“Board” means the Nurses Board constituted under the Nurses Acts.

“Hospital” means any public or private hospital approved by the Board as a training school for midwives.

“Manager” means the Board or Committee of Management of any public hospital and also the person responsible for the control of any private hospital.

"Puerperal pyrexia" means any febrile condition occurring in a woman from the end of the first to the end of the tenth day after abortion, miscarriage, or childbirth in which a temperature of 100.4 degrees F. (38 degrees C.) or higher, or quickening of pulse above 100 for more than 24 hours occurs upon more than one day during that period.

#### PART I.

##### *Training Schools.*

4. Upon application in or to the effect of Form 1 of the First Schedule hereto by the authorities of any hospital, the Board may approve such hospital as a training school for midwives provided the following requirements are fulfilled to the satisfaction of the Board—

- (a) The matron shall be a registered general nurse and a registered midwife with adequate hospital training and shall hold nursing certificates approved by the Board.
- (b) The staff shall include two resident nurses, each of whom is registered as a general nurse and also as a midwife.
- (c) There shall be provided at the hospital permanently reserved and approved accommodation for at least ten maternity cases, and the daily average of occupied beds shall be at least five.
- (d) There shall be received at least 100 maternity cases every year.
- (e) The prescribed systematic courses of instruction in theoretical and practical nursing shall be given at the hospital during the period of training by approved members of the medical staff and by the matron or other approved nurse, or by approved lecturers at some other approved hospital or other approved place.
- (f) The manager shall undertake—
  - (i) in respect of every trainee to cause or arrange to be conducted by persons approved under clause 4 (e) an examination in each of the prescribed subjects of instruction as soon as practicable after each course, and a final examination in all the subjects at the conclusion of the curriculum;
  - (ii) to furnish to every trainee who has been successful at the final examination a certificate to the effect that she has passed such examination; and
  - (iii) if required by the Board, to make available to the Board, or to any authorized officer of the Board, the question-papers and answers of each or any trainee.
- (g) The manager shall undertake to forward to the Board during the month of January in each year, an annual report in or to the effect of Form 2 in the First Schedule hereto.
- (h) The manager shall undertake to facilitate the inspection by the Board's officers of the hospital, its equipment, instruments, appliances, and records of cases.

5. The Board shall cause a list of hospitals approved as training schools for midwives to be published in the *Government Gazette*.

6. If any hospital which has been approved as a training school for midwives does not fulfil to the satisfaction of the Board all the requirements of the Regulations as to training schools for midwives, the Board may at any time, by notice to the manager, through the matron or the secretary, or to the person in charge of such hospital, cancel its approval, and thereupon such hospital shall cease to be a training school from the date specified in that behalf in such notice, and a copy of such notice shall be published in the *Government Gazette*. Any trainee then in course of training in such hospital shall serve such additional period of training as the Board may require.

7. No woman shall be eligible as a trainee at any training school unless—

- (a) she produces a certificate that she has been educated up to the standard certificate of merit at a primary school within the Commonwealth of Australia, or its equivalent, or otherwise satisfies the Board of her educational attainments;
- (b) she is prepared to undergo a period of probation for one month;
- (c) she has attained the age of twenty-two years;
- (d) she produces a medical certificate to the effect that she is in sound health and physically fit to undergo the prescribed courses of training.

*Course of Training.*

8. Systematic lectures shall include the following courses:—

- (a) Midwifery (including elementary anatomy and physiology of the generative organs)—twenty lectures.
- (b) Care and Feeding of Infants—not less than six lectures.
- (c) Invalid Cookery—not less than twelve lectures with demonstrations.
- (d) General Nursing—twelve lectures.

9. The course of lectures shall be in accordance with the requirements set out in the Second Schedule hereto.

10. Certificates of attendance at the said lectures shall be as set out in Forms 8, 9, 10, 11, and 12 of the First Schedule hereto. No certificate will be accepted by the Board which does not certify attendance of at least three-fourths of the total number of lectures delivered in each course.

*Period of Training.*

11.—(1) The period of training shall be—

- (a) in the case of a pupil midwife, not less than eighteen months;
- (b) in the case of a nurse registered under the Nurses Acts, Victoria, not less than nine months: provided that if such nurse has served, whether inside or outside of Victoria, during the war which commenced in 1914, as a nurse with His Majesty's naval or military forces, or with the naval or military forces of the Commonwealth, the period of training shall be such as may be approved in each particular case by the Board.

(2) No registered nurse shall be required to attend such of the prescribed courses of training for a midwife as shall have been included in her training as a general nurse.

(3) For the purposes of this Regulation the periods of training prescribed by sub-clause (1) shall be deemed to include the period of fourteen days after the date of the completion of the examination.

*PART II.—EXAMINATION AND REGISTRATION.**Application to Sit for Examination.*

12. Every applicant for permission to sit for examination shall—

- (a) make application in Form 7 of the First Schedule hereto;
- (b) produce evidence satisfactory to the Board—
  - (i) that she has completed the several prescribed courses of training, and such evidence shall be in Forms 8, 9, 10, 11, and 12, or in Form 13, of the First Schedule hereto, as the case may be;
  - (ii) that she has passed the final examination referred to in Regulation 4 (f), and such evidence shall be included in Form 12 of the First Schedule hereto;
  - (iii) that she has been educated up to the standard of the merit certificate at a primary school within the Commonwealth of Australia, or its equivalent, or otherwise satisfies the Board of her educational attainments; and
  - (iv) that she has attained the full age of twenty-two years;
- (c) furnish to the Board a statutory declaration to the effect that she has watched the progress of and personally conducted not less than twenty cases of labour, fifteen of which shall have been conducted in an approved training hospital.

*Scope of Examination.*

13. The scope of the examination shall include the subjects prescribed in the Second Schedule hereto, and such written, oral, and practical tests, as will enable the examiners to determine whether the examinee is competent to carry out the duties of a midwife.

*Dates of Examination.*

14. Examinations for registration shall be held every four months, provided that the Board may hold examinations at such other times as it deems fit.

15. The Registrar shall take such action as may be convenient or necessary to notify candidates of the date of examination.

*Registration.*

16. No woman shall be registered as a midwife unless she is entitled to registration under the *Midwives Act* 1928, or under section 4 of the *Nurses Act* 1928, and unless she—

- (a) lodges with the Registrar an application in Form 3 of the First Schedule hereto, accompanied by two certificates of good character in Form 4 of the said schedule; and
- (b) has paid the prescribed registration fee of Five shillings.

17. Every midwife whose application for registration is granted shall receive a certificate of registration in Form 5 or in Form 6, as the case may be, of the First Schedule hereto, and her name shall be entered in the register.

*Fees Relating to Examination and Registration.*

18. The fee to be paid by each candidate for examination shall be One guinea, provided that for each subsequent examination the fee shall be Ten shillings and sixpence.

19. The fee to be paid by each applicant for registration shall be Five shillings, and the fee for a certificate or duplicate certificate shall be Two shillings and sixpence.

20. The fee to be paid for annual renewal of registration shall be Two shillings and sixpence.

*Remuneration of Examiners.*

21. The remuneration to be paid to the examining body conducting the examinations shall be Seven shillings and sixpence for each candidate, provided that where a candidate presents herself a second time no fee shall be payable.

*Reports and Notifications.*

22. Every midwife shall send to the Board notice in Form 14 of the First Schedule hereto of her intention to practise as a midwife.

23. Every midwife shall, in the month of December of each year, notify the Board, in Form 15 of the First Schedule hereto, of her intention to continue practice, and shall, at the same time, pay a fee of Two shillings and sixpence for renewal of registration. If fee is not paid within twenty-one days a penalty of one shilling and sixpence is imposed.

24. Every midwife shall, without delay, notify the Board, in Form 16 of the First Schedule hereto, of any change of her address.

**PART III.***Special Regulations Regulating the Practice of Midwives.*

25. The midwife shall be scrupulously clean in every way, including her person, clothing, appliances, and premises. She shall preserve the skin of her hands, as far as possible, free from cracks and abrasions, and keep her nails cut short. Whilst attending her patients she shall wear a clean dress of washable material, such as linen, cotton, &c., which can be boiled, and over it a clean, washable apron or overall. The sleeves shall be made so that they can be tucked up well above the elbows.

*Instruments and Appliances.*

26. When called to a confinement the midwife shall take with her in a suitable receptacle, kept for that purpose only and provided with a removable lining which can be sterilized—

- (a) a suitable appliance for washing out the vagina;
- (b) a suitable appliance, other than (a), for clearing out the bowel;
- (c) a catheter for drawing off the water from the bladder;
- (d) a pair of scissors;
- (e) a clinical thermometer;
- (f) a bath thermometer;
- (g) a nail brush;
- (h) sterilized tape for tying umbilical cord;
- (i) sterilized dressings for the cord;
- (j) antiseptic soap;
- (k) efficient antiseptics for sterilizing hands, for douching, and for cleaning the infant's eyes;
- (l) sound rubber gloves;
- (m) drop-bottle containing an efficient antiseptic for the infant's eyes;
- (n) supply of absorbent cotton wool;
- (o) three small bowls.

27. All instruments and other appliances shall be sterilized, preferably by boiling for at least ten minutes, before being brought into contact with the patient's generative organs.

*Pre-Natal Supervision.*

28. When engaged to attend a patient in her confinement the midwife so engaged shall interview the patient at the earliest opportunity. She shall inquire as to the course of her previous pregnancies, confinements, and lying-in periods (if any) as regards both mother and child. She shall advise as to personal and general arrangements for the confinement and, where necessary, visit the house. Where the arrangement for the confinement is made with the management of a maternity hospital, the matron or other midwife of such hospital shall carry out the above requirements.

29. In the case of a primipara, or where illness or abnormality has occurred in connexion with any previous pregnancy, or where any previous pregnancy has ended in an abortion, a premature birth, or a still-birth, the midwife shall explain to the patient that her case is one in which the advice of a medical practitioner is required. She shall urge the patient to seek such advice or attend at a hospital or a pre-natal clinic or other suitable institution.

30. In the event of any abnormality existing or occurring during pregnancy, labour, or lying-in, the midwife in attendance shall explain to the husband, or the nearest relative or friend present, that the case is one in which the attendance of a medical practitioner is required.

31. For the purposes of these Regulations, the conditions mentioned in the Third Schedule hereto shall be deemed to be abnormalities, and the midwife shall explain that a medical practitioner should be summoned urgently.

*Management of Labour.*

32. Before touching the external genital parts of any patient the midwife shall on each occasion tuck up the sleeves of her dress and surgically cleanse her hands and forearms, and whenever making an internal examination she shall, in addition, wear sound sterile rubber gloves.

33. The midwife shall early during labour thoroughly cleanse the external genital parts with soap and water, and then swab them with an efficient antiseptic solution. In particular, the parts shall be swabbed with the antiseptic solution on the following occasions :—

- (a) before making the first or any subsequent vaginal examination ;
- (b) after the termination of labour ;
- (c) daily during the lying-in period whenever washing or cleansing is required ;
- (d) before and after passing a catheter.

34. The swabbing with an antiseptic solution shall be repeated before a douche is given and before any manipulative procedure is carried out. For this purpose the midwife shall use only sterile absorbent cotton wool or other clean sterile material.

35. No more internal examinations, manipulative procedures, or douching shall be carried out than are absolutely necessary.

36. No midwife shall make any vaginal examination contrary to the instructions of the medical attendant.

37. No midwife in attendance on a patient in labour shall leave without giving an address, by means of which she can be found without delay.

38. After the commencement of the second stage of labour she shall remain with the patient until one hour after the expulsion of the placenta and membranes, and as long thereafter as may be necessary.

39. Where a confinement is abnormal, or where dangerous symptoms arise, the midwife shall immediately send for a medical practitioner, and, pending his arrival, shall carry out any instructions that he may have given. If, for any reason, the services of a medical practitioner are not available, the midwife shall remain with the patient and take such action as she considers advisable in the interests of the patient.

40. No midwife shall—

- (a) use forceps nor administer any drug other than a simple aperient nor shall she administer ergot or pituitary extract until the third stage of labour is completed ;
- (b) administer morphia or similar drug except in cases of extreme urgency, and then only when it is impossible to get into communication with a medical practitioner ; nor
- (c) administer an anaesthetic to a patient unless under the personal supervision of, and in the immediate presence of, a legally qualified medical practitioner.

41. At the earliest moment after the child's head is born, and, if possible, before the eyes are opened, the eyelids shall be carefully cleansed by the midwife in the manner prescribed in the Fifth Schedule hereto.

42. In the case of a child born apparently dead, the midwife shall carry out the methods of resuscitation which have been taught her.

43. On the birth of a child which is in danger of death, the midwife shall inform one of the parents, or nearest available relative, of the child's condition.

44. The midwife shall examine the placenta and membranes after they have been expelled and satisfy herself that they are complete.

45. As soon as possible after delivery, the midwife shall remove, or cause to be removed, from the lying-in room all soiled linen, blood, urine, faecal matter, placenta, and membranes.

#### *Management of Puerperium.*

46. The midwife shall be personally responsible for the daily washing of the mother and infant, the dressing of the cord, and for the cleanliness and comfort of the patient.

Except where a medical practitioner is in attendance, she shall also be responsible for the proper dieting of both mother and child during the lying-in period, which shall be held, in a normal case, to mean the time occupied by the labour and a period of ten days thereafter.

47. A midwife who leaves a patient whom she has attended in labour shall re-visit such patient within twelve hours immediately following the delivery, and thereafter twice daily during the period for which she is engaged. If prevented from attending twice daily, she shall enter the reason in her case book. She shall take and record the pulse and temperature of the patient twice daily, and oftener if necessary, and enter the details in a note book or on a chart, which shall be carefully preserved. In addition, particulars of any drugs other than simple aperients which have been administered by her to the patient shall be noted.

#### *Procedure Regarding Infectious Diseases.*

48. Where a midwife has been in attendance on a septic case, or a case of infectious disease, or a case of puerperal pyrexia, or has been in contact with any one so suffering, or has an inflamed or septic wound on any part of her body, she shall cease to attend any fresh midwifery case for a period of seven days, or for such time as the Board thinks fit.

49. Before receiving permission to resume practice, she shall forward to the Board a certificate from a medical practitioner that she has disinfected herself, her clothing, and all her instruments and appliances in the manner prescribed hereunder, and that she is now free from infection.

50. Every midwife who has been exposed to infection in the manner indicated in clause 48 hereof shall—

- (a) remove all her clothing and take a bath in a hot disinfecting solution;
- (b) treat the hair with an efficient disinfecting lotion;
- (c) immerse all washable clothing in an efficient disinfecting solution for half an hour prior to washing;
- (d) suspend all clothing that cannot be washed in a closed chamber, and subject same to the fumes of formaldehyde for six hours;
- (e) boil for half an hour all instruments and appliances that are not injured by heat;
- (f) immerse all instruments and appliances injured by heat in an efficient disinfecting solution for half an hour.

51. Disinfecting processes shall be carried out as prescribed in the Fifth Schedule hereto.

#### *Reports and Notifications.*

52. Every registered midwife shall furnish to the Board, within forty-eight hours, a report of every birth attended by her, in Form 17 of the First Schedule hereto.

53. Every midwife shall notify the Board, in Form 18 of the First Schedule hereto, of every case of death which occurs in her practice.

54. Every midwife shall notify the Board, within twenty-four hours, in Form 19 of the First Schedule hereto, of every case of still-birth which occurs in her practice.

55. Every midwife shall report to the Board—

- (a) if she contract any infectious disease or septic condition immediately on becoming aware of the occurrence of such disease or condition, and the report shall include her name and address and the nature of the disease or condition; or

- (b) in the case of attending any patient suffering from any infectious disease or septic condition, or from puerperal pyrexia, immediately on becoming aware that the patient is so suffering, and the report shall include the name and address of the patient, the nature of disease or condition from which the patient is suffering, and her name and address.

56. In a case of emergency, as defined in the Third Schedule hereto, the midwife shall, where no medical practitioner engaged by or on behalf of the patient is in attendance, call in to her assistance a medical practitioner.

*Remuneration of Medical Practitioners in Cases of Emergency.*

57. The remuneration payable by the Board to medical practitioners for attending cases of emergency shall be in accordance with the scale prescribed in the Fourth Schedule hereto.

*General.*

58. The midwife shall report forthwith to the Board every case of emergency which occurs in her practice and such report shall be in Form 21 of the First Schedule hereto.

59. No midwife shall lay out the body of any person on whom she has not been in attendance at the time of death, or a body upon which post-mortem examination has been made, unless she forthwith report such case to the Board in Form 22 of the First Schedule hereto, accompanied by a medical certificate that she has undergone adequate cleansing and disinfection.

60. Every midwife shall keep a record in or to the effect of Form 20 of the First Schedule hereto, of all cases attended to by her. On request, she shall allow any person authorized by the Board to inspect the instruments, appliances, and all records required to be kept by her, and make extracts from or copies of such records.

61. Any midwife who disobeys these Regulations, or who is guilty of misconduct or malpractice, may be suspended from practice for such period as the Board orders, or her name may be removed from the register by the order of the Board; but before the enforcement of any suspension or removal such midwife shall have an opportunity of giving an explanation, either personally or in writing.

*Midwives Act 1928.*

FIRST SCHEDULE.—FORM 1.

APPLICATION FOR APPROVAL OF A HOSPITAL AS A TRAINING SCHOOL FOR MIDWIVES.

The Registrar, Nurses Board,  
352 Collins-street, Melbourne.

Name of hospital (state whether public or private hospital).

(Date) , 19 .

On behalf of the above hospital, I hereby make application in terms of the Regulations under the *Midwives Act 1928*, that the above-mentioned hospital be approved as a Training School for Midwives. I certify that the following information for one year prior to the date of this application is correct:—

(1) Year.	(2) Daily Average occupied Beds.	(3) Nursing Staff.		(4) Number of Cases.		(5) Number of Confinements.	
		Registered.	Pupil.	Medical.	Surgical.	In Hospital.	Out-patients.

The name of the matron, who is registered as a general nurse and also as a midwife, is (name in full)

A list of the names of the medical staff is attached. The medical staff has agreed to give the lectures required by the Regulations.

I undertake that the Regulations controlling and applicable to the above hospital as a training school will be conscientiously carried out, and that any change of occupancy of the position of matron will be immediately reported to the Board.

I also undertake to facilitate the inspection by your Board's officers of the hospital, its equipment, instruments, appliances, and records of cases.

Signed on behalf of the above hospital, this day of , 19 .

(To be signed by the president, secretary, medical superintendent, resident manager or licensee.)

## Midwives Act, 1928.

## FIRST SCHEDULE.—FORM 2.

## ANNUAL REPORT OF TRAINING SCHOOL FOR MIDWIVES FOR YEAR-ENDING 31st DECEMBER, 19

1. Name of Training Hospital.
2. Address of Training Hospital.
3. Daily average occupied beds for year for midwifery cases.
4. No. of women confined during year.
5. No. of Registered midwives employed.

Names of Pupil Nurses in Full.	Date of Entry into Training Hospital.	Period Absent except Weekly and Annual Leave.	Lectures.														
			Midwifery.			Care and Feeding of Infants.			Invalid Cookery.			General Nursing.			Infant and Maternity Hygiene.		
			No. given.	No. attended.	Lecturer.	No. given.	No. attended.	Lecturer.	No. given.	No. attended.	Lecturer.	No. given.	No. attended.	Lecturer.	No. given.	No. attended.	Lecturer.

To be filled in and returned to the Registrar, Nurses Board, 352 Collins-street, Melbourne, not later than 15th January each year.

Matron.



*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 3.

## APPLICATION TO BE REGISTERED AS A MIDWIFE.

I (name in full) of (address)  
hereby apply to be registered as a midwife, and claim that I am entitled to registration  
under section (here insert section of Act under which registration is claimed)  
and I submit herewith documentary evidence in support of my claim, together with—

- (1) evidence of age (statutory declaration or "extract" of birth entry or birth certificate, or other evidence satisfactory to the Board);
- (2) two certificates of character in the prescribed form (Form 4); and
- (3) Postal note for Five shillings.

(Signature)

Date

The Registrar, Nurses Board of Victoria,  
352 Collins-street, Melbourne.

*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 4.

## CERTIFICATE OF GOOD CHARACTER.

I certify that I have been personally acquainted with  
for a period of years, and that she is trustworthy, sober, and of good  
character.

Signature, address, and occupation of person certifying

Date

Signature of applicant

*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 5.

## CERTIFICATE OF REGISTRATION.

(Issued by the Nurses Board, Victoria, Australia.)

We hereby certify that having  
fulfilled the conditions of the Regulations prescribed under the *Midwives Act 1928*, and  
having satisfied the Board that she is competent by completing the prescribed course of  
training and passing the prescribed examination, has been registered and is entitled to  
practise as a midwife subject to the provisions of the said Act and the Regulations  
thereunder.

Chairman of the Board.

Registrar.

Date of issue.

No. in Register

Signature of midwife

*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 6.

## CERTIFICATE OF REGISTRATION.

(Issued by the Nurses Board, Victoria, Australia.)

We certify that having fulfilled the  
conditions of the Regulations laid down in pursuance of the *Midwives Act 1928*, and having  
satisfied the Board by compliance with the provisions of has  
been registered, and is entitled by law to practise as a midwife in accordance with the  
provisions of the said Act and subject to the said Regulations.

Chairman of the Board.

Registrar.

Date of issue.

No. in Register

Signature of midwife

*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 7.

## APPLICATION TO SIT FOR EXAMINATION.

I, hereby apply for permission to sit  
for examination for a Certificate of Registration as a midwife, and in support of my  
application I herewith submit evidence as to—

- (a) Age.
- (b) Education.
- (c) Fulfilment of the prescribed course of training and production of hospital certificate.
- (d) Conducting labours and nursing lying-in patients.
- (e) Training and experience as a general nurse.
- (f) Having paid the prescribed examination fee.

Signature

Address

Date

The Registrar, Nurses Board of Victoria,  
352 Collins-street, Melbourne.

*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 8.

CERTIFICATE OF ATTENDANCE AT LECTURES ON MIDWIFERY.  
I certify that \_\_\_\_\_ has attended a course of \_\_\_\_\_ lectures on midwifery, as prescribed by the Regulations under the *Midwives Act 1928*, Victoria, and that she was absent from \_\_\_\_\_ lectures.

Signature and Address of Lecturer  
approved by the Board.

*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 9.

CERTIFICATE OF ATTENDANCE AT LECTURES ON CARE AND FEEDING OF INFANTS.  
I certify that \_\_\_\_\_ has attended a course of \_\_\_\_\_ lectures on care and feeding of infants, as prescribed by the Regulations under the *Midwives Act 1928*, Victoria, and that she was absent from \_\_\_\_\_ lectures.

Signature and address of Lecturer  
approved by the Board.

*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 10.

CERTIFICATE OF ATTENDANCE AT LECTURES ON INVALID COOKERY.  
I certify that \_\_\_\_\_ has attended a course of \_\_\_\_\_ lectures, with practical instruction, on invalid cookery, as prescribed by the Regulations under the *Midwives Act 1928*, Victoria, and that she was absent from \_\_\_\_\_ lectures.

Signature and address of Lecturer  
approved by the Board.

*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 11.

CERTIFICATE OF ATTENDANCE AT LECTURES ON GENERAL NURSING.  
I certify that \_\_\_\_\_ has attended a course of \_\_\_\_\_ lectures on general nursing, as prescribed by the Regulations under the *Midwives Act 1928*, Victoria, and that she was absent from \_\_\_\_\_ lectures.

Signature and address of Lecturer  
approved by the Board.

*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 12.

CERTIFICATE OF HAVING PASSED THE EXAMINATION PRESCRIBED UNDER REGULATION 4 (f), OF HAVING MADE ANTE-NATAL INVESTIGATIONS, OF WITNESSING CASES OF LABOUR, OF CONDUCT OF LABOUR, AND OF ATTENDANCE ON LYING-IN CASES.

I certify that on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_, \_\_\_\_\_ completed, under my supervision and to my satisfaction, a \_\_\_\_\_ months' course of practical midwifery, in accordance with the prescribed requirements, and that she—

- (a) passed the final examination referred to in Regulation 4 (f);
- (b) made ante-natal investigations in respect of \_\_\_\_\_ pregnant women;
- (c) witnessed \_\_\_\_\_ cases of labour prior to personally conducting any case;
- (d) watched the progress of and personally conducted \_\_\_\_\_ cases of labour, of which \_\_\_\_\_ were conducted in an approved training hospital; and
- (e) nursed \_\_\_\_\_ lying-in women and their infants during the ten days following labour.

Signature and address of  
Certifying Authority

Signature of Applicant

Address

Date

*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 13.

CERTIFICATE UNDER SECTION 4 OF THE NURSES' ACT 1928.  
I, \_\_\_\_\_, being a medical practitioner residing at \_\_\_\_\_ in which locality a hospital approved under the *Midwives Act 1928* for the training of midwives is not available, do hereby certify that \_\_\_\_\_, being a registered nurse, has, in this locality, and under my direction attended in childbirth \_\_\_\_\_ women, and has in my presence personally conducted \_\_\_\_\_ cases of childbirth since the date of her registration as a general nurse under the *Nurses Act 1928*, namely, \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

Signature of Medical Practitioner

Signature of Registered Nurse

*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 14.

## NOTICE OF INTENTION TO PRACTISE AS A MIDWIFE.

To the Registrar, Nurses Board,  
352 Collins-street, Melbourne.

I (name in full) holding a Certificate of Registration  
(No. ) under the *Midwives Act 1928*, hereby give notice of my intention to practise  
as a midwife at (full address)

Signature

Date

NOTE.—If married since granting of certificate, name under which it was granted  
must also be given.

*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 15.

NOTICE OF CONTINUANCE OF PRACTICE AND APPLICATION  
FOR RENEWAL OF REGISTRATION.

To the Registrar, Nurses Board,  
352 Collins-street, Melbourne.

I (name in full) holding a Certificate of Registration  
(No. ) under the *Midwives Act 1928* hereby give notice that I am continuing to  
practise as a midwife at (address in full) , and I herewith tender  
Two shillings and sixpence for the renewal of my registration.

Signature

Address

NOTES.—(a) This notice must be sent in the month of December in every year during  
the continuance of practice.

(b) If married since granting of the certificate, name under which it was granted  
must also be given.

*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 16.

## NOTICE OF CHANGE OF ADDRESS.

To the Registrar, Nurses Board,  
352 Collins-street, Melbourne.

I (name in full) holding a Certificate of Registration  
(No. ) under the *Midwives Act 1928*, hereby give notice that I have changed my  
address from (recent address) to (present address).

Signature

Date

NOTE.—If married since granting of certificate, name under which it was granted  
must also be given.

*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 17.

## NOTIFICATION OF BIRTH.

To the Registrar, Nurses Board,  
352 Collins-street, Melbourne.

I hereby report having attended the case, particulars of which are set out here-  
under,—

Name of patient

Address

Date and hour of confinement

Sex of infant

Was labour complicated? (Yes or no)

Was a doctor in attendance?

Signature

Registration No.

*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 18.

## NOTIFICATION OF DEATH.

To the Registrar, Nurses Board,  
352 Collins-street, Melbourne.

I, the undersigned, being a midwife holding a Certificate of Registration (No. )  
under the *Midwives Act 1928*, hereby notify that the following death occurred in my  
practice on the day of , 19 —

Signature

Address

Date

Name of deceased

Address of deceased

Age of deceased

Date of delivery

Cause of death

Medical practitioner (if any)

*Midwives Act 1928.*

## FIRST SCHEDULE—FORM 19.

## NOTIFICATION OF STILLBIRTH.

To the Registrar, Nurses Board,  
352 Collins-street, Melbourne.

I, the undersigned, being a midwife holding a certificate (No. . . .) under the *Midwives Act 1928*, hereby notify that on the . . . day of . . . 19 . . . ; living at . . . , was delivered \*by me . . . \*before my arrival of a stillborn child.

Sex  
Full time or premature (number of months)  
Condition of child  
Presentation  
Medical practitioner (if any)

Signature  
Address

Date

\* Strike out words not applicable.

*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 20.

## MIDWIFE'S RECORD OF CASES.

1. No. of case
2. The mother—
  - (1) Name and address
  - (2) Age
  - (3) Previous history as to labours and miscarriages
  - (4) Labour—
    - (a) Expected date of confinement
    - (b) Date and hour when labour began
    - (c) Date and hour when child born
    - (d) Complications (if any) during labour
  - (5) Lying-in period—
    - Complications (if any)
3. The child—
  - (1) Sex and condition at birth
  - (2) Progress during lying-in period
4. The midwife—
  - (1) Date and hour of arrival
  - (2) Date when attendance ceased
5. Name and address of practitioner in attendance (if any).
6. Remarks

Signature and address of midwife

Date

*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 21.

## REPORT OF MIDWIFE IN CASE OF EMERGENCY.

To the Registrar, Nurses Board,  
352 Collins-street, Melbourne.

In pursuance of the provisions of the *Midwives Regulations*, I report that the emergency described below occurred in the case of (name) . . . , and that Dr. (name) . . . attended.

Signature  
Address  
Registered No.  
Date

Date and time of emergency . . . p.m. . . a.m.  
Nature of emergency

*Midwives Act 1928.*

## FIRST SCHEDULE.—FORM 22.

## NOTIFICATION OF HAVING LAID OUT A BODY.

To the Registrar, Nurses Board,  
352 Collins-street, Melbourne.

I, the undersigned, being a midwife holding a Certificate of Registration (No. . . .) under the *Midwives Act 1928*, hereby notify that on the . . . day of . . . 19 . . . , I prepared or assisted to prepare a dead body for burial, the particulars in respect of which are below.—

Name of deceased  
Residence of deceased  
Age of deceased  
Cause of death

Signature  
Address

SECOND SCHEDULE.  
SYLLABUS OF STUDY.

Systematic lectures shall include the following courses :—

*Midwifery.—To be delivered by a legally qualified medical practitioner approved by the Board.*

Anatomy of the pelvis and female organs of generation.  
Physiology of conception and development; signs and symptoms of pregnancy.  
Hygiene and management of pregnancy.  
Diseases and complications of pregnancy.  
Extra-uterine pregnancy.  
Abortions—symptoms, diagnosis, treatment.  
Mechanism of labour—vertex, face, and breech presentations.  
Phenomena of labour.  
Management of normal and abnormal labour.  
The normal puerperium and its management.  
Complications of the puerperium.  
Complicated labour—eclampsia, rupture of the uterus.  
Hæmorrhages—varieties and treatment.  
Asepsis—antiseptics and their uses.  
Abnormalities of child and pelvis.  
Description and uses of appliances.  
Duties of midwife.  
Obstetric emergencies, and how they should be treated pending the arrival of the medical practitioner.  
Manifestations of venereal disease.  
Disinfection of person, clothing, and appliances.  
Care of infants born apparently lifeless.

*Care and Feeding of Infants.—(a) To be delivered by a legally qualified medical practitioner approved by the Board.*

The beginning of respiration—the management of cases of delayed breathing and apparent death.  
The temperature of the new born.  
The care of the eyes of the new born.  
The care of the umbilicus.  
The more common injuries and deformities of the new born.  
The more common diseases of the new born; their detection and management, so far as these lie within the province of the nurse.

*Growth and Development of the Child.—(b) To be delivered by a registered infant welfare nurse approved by the Board.*

Baby's Requirements.—Nursery equipment, bathing, clothing, fresh air, rest, exercise, prevention of deformities by tight binders and large napkins, care of skin and buttocks.  
Nutrition of infant and regulation of habits.  
Natural Feeding.—The advantages of breast feeding (a) to the mother; (b) to the infant. The hygiene of the nursing mother, the induction of breast-feeding (a) in normal cases; (b) in difficult cases—methods of overcoming or circumventing difficulties—test feedings—breast stimulation and milk expression. Hours of feeding—the overfed baby, the underfed baby, the nervous baby. The influence of sunlight on nutrition. The value of regular accurate weighing and measuring, value of regulation of habits.  
Artificial Feeding.—Comparison of composition of human and cows' milk. Modification of cows' milk—care of cows' milk and feeding utensils. Comparison of other infant foods and their deficiencies. Determining factors for artificial feeding. Complementary feeding.  
Observation of stools.  
Nursing of premature babies.  
Common errors in management of infants.  
The abuse of castor oil, olive oil, "dummies," sweetmeats, and glycerine of borax.  
Suggested schedule, practical instruction—  
(a) Natural Feeding.—Care of mother and baby in normal and difficult breast-feeding cases. Breast stimulation. Test feedings.  
(b) Care of premature or delicate baby.  
(c) Preparation of artificial feeding for normal and premature babies.

*Invalid Cookery.—Demonstrations to be given by an instructor approved by the Board.*

The preparation of invalids' drinks, the cooking of beef-tea, broths, poultry, fish, eggs, light puddings, jellies, vegetables, and fruits.  
Invalids' drinks—barley-water, toast-water, lemonade, apple-water, white wine—whey, &c.  
Beef-juice, beef-tea—various methods.  
Broths—chicken, mutton, &c.  
Fish—filleting: various methods of cooking.  
Poultry—methods of baking and boiling.  
Brains, sweetbreads, and tripe—various methods of cooking.  
Chops and steak—various methods of cooking.  
Custards and light puddings—baked and boiled custard, baked rice, rice custard, tapioca pudding, &c.  
Eggs—various methods of preparing.  
Jellies—wine—lemon, &c.

*General Nursing.—Lectures and demonstrations to be given by instructors approved by the Board.*

Outline of anatomy and physiology.  
Qualifications of a midwifery nurse.  
Distinctions between the doctor's work and that of the nurse.  
Bed-making—management of helpless patients.  
Hygiene of confinement room—ventilation, lighting, temperature, &c.  
Baths, sponging, &c.  
Infection—prevention and disinfection.  
Use of clinical thermometer.

The pulse—its variation and methods of record.  
 Respiration—its methods of record.  
 External appliances—preparation of poultices, fomentations, cold and hot packs, hot-air baths.  
 Counter irritation—leeches, blisters.  
 Various methods of administering drugs, enemata, subcutaneous injections (hypodermic saline, &c.).  
 Lotions in common use—strengths.  
 Rashes due to drugs, &c.  
 Methods of observing symptoms and manner of reporting to the doctor.  
 Preparation for instrumental delivery.  
 Washing out uterus and curettage.  
 Instruments—their care and use.  
 Food—choice, care, cleanliness, and administration.  
 Bandaging—breast and leg.  
 Urine testing.  
 Preparation of skin for operation.  
 Catheter—use of.  
 Asepsis—(sterilization of dressings, &c.).

#### Practical Instruction.

Practical instruction shall include practical training—

- (a) in the duties of midwife;
- (b) in the preparation of infants' food;
- (c) in invalid cookery;
- (d) in general nursing so far as it applies to lying-in women and infants; and
- (e) in infant and maternity hygiene.

#### Practical Experience.

No trainee shall be eligible to present herself for examination for a certificate of competence as a midwife unless she has—

- (a) made an ante-natal investigation under proper supervision in respect of at least twenty pregnant women;
- (b) witnessed not fewer than ten cases of labour prior to personally conducting any case;
- (c) watched the progress of and personally conducted not less than twenty cases of labour, fifteen of which shall have been conducted in an approved training hospital;
- (d) nursed not less than twenty lying-in women and their infants during the ten days following labour.

Text-books recommended—

Jellett's *Short Practice of Midwifery for Nurses*.  
 Berkeley's *Handbook for Midwives and Maternity Nurses*.  
 Millicent Ashdown—*A Complete System of Nursing*.  
 Groves & Brickdale on Anatomy, Physiology, Surgery, and Medicine.

### THIRD SCHEDULE.

#### EMERGENCIES.

1. *Pregnancy*.—In the case of a pregnant woman—
  - (a) when abortion or miscarriage threatens or occurs;
  - (b) if the patient is a dwarf or deformed;
  - (c) when there is excessive loss of blood;
  - (d) when there is any abnormality or complications such as—
    - excessive sickness;
    - puffiness of hands or face;
    - fits or convulsions;
    - dangerous varicose veins;
    - purulent discharge;
    - sores of the genitals;
    - persistent headaches;
    - dimness of vision;
    - illness or abnormality or stillbirth in a previous pregnancy
2. *Labour*.—In the case of a woman in labour at or near term when there is any abnormality or complications, such as—
  - fits or convulsions;
  - a purulent discharge;
  - sores on the genitals;
  - a malpresentation;
  - presentation other than normal;
  - when no presentation can be made out;
  - when there is excessive bleeding;
  - where, two hours after the birth of the child, the placenta and membranes have not been completely expelled;
  - in cases of rupture of the perinaeum, or of other injuries of the soft parts;
  - in cases where labour has been prolonged more than 24 hours;
  - where general condition of the patient is unsatisfactory.
3. *Lying-in*.—In the case of a lying-in woman, when there is any abnormality or complications, such as—
  - fits or convulsions.
  - abdominal swellings and tenderness;
  - offensive lochia;
  - rigor, with raised temperature;
  - puerperal pyrexia;
  - unusual swelling of the breasts with local tenderness or pain;
  - secondary post-partum hæmorrhage;
  - white leg.

4. *General*.—In all cases in which a woman during pregnancy, labour, or lying-in appears to be dying or dead.

5. *The Child*.—In the case of the child, when there is any abnormality or complication, including—

- injuries during birth ;
- any malformation or deformity in a child ;
- dangerous feebleness ;
- inflammation of, or discharges from, the eyes, however slight ;
- serious skin eruptions ;
- inflammation about, or hæmorrhage from, the navel ;
- premature birth endangering the child's life.

#### FOURTH SCHEDULE.

##### SCALE OF FEES PAYABLE TO PRACTITIONERS FOR ATTENDING CASES OF EMERGENCY.

The scale of fees payable by the Board to medical practitioners for attending cases of emergency as defined in Part III. shall be set out below :—

##### *Scale of Fees.*

	£	s.	d.
(1) Visit and advice (pregnancy, labour, lying-in) .. .. .	0	10	6
(2) Abortion-curettage .. .. .	3	3	0
(3) Delivery .. .. .	1	1	0
(4) Delivery after version or destructive operation .. .. .	2	2	0
(5) Perineal repair, where called in after delivery .. .. .	1	1	0
(6) Complete perineorrhaphy .. .. .	2	2	0
(7) Expression of placenta or post-partum hæmorrhage—			
(a) where no intra-uterine manipulation is required .. .. .	0	10	6
(b) where intra-uterine manipulation is required .. .. .	1	1	0
(8) Lying-in-curettage .. .. .	2	2	0
(9) Anæsthetist's fee (if special anæsthetist required) .. .. .	1	1	0

"By day" to which the above fees refer, shall mean that the practitioner has been called from his residence between the hours of 8 a.m. and 8 p.m.

"By night," for which 10s. 6d. in addition to the above fees may be claimed, shall mean that the practitioner has been called from his residence between the hours of 8 p.m. and 8 a.m.

Mileage rates, chargeable one way only, and to be reckoned from the practitioner's residence—

For every mile or portion thereof after the first mile, up to 3 miles—

By day, 2s. 6d. per mile.

By night, 5s. per mile.

For every mile or portion thereof after 3 miles

By day, 5s. per mile.

By night, 7s. 6d. per mile.

Claims under this Schedule shall be lodged with the Board within three months from the date of attendance.

#### FIFTH SCHEDULE.

##### DISINFECTION.

"Antiseptic" means any substance which has the power of preventing the growth and multiplication of germs. Disinfectants of weak strength are antiseptic in action.

"Asepsis" means a condition free from infective germs.

"Aseptic" means belonging to or pertaining to asepsis.

"Deodorant" means any substance which has the power of neutralizing bad odours. Some deodorants act by destroying the germs which produce the odour ; others act by absorbing the odour, e.g., charcoal, and are not necessarily disinfectants.

"Disinfectant" means any substance which is capable of destroying the germ which cause infection, and includes heat, formalin, lysol, perchloride of mercury, permanganate of potash, carbolic, &c.

"Fumigant" means any substance which, when suitably treated, yields gas or fumes which act as an antiseptic or disinfectant.

"Germicide" has the same meaning as "disinfectant."

"Sepsis" means an infective condition of the body produced by disease germs.

"Septic" means belonging to or pertaining to sepsis.

"Septicæmia" means a condition of the body when the germs of infection or their toxins are in the blood.

"Sterile" means free from germs.

##### *Personal Disinfection.*

The disinfecting solution referred to in clause 50 (a) may consist of 1 oz. (two table-spoons) to 2 gallons of water of Accol, Kerol, Cyllin, Hycol, Izal, or other standardized disinfectants of equivalent strength.

The hair may be treated with the following disinfecting solution :—

Formalin—2 drams.

Spirit rect.—1 oz.

Rose water—to 10 oz.

The liquid is to be applied and thoroughly rubbed in so as to come in contact with all the hair.

*Disinfection of Clothing.*

The clothing referred to in clause 50 (c) may be disinfected in a similar solution to that recommended for a bath in the preceding paragraph.

To generate the formaldehyde fumes referred to in clause 50 (d) proceed in the manner indicated below:—

- (1) Place a bucket or similar receptacle on the floor of the fume-chamber.
- (2) Place crystals of permanganate of potash in the bottom of the bucket.
- (3) Mix the formalin with an equal quantity of water, and pour over the crystals.
- (4) Close the door of fume-chamber tightly.

For every 100 cubic feet of space use 2 oz. of formalin, 2 oz. of water, and 1 oz. of permanganate of potash.

A cupboard or wardrobe may be used as a fume-chamber.

*Disinfection of Instruments.*

All instruments and appliances that are injured by boiling in water should be immersed for 30 minutes in a solution containing one teaspoonful of accol to 1 pint of water, or other standardized disinfectant of equivalent strength.

Liquor cresolis saponatus, lysol, pacolol, &c., may be used, but as the strength of these is about one-fifth of the germicidal strength of accol, the quantity of disinfectant required to be added to the water should be increased accordingly.

Instruments and appliances disinfected by chemical disinfectants should be thoroughly washed in freshly boiled water before use.

The midwife should be very careful that instruments and appliances are disinfected immediately before use in every case.

*Disinfection of Arms and Hands.*

Turn sleeves well above the elbows and fasten there.

Wash hands and arms thoroughly in hot water, using soap freely, or in 1 per cent. solution of lysol or similar disinfectant (two teaspoonsful in a pint and a half of water).

Pay special attention to the nails, and use a nail-brush vigorously.

Wash off all trace of soap in fresh water, and immerse hands for one minute, at least, in a solution of perchloride of mercury (1 in 500), or of biniodide of mercury (1 in 1,000).

*Cleanliness and Disinfection of Eyes.*

As soon as the head is born, and if possible, before the eyes are opened, the eyelids should be cleansed by gently wiping them with cotton wool swabs moistened with a weak solution of boric acid (a small teaspoonful to a pint of boiled water).

This should be repeated after the child is washed.

If there be any reason to suspect that the mother may be suffering from gonorrhoea, then drop, with a special drop-bottle, two drops of a 1 per cent. solution of nitrate of silver into each eye.

NOTE.—The foregoing particulars as regards disinfection are given only as a general guide for midwives; they should consult the medical attendant in all matters relating to the use of disinfectants.

Dated at Melbourne this 30th day of August, 1935.

HERBERT TURNER, Chairman

ANNIE E. BROOMHALL, Registrar

Nurses  
Board.

Approved by the Governor in Council,  
the 23rd day of September, 1935.

C. W. KINSMAN,  
Clerk of the Executive Council.