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## *Midwives Acts 1928.*

### REGULATIONS RELATING TO THE TRAINING, EXAMINATION, REGISTRATION AND PRACTICE OF MIDWIVES.

IN pursuance of the powers conferred upon it by the *Midwives Acts 1928* the Nurses Board of Victoria doth hereby make the following Regulations, that is to say:—

1. These Regulations may be cited as the *Midwives Regulations 1951* and shall come into operation three months after publication thereof in the *Government Gazette*.

2. The *Midwives Regulations 1941* are hereby repealed.

3. For the purpose 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.

“Emergency” means an abnormality as defined by Regulation 40 which gives rise to symptoms or signs of danger to mother or child.

“Manager” means—

- (a) in the case of a public hospital, committee of management;
- (b) in the case of a private hospital the person or persons responsible for the control of the hospital.

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

“Puerperal Pyrexia” means a rise of temperature to 100·4 degrees F. or higher occurring in a woman on any two days between the end of the first day after abortion or childbirth and the end of the lying-in period.

“Training School” means any public or private hospital approved by the Board as a Training School for midwives.

## PART I.

## TRAINING SCHOOLS.

4. Upon application, on a form approved by the Board, by the Manager of any hospital the Board may approve of such hospital as a Training School if the following requirements are complied with:—

- (1) The Matron or Sister-in-Charge is a person who is (a) registered with the Board as a nurse and a midwife, and (b) holds the certificate in Infant Welfare Training issued by the Board; provided that the Board shall not withdraw approval from any approved training school only because the Matron or Sister-in-Charge employed at the date of the publication of these Regulations in the *Government Gazette* does not hold the certificate in Infant Welfare Training issued by the Board;
- (2) The staff includes at least two resident nurses each of whom is registered with the Board as a nurse and as a midwife and at least one of whom holds the certificate in Infant Welfare Training issued by the Board;
- (3) Satisfactory accommodation for not less than ten maternity cases permanently reserved at the hospital and the daily average of occupied beds is at least five;
- (4) The hospital receives at least 100 maternity cases every year;
- (5) The hospital has ante-natal beds and either—
  - (a) associated with it an ante-natal clinic and a post-natal clinic; or
  - (b) arrangements satisfactory to the Board exists for pupils to be given experience in such clinics.
- (6) The prescribed systematic courses of instruction in theoretical and practical nursing are given at the hospital during the period of training by approved members of the medical and nursing staffs or by approved lecturers at some other approved hospital or other approved place.

5. The Manager of a training school shall—

- (1) in respect of every pupil cause to be conducted by persons approved under clause 4 (6) hereof an examination in each of the subjects prescribed for examination as soon as practicable after each course;
- (2) furnish to every pupil who has been successful at the examination in each of such subjects, a Certificate to the effect that she has passed such examination;
- (3) at the request of the Board supply to the Board or to a person authorized in writing by the Board in that behalf, the question paper and answers of any pupil;
- (4) forward to the Board during the month of January of each year an annual report on an approved form;
- (5) facilitate the inspection by the Board's officers of the hospital, its equipment, instruments, appliances, and records of cases;
- (6) undertake to give to the Board as soon as practicable notice of the particulars of any change in the position of Matron or the personnel of the teaching staff or, in the case of a maternity annexe of a hospital, any change in the position of Sister-in-charge.

6. The Board before approving an institution as a Training School shall take into consideration the number and qualifications of the members of the permanent medical and nursing staff, the equipment for teaching purposes, the facilities for study by the pupils and all other matters having relation to the training of pupil midwives. The Board may cause the institution and the training therein to be inspected by an officer of the Board or other competent person whose report shall be considered when the application for approval is considered.

7. If any training school ceases to comply with the requirements of regulation 4 hereof, or if the Manager of any training school fails to comply with regulation 5 hereof the Board may, by notice in writing posted to such Manager, withdraw its approval of such training school, whereupon it shall cease to be a training school. Any pupil in course of training at such training school may, with the approval of the Board, complete her course of training at another training school.

*Approval of Lecturers and Examiners.*

8. Application for the approval of a person as a Lecturer or as an Examiner shall be submitted to the Board on a form to be provided.

*Eligibility for Training.*

9. No woman shall be eligible to train at any Training School unless—
- (a) she produces to the Board the Victorian Merit Certificate, Proficiency Certificate, Proficiency Certificate in Home Arts and Crafts, or evidence from the Head Master or Head Mistress, of a Public or Secondary School that she has successfully completed at least (2) two years at a Secondary School, or otherwise satisfies the Board of her educational attainments, or is a Nurse registered under the Nurses Acts, Victoria;
  - (b) she is prepared to undergo a period of probation for one month;
  - (c) she has attained the age of nineteen years;
  - (d) she produces to the Board a Medical Certificate to the effect that she is sound in health and physically fit to undergo the prescribed course of training.

*Course of Training.*

10. Every pupil midwife shall undergo a period of probation of one month at the Training School. If at the conclusion of such probation the Matron, or Sister-in-Charge, is of the opinion that the pupil is suitable for training she shall forward to the Board—

- (i) the name in full of the pupil, the date of commencement of training, and health certificate;
- (ii) in the case of a pupil who is not a registered nurse—
  - (a) evidence of age such as Birth Certificate,
  - (b) evidence of educational attainments;
- (iii) in the case of a pupil who is a registered nurse her number on the Nurses Register in Victoria.

11. If a pupil's training is interrupted, the Board on application, may, subject to such conditions as it thinks fit, allow the training taken prior to the interruption to be counted toward the required period of training. Every such application must be accompanied by a medical certificate or other evidence satisfactory to the Board of the cause of the interruption.

12. Every pupil shall during the whole of her course of training receive from the Matron or Sister-in-Charge or other registered midwife, practical instruction in midwifery in the wards of the training school.

13. Every pupil shall during her course of training attend lectures and receive practical instruction in accordance with the syllabus of training set forth in the First Schedule hereto.

14. All such lectures and practical instruction shall be given by registered medical practitioners, registered midwives, persons holding certificates in Infant Welfare Training or other competent instructors all of whom shall be approved by the Board for the purpose.

*Period of Training.*

15. The period of training shall be :—
- (a) in the case of a nurse registered under the Nurses Acts, Victoria, not less than twelve months;
  - (b) in the case of any other pupil, not less than two years.

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PART II.

## EXAMINATION AND REGISTRATION.

*Scope of Examination.*

16. The scope of the examination for registration shall be the subjects prescribed for examination in the First Schedule hereto. The examination shall consist of 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.

*Conduct of Examination.*

17. Examinations for Registration shall be held at such times as the Board deems fit. The Board shall where practicable give to each training school not less than eight weeks' notice of the date of commencement of each examination.

18. The Matron of each training school shall, at least six weeks before the date of commencement of the examination, supply to the Registrar a list of the names of the pupils in the school who intend to present themselves for examination, or if the case so requires, notify the Registrar that no trainee in the School intends to present herself.

19. The pupil midwife may be permitted by the Board to present herself for the examination next preceding the date of completion of her training if—

- (a) the date of the completion of her training is not more than 28 days after the completion of the examination;
- (b) she has completed the instructional course prescribed in the First Schedule hereto;
- (c) she has passed the examination prescribed under Regulation 5 (1).

20. Every candidate for admission to examination shall make application to the Registrar on a form approved by the Board. The application shall be accompanied by—

- (a) A Certificate of Training signed by the Matron or Sister-in-Charge and Medical Officer of the training school at which the candidate underwent her course of training;
- (b) 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 school;
- (c) A fee of £2 2s. or in the case of a candidate sitting for a subsequent examination after failure to pass the first examination, £1 1s.

21. Every such application shall be so made as to be received by the Registrar at least four (4) weeks before the commencement of the examination at which the candidate intends to present herself. The Registrar shall take such action as may be convenient, or necessary, to notify candidates of the dates thereof.

#### *Registration.*

22. No woman shall be registered as a midwife unless she is entitled to registration under the Midwives Acts or under Section 4 of the *Nurses Acts* 1928 and unless she—

- (a) lodges with the Registrar an application on the form provided by the Board and submits evidence satisfactory to the Board that she is of good character and reputation. For this purpose she shall supply with the application, two testimonials which may be in a form, approved by the Board, from persons to whom the applicant is well known, one at least being signed by a medical practitioner or a matron. Such testimonials shall contain a statement showing the writer's grounds for his belief that the applicant is of good character and reputation. The Board shall withhold registration until it is furnished with satisfactory evidence under this clause, and shall decline to register any applicant who fails to satisfy it regarding her character; and
- (b) has paid a fee of 7s. 6d. for registration and a fee of 2s. 6d. for a certificate.

23. (i) Every midwife whose application for registration is granted shall receive a Certificate of Registration in Form 1 or in Form 2, as the case may require, of the Second Schedule hereto, and her name shall be entered in the Register.

(ii) Upon proof to the satisfaction of the Board that such a Certificate has been lost or destroyed the Board may, upon receipt of a further fee of 2s. 6d. issue a duplicate of such certificate.

#### *Annual Registration Fee and Notifications Required under the Midwives Act.*

24. The fee to be paid for annual renewal of registration shall be 5s. and shall be due and payable during the month of December in each year subsequent to the year in which the registration of the midwife was effected. The Board may remove from the Register the name of any midwife who fails to pay the proper renewal fee.

25. Every midwife shall in the month of December each year—

- (a) notify the Board in writing on a form provided by the Board of her intention to practise as a midwife; and
- (b) shall, at the same time, pay the prescribed fee of 5s. for the renewal of her registration.

26. Every midwife who has married and desires her married name recorded on the Register shall produce to the Board her Certificate of Marriage or other evidence satisfactory to the Board of her marriage.

27. Every midwife shall before commencing to practise in any place notify the Board in writing and such notice shall include—

- (a) name in full;
- (b) registration number;
- (c) address at which she intends to practise;
- (d) permanent address.

28. Every midwife shall give the Board notice of any change of address within three days thereof and such notice shall contain—

- (a) name in full;
- (b) registration number;
- (c) permanent address.

29. Any midwife whose name has been removed from the Register for failure to pay the annual fee for the renewal of her registration shall, if she gives a satisfactory reason for non-payment of such fee, have her name restored to the Register on payment of a restoration fee of 10s.

*Form of Register.*

30. There shall be entered in the Register of Midwives the following details in respect of every person registered under the said Act—

- (a) registration number;
- (b) date of registration;
- (c) name in full;
- (d) where trained;
- (e) qualifications;
- (f) such other particulars as the Board may require.

PART III.

SPECIAL REGULATIONS RELATING TO THE PRACTICE OF MIDWIVES.

*Records of Pregnancy, Labour, and Puerperium.*

31. Every midwife shall keep a record in or to the effect of Form 7 of the Second Schedule hereto of all cases attended by her and shall preserve such records made by her in a file or register hereinafter referred to as a Case Book. This Regulation shall not apply in relation to cases attended by a midwife in a hospital where registers or records are kept which include the particulars mentioned in the Case Book prescribed by the Board. The Manager of a hospital where such registers or records are kept shall provide for their preservation.

*Facilities for Inspection.*

32. On request a midwife shall allow any person authorized by the Board to inspect the instruments, appliances and all records required by these Regulations to be kept by her, and to make extracts from or copies of such records.

33. The Manager of a maternity hospital shall allow any person authorized by the Board to inspect records required to be kept by these Regulations and to make extracts from or copies of such records, and to interview any person practising midwifery therein with regard to the observance of the Midwives Acts and the Regulations made thereunder.

*Instruments and Appliances.*

34. The midwife shall be scrupulously clean in every way in respect to 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.

35. 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) Suitable appliance for clearing out the bowels;
- (b) A catheter for drawing off urine from the bladder;

- (c) A pair of scissors ;
- (d) A clinical thermometer ;
- (e) A bath thermometer ;
- (f) A nail brush ;
- (g) Sterilized tape for tying the umbilical cord ;
- (h) Sterilized dressings for the cord ;
- (i) Antiseptic soap ;
- (j) Efficient antiseptics for sterilizing hands and for skin preparation, and a suitable solution for cleaning the infant's eyes ;
- (k) Sound rubber gloves ;
- (l) Drop bottle containing an efficient antiseptic for the infant's eyes ;
- (m) Supply of absorbent cotton wool ;
- (n) Three small bowls ;
- (o) mucus aspirator ;
- (p) A face mask of a suitable design.

36. All instruments and 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 and Management of Labour.*

37. 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 the previous pregnancies, confinements, and lying-in periods (if any) as regards both mother and child. She shall test the patient's urine for abnormalities ; such information shall be recorded in her case book. She shall advise as to personal and general arrangements for the confinement and where necessary visit the house. Where an arrangement for the confinement is made with the management of a maternity hospital the matron or other midwife of the hospital shall carry out the above requirements.

38. In the case of a primigravida, or where illness or abnormality has occurred in connexion with any previous pregnancy or where any previous pregnancy has ended in abortion, a premature birth, or a stillbirth, 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.

39. In the event of any abnormality existing or occurring during the pregnancy, labour or lying-in period, 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.

40. For the purpose of these Regulations, the conditions mentioned in the Third Schedule hereto shall be deemed to be abnormalities.

41. 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.

42. 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 or rectal 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.

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

44. No internal examinations or manipulative procedures shall be carried out other than are necessary.

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

46. 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.

47. The midwife shall stay with the patient from the commencement of the second stage of labour until one hour after the expulsion of the placenta and membranes, and as long thereafter as may be necessary.

48. In the event of an emergency as defined by these Regulations 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 interest of the patient and child.

49. No midwife shall—

(a) use forceps nor administer any potent drugs except under medical supervision or in circumstances of emergency;

(b) administer an anaesthetic to a patient unless at the express direction of a legally qualified medical practitioner in each individual case.

50. After the child's head is born the midwife shall treat the eyes in the manner in which she has been instructed.

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

52. 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.

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

54. 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 the Puerperium.*

55. The midwife shall be personally responsible for the daily washing of the mother and child, the dressing of the cord, and for the cleanliness and comfort of both.

56. 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 the period of ten days thereafter.

57. A midwife who leaves a patient whom she attended in labour shall re-visit such patient within twelve (12) hours immediately following the delivery and thereafter twice daily during the period for which she is engaged. If she is prevented from attending twice daily she shall enter the reason in her case book.

58. She shall take and record the pulse and temperature of the patient twice daily and oftener if necessary and shall record the result on a proper chart as soon as possible after the taking. In addition, particulars of any drugs or aperients which have been administered by her to the patient shall be recorded.

#### *Procedure Regarding Infectious Diseases.*

59. (a) When a midwife has been in contact with a septic case or a case of infectious disease other than the patient upon whom she is in attendance as a midwife, or when she has an inflamed or septic wound on any part of her body or is suffering from a sore throat she shall report to the Board in the manner prescribed in Regulation 61 immediately she becomes aware of such disease or condition, and shall cease to attend ANY midwifery case for a period of seven (7) days or other such period as the Board thinks fit.

(b) When a midwife has been in attendance on a septic case or a case of puerperal pyrexia or a midwifery patient who has developed an infectious disease she shall report to the Board in the manner prescribed in Regulation 61 immediately she becomes aware of such disease or condition and shall cease to attend ANY FRESH midwifery case until she has complied with Regulation 60.

(c) The requirements of Sub-Regulation (b) shall cease to apply in a case of puerperal pyrexia where not less than two (2) serum swabs taken from the vagina of the patient at intervals of not less than 24 hours have been submitted to the Bacteriologist of the Public Health Department at the University of Melbourne, or other laboratory approved for the purpose in writing by the Commission of Public Health and have been certified by such Bacteriologist to be free from streptococcus haemolyticus A., and from staphylococcus pyogenes.

60. (a) Every midwife who has been in contact with or has been in attendance upon a case in circumstances indicated in Regulation 59 and to whom that Regulation applies, shall remove her external clothing and thoroughly cleanse her hands, nails, and forearms.

(b) Every midwife who has been suffering from an infection mentioned in Regulation 59 and to whom that Regulation applies shall—

- (i) thoroughly wash herself including her hair in a hot bath paying careful attention to nails, hand, and forearms;
- (ii) make a complete change of her clothing.

(c) Every midwife to whom Regulation 59 applies shall—

- (i) boil thoroughly all clothing she has removed except that, in the case of garmets which would be injured by boiling, she shall take such steps to ensure their disinfection as are reasonably necessary;
- (ii) boil for 30 minutes all instruments and appliances that are not injured by heat, and immerse all instruments and appliances injured by heat in an efficient disinfectant lotion for 30 minutes;
- (iii) in the case of a midwife who has been suffering from a sore throat or has been in contact with or in attendance on a case suffering from streptococcus haemolyticus A., or staphylococcus pyogenes infection, have one serum swab taken from her throat and submitted to the Bacteriologist of the Public Health Laboratory of the University of Melbourne or other laboratory approved for the purpose in writing by the Commission of Public Health.

61. Every midwife shall report to the Board immediately on becoming aware of any disease or condition provided for in Regulation 59 and such report shall, in her own case, set out her name, registration number and address, the nature of the disease or condition from which she is suffering, and in the case of the patient the report shall include the name and address of the patient, the nature of the disease or condition from which the patient is suffering together with the name, registration number, and address of the midwife.

62. Before receiving permission to resume practice the midwife shall forward to the Board a certificate from a legally qualified medical practitioner that she has undergone disinfection of herself and all her instruments and appliances in the manner prescribed in Regulation 60, provided that no such certificate shall be given in the case of a midwife to whom Regulation 59 applies and whose throat swab was proved to contain haemolyticus streptococcus A., until she has had two serum swabs taken from her throat at intervals of 24 hours and submitted as required in Regulation 60 (c) (iii) and has been certified to be free from haemolyticus streptococcus A.

63. Regulations 61 and 62 shall not apply to midwives in a hospital with laboratory facilities satisfactory to the Board and to which the Board has granted exemption in writing. The Manager of such a hospital shall forward to the Board on the first day of each month the following information:—

Number of case of puerperal pyrexia—

- (a) Haemolyticus Streptococcus A.;
- (b) Staphylococcus Pyogenes;
- (c) Infectious Diseases as provided for under Public Health Regulations.

#### *Reports and Notifications.*

64. Every midwife shall furnish to the Board within 48 hours a report of every birth attended by her in Form 3 of the Second Schedule hereto.

65. Every midwife shall notify the Board immediately in Form 4 of the Second Schedule hereto, of every case of death of mother or child which occurs in her practice.

66. Every midwife shall notify the Board within 24 hours in Form 5 of the Second Schedule hereto, of every case of stillbirth which occurs in her practice.

67. Where any midwife lays out the body of any person on whom she has not been in attendance at time of death or a body upon which post-mortem examination has been made, she shall forthwith report such case to the Board in Form 8 of the Second Schedule hereto and shall forward to the Board a Medical Certificate that she has undergone adequate cleansing and disinfection.



68. In her practice every midwife shall notify the Board forthwith of every case of an emergency in which the midwife has sent for a medical practitioner, and such report shall be in Form 6 of the Second Schedule hereto.

69. Regulations 64, 65, 66, 67, and 68 shall not apply to midwives in a hospital to which the Board has granted exemption in writing. The Manager of such a hospital shall on the first day of every month forward to the Board the following information :—

- (a) Number of births ;
- (b) Number of stillbirths ;
- (c) Number of maternal deaths ;
- (d) Number of child deaths ;
- (e) Full names and registration numbers of midwives who are practising midwifery therein.

*Remuneration of Medical Practitioners in Cases of Emergency.*

70. 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, provided that the patient furnishes to the Board a Statutory Declaration to the effect that neither she nor her husband is able to pay the fees of the medical practitioner, and such declaration shall be in Form 9 of the Second Schedule hereto.

*Disciplinary Powers.*

71. Any midwife who contravenes 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. Before the enforcement of any suspension or removal such midwife shall have an opportunity of giving an explanation, either personally or in writing.

*Remuneration to Examiners.*

72. The remuneration to be paid by the Board to the examiners conducting the examinations shall be ten shillings and sixpence for each candidate, provided that where a candidate presents herself a second time no fee shall be payable.

*Applications.*

73. Any application or notice to the Board under these Regulations may be in accordance with such a form as is approved by the Board. The Board may require an applicant to furnish such further evidence in relation to any application under these Regulations as the Board deems necessary.

*Midwives Act 1928.*

*Regulations.*

*FIRST SCHEDULE.*

**TWO-YEAR INSTRUCTIONAL COURSE FOR PUPIL MIDWIVES WHO ARE NOT REGISTERED NURSES, AND SYLLABUS OF SUBJECTS FOR EXAMINATION UNDER THE MIDWIVES ACT 1928.**

Lecturers to be approved by the Nurses Board. Tutor midwife will be required to hold General, Midwifery, and Infant Welfare Certificates registered with the Nurses Board or to hold a Tutor Midwife's Certificate approved by the Board.

**FIRST YEAR.**

It is recommended that a preliminary school of at least two (2) weeks should be held during which time Nursing Lectures Part I. together with Ward Demonstrations should be given by a Tutor Midwife. Where the Pupil Midwife enters the Preliminary School of the General Section of the Hospital, subjects marked "M" are to be given by the Tutor Midwife. A portion of Anatomy and Physiology Lectures could also be given.

**SUGGESTED SCHEME OF PROGRESSIVE STAGES OF INSTRUCTION.**

1. Preliminary School of at least two weeks if possible to include :—
  - (a) Nursing Lectures Part I. ;
  - (b) Ward Demonstrations by Tutor Sister.
2. Remainder of the first year :—
  - (a) *Practical.*—Pupils should progress through wards and departments commencing with After-care Wards and being Junior Nurse in each case.

*(b) Theoretical.—*

- (i) First six (6) months—After completing the preliminary period the pupils should then have one Nursing and one Anatomy and Physiology Lecture per week;
  - (ii) Second six (6) months—completion of General Nursing and Anatomy and Physiology Lectures. There should then be a period for revision and Cookery;
- Pupils should at this stage attend the Tutor Midwives Midwifery Tutorials.

It is recommended that the pupil does not conduct cases of labour until the latter part of the first year.

## LECTURES.

*Midwifery Nursing.*—To be given by a Midwife Lecturer approved by the Board.

*Part I.*

- M. Midwifery; Its Relationship to Preventive Medicine and Child Welfare. The approach of the Midwife to the expectant mother.
- Ethics of Nursing.
- Care of Hospital Equipment.
- M. Methods of Prevention of Spread of Infection.
- M. Asepsis and Anti-sepsis.
- M. Elementary Bacteriology.
- M. Glove, Gown, and Mask Technique.
- Making of Lotions and use of same.
- Hygiene—Personal Hygiene, Hygiene of the Patient.
- Ward Hygiene—Ventilation, &c.
- Administration of Medicine.
- General Nursing, Care of the Patient in Bed—sponging, Care of the back, &c.
- M. Nursing Care of the Puerperium.
- Temperature, Pulse, and Respiration.
- M. Urinalysis and Blood Pressure.
- M. Bathing and Care of the Baby.
- Keeping of Charts.
- Preparation of Simple Dressings including Surgical Foments.
- M. The Importance of Identification of the Child at Birth.

*Part II.*

- Admission of New Patient, Care of Clothes and Valuables.
- Observation of Urine, Faeces, Vomitus, Sputum, and Discharge.
- Feeding of Patient:—
- (a) Serving meals;
- (b) Feeding of Helpless Patients;
- (c) Keeping of Diet Charts.
- Preparation and collection of specimens for Examination—Urine, Faeces, Vomitus, Sputum, Smears and Cultures, Nose and Throat Swabs, &c.
- Care of the Mouth and Eyes.
- Preparation for:—
- (a) Simple Catheterization of the Bladder;
- (b) Simple Bladder Washout;
- (c) Vaginal Douching.
- Positions and Postures.
- Enemas and Bowel Washout.
- Oxygen Administration.
- Saline—Its uses and methods of Administration.
- Instruments in Common Use.
- Technical Terms and Abbreviations in Common Use.
- Bandages and Binders in Common use.
- Cleansing and Disinfecting of Catheters, Gloves, Ward Instruments, &c.
- Counter—Irritants—Linseed and other Poultices, Mustard Baths, Medical Foments, &c.
- Special Investigations—Renal Function Tests, Test Meal, and other common tests.
- Preparation for Venesection, Lumbar Puncture, Intravenous Injections, Blood, Saline, &c.
- Care of the patient in (i) a Fit; or (ii) a Faint.
- Nursing Lectures Part I. and II. shall be given in a course of not less than 30 lecture hours, nine-tenths of which shall be attended by the pupil midwife.
- Invalid Cookery.*—A course of six lectures to be given by a Lecturer approved by the Board.

## ELEMENTARY ANATOMY AND PHYSIOLOGY.

- Course of twenty lecture hours, nine-tenths to be attended.
- To be given by a legally qualified Medical Practitioner.
- The Human Body.*—General View—Cells, Tissues, Organs.
- Their arrangement and structure. The Body as a Whole, chief cavities and their contents.
- The Skeleton*—including emphasis on the Bony Pelvis.
- Muscles and their uses.
- Circulatory System—including Blood.
- Digestive System and Abortion.
- Respiratory System.
- Endocrine System.
- Nervous System.
- Excretory System and Excretion.
- Reproductive System—Male and Female and External Genitalia.

## PRACTICAL INSTRUCTION.

Ante-natal examinations under proper supervision .. .. .	10
Cases of Labour Witnessed prior to conducting any case .. .. .	10
(If witnessed during the First year need not be repeated during the Second year.)	
Puerperal patients and their infants nursed .. .. .	20

## SECOND YEAR.

Course of instruction and syllabus of subjects for examination shall be according to the course for the Registered Nurse.

## INSTRUCTIONAL COURSE FOR PUPIL MIDWIVES WHO ARE REGISTERED NURSES AND SYLLABUS OF SUBJECTS FOR EXAMINATION UNDER THE MIDWIVES ACT 1928.

Lectures to be approved by the Nurses Board.

Midwife Lecturers will be required to hold General, Midwifery, and Infant Welfare Certificates and be registered with the Nurses Board or to hold a Tutor Midwife's Certificate approved by the Board.

## LECTURES.

- Midwifery*.—Twenty Lecture Hours, nine-tenths to be attended.  
To be given by a legally qualified Medical Practitioner.  
Anatomy and Physiology of Female Pelvis and Generative Organs.  
Physiology of Conception and Development of Placenta, Ovum, and Foetus.  
Foetal Circulation and its relation to Maternal Circulation.  
Foetal skull, Sutures, Measurements.  
Physiology of Pregnancy. Hormones.  
Diagnosis of Pregnancy (Symptoms and Signs).  
Management of Pregnancy. Abdominal and Vaginal Examination.  
Toxaemias of Pregnancy.  
Antepartum Haemorrhage.  
Abortions.  
Extra-Urine Pregnancy.  
Other Diseases and Complications of Pregnancy.  
Physiology and Course of Labour.  
Mechanism of Labour—Vertex, Face, Breech Presentations.  
Management of Normal Labour.  
Abnormal Labour and its Management (to include Prolonged Labour and its Causes and Effects), Malpresentations.  
Analgesics and Drugs used in Midwifery.  
Post-Partum Haemorrhage—Shock, &c.  
Complicated Labour and Obstetric Emergencies (including Obstructed Labour, Prolapse of Cord, Inversion of Uterus, Rupture of Uterus) and their Treatment pending the arrival of the Medical Practitioner.  
Normal Puerperium.  
Asepsis and anti-sepsis.  
Puerperal sepsis.  
Venereal Diseases—Gonorrhoea and Syphilis and their Treatment.  
Nursing Aspects of Obstetric Operations and Appliances.  
*Midwifery Nursing*.—A course of 30 lecture hours, nine-tenths to be attended.  
To be given by a Tutor Midwife approved by the Board.
1. General Introduction of Post-Graduate Study of Midwifery; Maternal Morbidity and Mortality.
  2. Midwives Act: Regulations of Practice; Forms of Practice and Notifications.
  3. Management of Pregnancy.  
Ante-natal Clinic and its Organization.  
General Advice, Hygiene, Weight, &c.  
Nutrition.  
Blood pressure.  
Minor Ailments.  
Importance of Urinalysis, Catheterization.
  4. Preparation for Labour including Abdominal Palpation, Rectal, Vaginal, and Post-Anal Examination.
  5. Management of Labour including Palpation and Examinations for the Progress of Labour.
  6. Management of the Puerperium.
  7. Nursing of Complications of the Puerperium.
  8. Isolation Technique.
  9. District Nursing.
  10. Relation of Obstetrics to Infant and Child Welfare Associations and the Importance of the Post-natal Examination.
  11. Preparations for Obstetrical Operations.
- Pediatrics*.—A course of at least fifteen lecture hours. Six lectures to be given by a legally qualified Medical Practitioner and nine by the Tutor Midwife.  
Nine-tenths of the total lectures to be attended.
1. Routine care of the new born—Temperature, Eyes, Umbilicus, Cot, Bathing, &c.
  2. Nursery Hygiene.
  3. Physiological Conditions of the New Born as follows—  
Onset of Respiration, Activity of Breasts, Vaginal Bleeding, Suppression of Urine.
  4. Breast feeding—Two lectures.
  5. Artificial Feeding.
  6. Digestive Disturbances including Stools.
  7. The Premature Infant.
  8. Intracranial Trauma.
  9. Asphyxia, Atelectasis, and Pneumonia.

10. Icterus, Erythroblastosis, Foetalies, Haemorrhagic Diseases including Cephalhaematoma, Dehydration Fever, Dangerous Effects of Sub-normal Temperature.
11. Sepsis, Conjunctivitis and Infections such as Coryza, Thrush, &c.
12. Diarrhoea including Epidemic Diarrhoea of the New Born, Sore Buttocks, and Rashes.
13. Injuries and Malformations.

*Anaesthesia*.—A course of three lecture hours—all to be attended. (No examination need be held in this subject.)

To be given by a legally qualified Medical Practitioner preferably by a Specialist Anaesthetist.

Anaesthesia including Stages of Anaesthesia. Drugs employed, Ether, Trilene, Chloroform, Nitrous Oxide.

Use and care of Anaesthetic Apparatus, Methods of Administration, Premedication.

Complications of Anaesthesia and the methods employed to avoid and manage such complications.

Each trainee to administer under supervision of a legally qualified Medical Practitioner a minimum of six (6) general anaesthetics for delivery.

*Clinical Lectures or Demonstrations*.—Six (6)—all to be attended.

To be given by a legally qualified Medical Practitioner.

#### PRACTICAL INSTRUCTION.

The following table shows the minimum amount of practical work in the subjects mentioned, and which are required to be performed by each pupil:—

Ante-Natal Investigation under proper supervision .. .. .	20
Cases of Labour-witnessed prior to conducting any case .. .	10
Conduct of Labour—fifteen of which shall be in an approved Training School	20
Puerperal Patients and their Infants nursed .. .. .	40
Vaginal Examinations .. .. .	5
Rectal Examinations .. .. .	5
Post-Anal Examinations .. .. .	20

Each Pupil Midwife when nursing a lying-in woman should also nurse her infant.

#### WRITTEN RECORD.

Each Pupil Midwife shall keep a record of ten (10) case histories in the Obstetrical Case Book issued by the Nurses Board and shall submit each case as recorded to the Sister-in-Charge for discussion and correction. The Obstetrical Case Book shall be available for examination purposes and may be taken into consideration by the Examiner when allotting marks.

Of the cases submitted there shall be—

- Two (2) ante-natal investigations;
- Two (2) normal deliveries;
- Two (2) abnormal deliveries;
- Two (2) puerperal patients nursed;
- Two (2) infants.

#### EXAMINATION SYLLABUS.

All subjects prescribed for the instructions course are prescribed for examinations for registration other than those marked.

#### *Midwives Act 1928.*

##### Regulations.

##### SECOND SCHEDULE—FORM 1.

##### 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.*

##### Regulations.

##### SECOND SCHEDULE—FORM 2.

##### 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.*

## Regulations.

## SECOND SCHEDULE—FORM 3.

## 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 hereunder:—

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.  
Address.

*Midwives Act 1928.*

## Regulations.

## SECOND SCHEDULE—FORM 4.

## 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 :—

Name of deceased.  
Address of deceased.  
Age of deceased.  
Date of delivery.  
Cause of Death.  
Medical Practitioner (if any).

Signature.  
Address.

Date.

*Midwives Act 1928.*

## Regulations.

## SECOND SCHEDULE—FORM 5.

## 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 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.*

## Regulations.

## SECOND SCHEDULE—FORM 6.

## 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.*

## Regulations.

## SECOND SCHEDULE—FORM 7.

## 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 miscarriage
  - (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
  - (3) Type of feeding when discharged
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. Urine
7. Temperature and pulse chart
8. Drugs and medicines
9. Remarks

Signature and address of Midwife

Date

*Midwives Act 1928.*

Regulations.

## SECOND SCHEDULE—FORM 8.

## NOTIFICATION OF HAVING LAID OUT A BODY.

To The Registrar, Nurses Board,  
352 Collins-street, Melbourne, C.1.

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

*Midwives Act 1928.*

Regulations.

## SECOND SCHEDULE—FORM 9.

## STATUTORY DECLARATION.

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

I,      of,  
in the State of Victoria, do solemnly and sincerely declare that neither I, nor my husband  
nor any other person liable under the *Maintenance Act 1928*, is able to pay the fees of  
the medical practitioner who was called to the assistance of the midwife attending me  
during my last confinement.

And I make this solemn declaration conscientiously believing the same to be true  
and by virtue of the provisions of an Act of Parliament of Victoria rendering persons  
making a false declaration punishable for wilful and corrupt perjury.

Declared at      , in the State of Victoria, this      day of  
One thousand nine hundred and  
Before me—

*Midwives Act 1928.*

Regulations.

## SECOND SCHEDULE—FORM 10.

## 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.*

## Regulations.

## THIRD SCHEDULE.

## ABNORMALITIES.

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 one hour 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 haemorrhage;
  - 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—
  - prematurity;
  - birth injury;
  - malformation or deformity;
  - any illness;
  - haemorrhage;
  - infection of the umbilicus;
  - skin scabs;
  - discharging eyes;

*Midwives Act 1928.*

## Regulations.

## 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	15	0
(2) Abortion-curettage .. .. .	5	5	0
(3) Delivery .. .. .	3	3	0
(4) Delivery after version or destructive operation ..	10	10	0
(5) Perineal repair, where called in after delivery ..	2	2	0
(6) Complete perineorrhaphy .. .. .	4	4	0
(7) Expression of placenta or post-partum haemorrhage—			
(a) where no intra-uterine manipulation is required ..	1	1	0
(b) where intra-uterine manipulation is required ..	3	3	0
(8) Lying-in-curettage .. .. .	5	5	0
(9) Anaesthetist's fee (if special anaesthetic required) ..	2	2	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.

#### *Midwives Act 1928.*

#### Regulations.

#### 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 heat or any substance which is capable of destroying the germ which causes infection, and includes 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.

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

"Sterile" means free from germs.

#### DISINFECTION OF INSTRUMENTS.

All instruments and appliances that are injured by boiling water should be immersed for 30 minutes in a standardized disinfectant.

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, in a suitable disinfectant.

Dated at Melbourne, this 24th day of April, 1951.

JOHN D. PLANT, Chairman, } Nurses  
W. E. KEY, Registrar, } Board.

Approved by the Governor in Council,

11th September, 1951.

A. MAHLSTEDT,

Clerk of the Executive Council.