

1975/137



THE OBSTETRIC REGULATIONS 1975

DENIS BLUNDELL, Governor-General
ORDER IN COUNCIL

At the Government House at Wellington this 9th day of June 1975

Present:

HIS EXCELLENCY THE GOVERNOR-GENERAL IN COUNCIL

PURSUANT to the Hospitals Act 1957 and the Nurses Act 1971 His Excellency the Governor-General, acting by and with the advice and consent of the Executive Council, hereby makes the following regulations.

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REGULATIONS

PART I—PRELIMINARY

1. Title and commencement—(1) These regulations may be cited as the Obstetric Regulations 1975.

(2) These regulations shall come into force on the 1st day of July 1975.

2. Interpretation—(1) In these regulations, unless the context otherwise requires,—

“Clinical records” means the clinical records kept pursuant to regulation 7 or regulation 37 of these regulations, as the case may require:

“Closed beds” means beds in a maternity hospital under the control of a hospital board accommodating patients for whom and for whose infants the services of an obstetrician and of a paediatrician (being medical practitioners registered under the Medical Practitioners (Registration of Specialists) Regulations 1971 in the specialties of gynaecology or obstetrics or obstetrics and gynaecology, in the case of an obstetrician, or in the specialty of paediatrics, in the case of a paediatrician) are respectively available at the cost of the Board:

“Holding beds” means any beds provided in a maternity hospital for the emergency treatment of medical or surgical patients preparatory to their transfer elsewhere:

“Licensee” means a person licensed to keep a private maternity hospital under the Hospitals Act 1957:

“Manager” means the manager of a private maternity hospital:

“Maternity aftercare unit” means a maternity ward used only for the care of mothers and infants after delivery and situated apart from the maternity hospital, institution, or private hospital in connection with which it is maintained:

“Maternity hospital” includes a maternity ward, other than a maternity ward maintained in a maternity hospital as defined in section 153 (2) of the Hospitals Act 1957:

“Maternity nurse” means a registered maternity nurse:

“Maternity patient” means a patient who requires treatment for any obstetric condition during pregnancy or the puerperium:

“Maternity unit” means a maternity hospital which is neither an obstetric unit nor a maternity aftercare unit:

“Medical superintendent” means the medical superintendent of a maternity hospital under the control of a hospital board, or any other person in administrative charge of any such hospital:

“Midwife” means a registered midwife:

“Obstetric unit” means—

(a) A maternity hospital under the control of a hospital board in which there are closed beds, and a neonatal intensive care unit and an isolation ward with appropriate facilities in each case; and

(b) A private maternity hospital in which the services of an obstetrician and of a paediatrician (within the meanings respectively assigned to those words in the definition of “closed beds” in this subclause) are respectively available for patients and their infants, and in which there are a neonatal intensive care unit and an isolation ward with appropriate facilities in each case:

“Private maternity hospital” means a private hospital or part of a private hospital which is licensed as a maternity hospital under the Hospitals Act 1957:

“Puerperal pyrexia” means any febrile condition occurring in a woman in whom a temperature of 38°C (100.4°F) or more has occurred within 14 days after childbirth or abortion:

“Register of Patients” means the Register of Patients kept pursuant to regulation 6 (1) or regulation 36 of these regulations, or section 137 (1) of the Hospitals Act 1957, as the case may require:

“Septic condition” means any pathological condition, in whatever part of the body it may be situated, in which tissue reaction to pathological organisms has occurred or is threatening.

(2) The expressions “carrier”, “communicable disease”, “Director-General”, and “Medical Officer of Health”, have the meanings respectively assigned to them in the Health Act 1956.

(3) Expressions not hereinbefore defined, but defined in the Hospitals Act 1957 or the Nurses Act 1971, have the meanings so defined, unless the context otherwise requires.

PART II—MATERNITY HOSPITALS

3. Authority—The regulations contained in this Part of these regulations are made under the Hospitals Act 1957.

4. General duty of hospital boards and licensees—(1) Every hospital board and every licensee shall take all reasonable steps to ensure that the provisions of this Part of these regulations are complied with to the extent that those provisions are applicable to any maternity hospital under its or his control.

(2) Nothing in subclause (1) of this regulation shall limit or affect any obligation or liability imposed on a hospital board or a licensee by or under the Hospitals Act 1957.

Staffing, Registers, and Records

5. Staffing—(1) The medical superintendent or manager of a maternity hospital shall take all reasonable steps to ensure that the hospital is staffed adequately in relation to the work undertaken therein.

(2) In every obstetric unit there shall be a midwife, who is a registered general nurse, on duty at all times.

(3) In every maternity unit there shall be a midwife in charge at all times.

(4) In every maternity aftercare unit there shall be a registered general nurse or a registered community nurse on duty at all times.

(5) Every maternity aftercare unit shall be visited by a midwife at least once daily while any patient is residing there:

Provided that if a midwife is employed in the unit no such visit shall be required on any day on which that midwife is on duty.

(6) In every maternity hospital there shall be on duty at all times such number of registered nurses, and there shall be employed such domestic and other staff, as may be required for the efficient conduct of the hospital. The requirements of this subclause are in addition to the requirements of subclauses (2) to (5) of this regulation.

(7) Subclauses (2) to (6) of this regulation shall not limit the generality of subclause (1) of this regulation.

6. Register of Patients—(1) In every maternity hospital under the control of a hospital board the medical superintendent shall keep a Register of Patients and shall make or cause to be made therein in respect of each maternity patient the following entries:

- (a) The name, age, marital status, race, and usual place of residence of the patient, and the date of her admission into the hospital;
- (b) The name of the medical practitioner in charge of the case;
- (c) The date of the delivery of the patient;
- (d) The date on which the patient leaves the hospital, or, if she dies in the hospital, the date of her death.

(2) In every private maternity hospital the licensee shall, in respect of each maternity patient, make or cause to be made in the Register of Patients, in addition to the particulars required by section 137 (1) of the Hospitals Act 1957, the following entries:

- (a) The marital status and race of the patient:
- (b) The date of the delivery of the patient.

7. Clinical records—(1) In every maternity hospital under the control of a hospital board the medical superintendent shall, in addition to observing the requirements of subclause (1) of regulation 6 of these regulations, cause to be maintained, in respect of each maternity patient and infant, clinical records including the information and documents set out in subclause (3) of this regulation.

(2) In every private maternity hospital the licensee shall cause to be maintained, in respect of each maternity patient and infant, clinical records including the information and documents set out in subclause (3) of this regulation, and those records shall be prescribed records for the purposes of section 138 of the Hospitals Act 1957.

(3) The information and documents referred to in subclauses (1) and (2) of this regulation are—

(a) In the case of the patient—

(i) The number of her previous pregnancies; whether they resulted in livebirth, stillbirth, or abortion; the weight of the infant or infants at birth; and any abnormalities of any such pregnancy, or the ensuing puerperium, or of any such infant:

(ii) The date of the commencement of the last menstrual period of the patient, her blood group, and the result of any serological test for syphilis, and of any antibody or haemoglobin test:

(iii) Whether delivery was spontaneous or instrumental, and the details of any special treatment or operation required, including the induction of labour:

(iv) The name of the person delivering the patient and the name of the senior person present at and responsible for the delivery:

(v) A prescription chart:

(vi) The nature and quantity of any analgesic or anaesthetic administered to the patient, and the name of the person administering it:

(vii) A temperature chart:

(viii) In the event of the death or transfer to another hospital of the patient, the date of the death or transfer, and the cause of death or the reason for the transfer: and

(b) In the case of the infant—

(i) The sex of the infant:

(ii) Whether the infant was born alive or stillborn:

(iii) The duration of the pregnancy:

(iv) The weight and record of examination by a medical practitioner of the infant at birth, and on discharge:

(v) The method of feeding on discharge:

(vi) In the event of the death or transfer to another hospital of the infant, the date of the death or transfer, and the cause of death or the reason for the transfer.

8. Maintenance, availability, and retention of registers and records—

(1) Every entry required to be made in the Register of Patients, or in a clinical record, shall be made legibly and indelibly as soon as practicable after the occurrence of the act or event to which the entry relates.

(2) Registers of Patients and clinical records, or any specified part thereof, shall be produced for inspection or forwarded on demand to the Medical Officer of Health.

(3) In every maternity hospital the clinical records relating to a patient or her infant shall be kept available for inspection by the medical practitioner in charge of the case.

(4) Every volume comprising part of a Register of Patients shall be retained for a period of at least 3 years after the date of the last entry therein.

(5) The clinical records of the patient and her infant, or copies thereof, shall be retained for a period of 20 years, and if, on the expiration of that period, she is then surviving and is less than 55 years of age, for a further period until she attains that age.

Management of Maternity Hospitals

9. Essential equipment—(1) The following equipment shall be maintained in every maternity hospital:

- (a) Adequate resuscitation equipment for mother and infant:
- (b) Adequate sanitary appliances:
- (c) Adequate sterilising apparatus:
- (d) Adequate laundry equipment.

(2) Nothing in subclause (1) of this regulation shall prevent arrangements being made for any class of article to be supplied in a sterile state instead of being sterilised on the premises, or prevent the making of suitable arrangements for part or all of the laundry work to be carried out elsewhere.

10. Use of facilities—(1) Subject to subclause (3) of this regulation, in every maternity hospital the following conditions shall apply:

- (a) No patient other than a maternity patient shall occupy a room intended for the reception and treatment of maternity patients:
- (b) No maternity patient or infant shall occupy a room intended for the reception and treatment of patients other than maternity patients:
- (c) No maternity patient or infant shall occupy a room intended for the use of hospital staff:
- (d) Every preparation room, first-stage room, delivery room, and Caesarean theatre shall be used exclusively for obstetric purposes:

- (e) Where there is no central sterile supply, there shall be a separate sterilising room and a separate utility room used exclusively for obstetric purposes:
 - (f) There shall be adequate and separate bathroom and water closet facilities to be used exclusively by maternity patients.
- (2) If any question arises as to whether any bathroom or water closet facilities are adequate for the purposes of paragraph (f) of subclause (1) of this regulation, the matter shall be referred to the Director-General whose decision shall be final.
- (3) Nothing in paragraphs (d) or (e) of subclause (1) of this regulation shall apply in respect of any maternity aftercare unit.

11. Restrictions on functions of nursing staff—(1) Subject to subclause (2) of this regulation, no member of the nursing staff in any hospital who attends patients other than maternity patients shall also attend any maternity patient or the infant of any maternity patient, and no member of the nursing staff who attends any maternity patient or the infant of any maternity patient shall also attend patients other than maternity patients:

Provided that nothing in this regulation shall prevent one matron or sister being in charge of the entire hospital if she is assisted by such other suitably trained nursing staff as the Director-General may specify.

(2) Nothing in subclause (1) of this regulation shall apply in respect of operating theatre staff.

12. Admission of patients to holding beds—(1) No patient other than a medical or surgical patient requiring emergency treatment preparatory to transfer elsewhere shall be admitted to any holding bed in a maternity unit or maternity aftercare unit.

(2) Nothing in this regulation shall authorise the admission to any holding bed of any patient to whom regulation 16 of these regulations applies otherwise than in accordance with the provisions of that regulation.

13. Restrictions on admissions—Subject to the provisions of regulation 12 of these regulations, there shall not be admitted to any maternity hospital any patient who is not a maternity patient, nor shall any maternity patient be admitted before the onset of labour except as a patient awaiting confinement, or, subject to the further provisions of these regulations, for the purpose of receiving treatment for any obstetric condition.

14. Refusal of admission—Nothing in regulations 12 or 13 of these regulations shall entitle any patient to admission to a maternity hospital as of right, but any medical superintendent or manager who declines to admit any maternity patient shall forthwith take all reasonable steps to arrange the admission of that maternity patient to another maternity hospital.

15. Restrictions on treatment—Subject to the provisions of regulation 12 of these regulations, no pregnant maternity patient shall be admitted to a maternity unit for any treatment other than treatment designed to effect or assist delivery or to preserve pregnancy.

16. Admission to be refused in certain cases—No person suffering from any septic condition, or suffering from or suspected of suffering from any communicable disease, or in whom abortion is inevitably occurring within 20 weeks from the commencement of the pregnancy, or who is suffering from the effects of recent abortion, shall be admitted to any maternity hospital except—

- (a) With the prior consent of the Medical Officer of Health and subject to such conditions as he may prescribe; or
- (b) In circumstances of such urgency that the prior consent of the Medical Officer of Health cannot reasonably be obtained:

Provided that nothing in this regulation shall prevent the admission of any person to the isolation ward of an obstetric unit.

17. Medical Officer of Health to be notified in certain cases—When, pursuant to the provisions of regulation 16 of these regulations, a patient is admitted to a maternity hospital without the prior consent of the Medical Officer of Health, the medical superintendent or manager, or, where there is no medical superintendent or manager, the medical practitioner in charge of the case, shall forthwith notify the Medical Officer of Health in the form numbered 1 in the Schedule to these regulations, and shall comply with such directions as he may thereafter issue.

Communicable Diseases and Septic Conditions in Relation to Patients and Infants

18. Duty of medical practitioner to notify—If any patient in a maternity hospital develops puerperal pyrexia, or any patient or infant in any such hospital develops a septic condition or develops symptoms which could lead to the diagnosis of a communicable disease or create the suspicion that a communicable disease exists, the medical practitioner in charge of the case shall forthwith inform the medical superintendent or manager of the fact that the patient has developed puerperal pyrexia, or of the nature of the septic condition that the patient or infant has developed, or of the communicable disease from which the patient or infant is or is suspected to be suffering, (as the case may require), and, in each case, of the precautions being taken.

19. Duty of medical superintendent or manager to notify—(1) As soon as the medical superintendent or manager of any maternity hospital becomes aware that a patient in the hospital has developed puerperal pyrexia, he shall give notice of the case to the Medical Officer of Health in the form numbered 2 in the Schedule to these regulations, and shall take all necessary precautions.

(2) As soon as the medical superintendent or manager of any maternity hospital becomes aware that a patient or infant in the hospital has developed a septic condition, or is or is suspected to be suffering from any communicable disease, he shall—

- (a) Satisfy himself that all necessary action has been taken to prevent the spread of infection:

- (b) Display or caused to be displayed an appropriate notice in a position within the hospital where it is likely to be seen by medical practitioners visiting the hospital:
- (c) Give notice to the Medical Officer of Health in the form numbered 3 in the Schedule to these regulations.

20. Duty of Medical Officer of Health—(1) As soon as the Medical Officer of Health is notified that a patient in any maternity hospital has developed puerperal pyrexia, or that a patient or infant in any such hospital has developed a septic condition, or is or is suspected to be suffering from any communicable disease, he shall take such action and issue such instructions as he considers necessary for the purpose of preventing the spread of infection.

(2) Without limiting the generality of subclause (1) of this regulation, in any case to which that subclause applies the Medical Officer of Health may, if he thinks fit,—

- (a) Require the transfer of any patient or infant to an obstetric unit or another hospital with suitable facilities; and
- (b) Prohibit the admission of further patients to the maternity hospital for such period as he considers necessary.

21. Duty of medical practitioner as to treatment—In the absence of any instructions given by the Medical Officer of Health in a case to which regulation 17 or regulation 20 of these regulations applies, it shall be the duty of the medical practitioner in charge of the case to give such instructions and make such arrangements as he considers proper for the purpose of preventing the spread of infection:

Provided that, in the case of a maternity hospital under the control of a Hospital Board, nothing in this regulation shall be so construed as to restrict the authority of the medical superintendent of that hospital.

22. Transfers and readmissions—(1) No patient who has been discharged from a maternity hospital after confinement, or transferred elsewhere than to another maternity hospital, shall be readmitted or transferred back to a maternity hospital, otherwise than in respect of a new pregnancy, without the prior consent of the Medical Officer of Health.

(2) No patient shall be transferred to a maternity unit or a maternity aftercare unit from a ward of any hospital, other than a maternity ward, without the prior consent of the Medical Officer of Health.

23. Transfers in special circumstances—Nothing in regulation 22 of these regulations shall prevent or restrict—

- (a) The transfer of a patient, following a Caesarean section, from an operating theatre suite to a maternity hospital:
- (b) The admission to the isolation ward of an obstetric unit, for the purpose of treatment of a puerperal condition or of reuniting mother and infant, within the period of six weeks following confinement, of a patient who has been discharged from a maternity hospital:

- (c) The transfer of a patient from a maternity hospital to a hospital with suitable facilities for the performance of puerperal tubal ligation, or her transfer back from an operating theatre suite to that maternity hospital:
- (d) The transfer of a patient to an obstetric unit from another hospital or hospital ward.

Communicable Diseases and Septic Conditions in Relation to Staff

24. Persons suffering from communicable diseases, etc.—No person shall attend any maternity patient or infant, or undertake any duty, in a maternity hospital while suffering from any communicable disease, or from any septic condition; nor shall he do so while he is a carrier, without the prior consent of the Medical Officer of Health and subject to such conditions as the Medical Officer of Health may specify.

25. Attendance on patients suffering from septic conditions—

(1) Where any maternity patient or infant is suffering from any septic condition, or is or is suspected to be suffering from any communicable disease, no person who attends that patient or infant shall attend any other maternity patient or infant until he is permitted to do so by the medical superintendent or the Medical Officer of Health, and has carried out all necessary measures for personal disinfection.

(2) Notwithstanding subclause (1) of this regulation, any person employed in an obstetric unit may attend such patients in the unit as his duties require.

(3) Where any patient (other than a maternity patient or infant) is suffering from any septic condition, or is or is suspected to be suffering from any communicable disease, no person who attends that patient shall attend any maternity patient or infant until he is permitted to do so by the medical superintendent or the Medical Officer of Health, and has carried out all necessary measures for personal disinfection.

Care of Maternity Patients and Infants

26. Medical practitioner's instructions to be in writing—(1) Every medical practitioner who gives instructions as to the administration of any drug to a maternity patient or infant in any maternity hospital, or as to any treatment (other than routine management) for such a patient or infant, shall write the instructions on the patient's chart and shall sign his name at the foot of each such entry:

Provided that in a case of emergency the medical practitioner may give any such instructions orally, but as soon as practicable thereafter he shall write those instructions on the patient's chart and shall sign his name at the foot of each such entry.

(2) Every medical practitioner who requires any instructions to be followed in the routine management of any patient or infant in any maternity hospital shall give those instructions in writing to the medical superintendent or manager, and shall sign his name at the foot of the instructions.

27. General duty of medical superintendents and managers in relation to patients—The medical superintendent or manager of a maternity hospital shall take all reasonable steps to ensure that the patients and infants in the hospital are properly managed and cared for.

28. Proper aseptic technique to be observed—Every person who conducts or directly assists in conducting a confinement in a maternity hospital shall observe a proper aseptic technique.

29. Transport of infants—Infants being transported in a maternity hospital shall be carried singly, or transported in single cots.

30. Infants not to be readmitted—(1) Subject to subclause (2) of this regulation, no infant shall be readmitted to a maternity hospital or maternity ward unless he has been transferred from another maternity hospital or maternity ward:

Provided that nothing in this subclause shall prevent the readmission of an infant to an obstetric unit for the purpose of reuniting him with his mother.

(2) A neonate, or an infant requiring intensive care in respect of a condition existing at birth or arising out of neonatal management, may be readmitted to an obstetric unit for treatment in the isolation nursery of the neonatal intensive care unit.

31. Duty of medical practitioner to notify birth to Medical Officer of Health—(1) The medical practitioner in charge of a delivery shall notify the Medical Officer of Health of the birth, whether or not the infant is born alive, in the form numbered 4 in the Schedule hereto.

(2) The medical practitioner shall sign the form required by subclause (1) of this regulation—

- (a) Where the infant is stillborn, as soon as practicable after the stillbirth; or
 - (b) Where the infant dies in the hospital, as soon as practicable after his death; or
 - (c) In any other case, before, but as nearly as practicable to, the date of discharge of the infant from the hospital,—
- and shall thereupon cause the form to be dispatched to the Medical Officer of Health.

32. Power to exempt—For the purpose of assessing the value of new techniques and new methods of treatment, the Director-General may, by writing, exempt the staff of any specified maternity hospital from any of the provisions of this Part of these regulations for such time and on such conditions as he specifies; and any such exemption may at any time in like manner be revoked.

PART III—NURSES IN DOMICILIARY PRACTICE

33. Authority and application—(1) The regulations contained in this part of these regulations are made under the Nurses Act 1971.

(2) This Part of these regulations applies to every nurse lawfully engaging in obstetric nursing in domiciliary practice.

Functions of Midwives and Other Nurses

34. Restriction on nurses who are not midwives—Subject to any regulations made under section 58 (1) (w) of the Nurses Act 1971, no nurse who is not a midwife shall attend a maternity patient during pregnancy, labour, or the puerperium except in a case of emergency or in the presence of a medical practitioner or midwife.

35. Uniforms and equipment—(1) Every nurse to whom this Part of these regulations applies shall provide herself with a reasonable supply of suitable uniforms and with appropriate equipment, and shall wear a clean uniform at all times while on duty.

(2) Every such nurse shall, wherever she is required to do so, produce her uniforms and equipment to the Medical Officer of Health, or the principal public health nurse employed in the Department of Health, in the health district as constituted under the Health Act 1956.

36. Register of Patients—Every midwife shall keep a Register of Patients and shall enter therein, in respect of each maternity patient attended by her, the following particulars:

- (a) The name, age, marital status, race, and usual place of residence of the patient:
- (b) The name of the medical practitioner in charge of the case:
- (c) Each date on which the midwife attends the patient:
- (d) The date of the delivery of the patient:
- (e) Where the patient dies before she ceases to be under the care of the midwife, the date of the patient's death.

37. Clinical records—A midwife shall keep clinical records in respect of each maternity patient attended by her, and those records shall include the following information and documents:

(a) In the case of the patient—

(i) The number of her previous pregnancies; whether they resulted in livebirth, stillbirth, or abortion; the weight of the infant or infants at birth; and any abnormalities of any such pregnancy or the ensuing puerperium, or of any such infant:

(ii) The date of the commencement of the last menstrual period of the patient, her blood group, and the result of any serological test for syphilis, and of any antibody or haemoglobin test:

(iii) Whether delivery was spontaneous or instrumental, and the details of any special treatment or operation required, including the induction of labour:

(iv) The name of the person delivering the patient and the name of the senior person present at and responsible for the delivery:

(v) A prescription chart:

(vi) The nature and quantity of any analgesic or anaesthetic administered to the patient, and the name of the person administering it:

(vii) A temperature chart:

(viii) In the case of the death or admission to hospital of the patient, the date of the death or admission, and the cause of death or the reason for the admission: and

(b) In the case of the infant—

(i) The sex of the infant:

(ii) Whether the infant was born alive or stillborn:

(iii) The duration of the pregnancy:

(iv) The weight and record of examination of the infant at birth, and on the date when he ceases to be under the care of the midwife:

(v) The method of feeding on the date when the infant ceases to be under the care of the midwife:

(vi) In the case of the death or admission to hospital of the infant, the date of the death or admission, and the cause of death or the reason for the admission.

38. Maintenance, availability, and retention of registers and clinical records—(1) Every midwife shall make every entry required to be made in the Register of Patients or clinical records legibly and indelibly and as soon as practicable after the occurrence of the act or event to which the entry relates.

(2) Every midwife shall produce any Register of Patients and clinical records, or any specified part thereof, or forward it or them on demand, to the Medical Officer of Health or any officer of the Department of Health authorised in that behalf by the Medical Officer of Health or the Director-General.

(3) Every midwife shall take all reasonable steps to ensure that the clinical records relating to a maternity patient or her infant under her care are available for inspection by any medical practitioner attending the patient or her infant.

(4) Every midwife shall—

(a) Cause every volume comprising part of a Register of Patients to be retained for a period of at least 3 years after the date of the last entry therein:

(b) Cause the clinical records of every maternity patient and her infant, or copies thereof, to be retained, either by the midwife, or by her successor in practice, or in an office of the Department of Health, for a period of 20 years, and if, on the expiration of that period, the patient is still surviving and is less than 55 years of age, for a further period until she attains that age.

Communicable Diseases and Septic Conditions in Relation to Nurses

39. Nurses suffering from communicable diseases, etc.—No nurse shall attend any maternity patient or infant while suffering from any communicable disease, or from any septic condition; nor shall she do so while she is a carrier, without the prior consent of the Medical Officer of Health and subject to such conditions as he may specify.

40. Nurses contracting communicable diseases, etc.—A nurse who contracts any communicable disease, or who develops any septic condition, shall notify the Medical Officer of Health accordingly, and she shall not thereafter attend any maternity patient or infant until she is permitted to do so by the Medical Officer of Health.

41. Attendance on maternity patients suffering from septic conditions, etc.—Where any maternity patient or infant is suffering from any septic condition, or is or is suspected to be suffering from any communicable disease, any nurse who attends that patient or infant shall notify the Medical Officer of Health accordingly, and shall not attend any other maternity patient or infant until she is permitted to do so by the Medical Officer of Health, and until she has carried out all necessary measures for personal disinfection and for disinfection of her equipment.

42. Attendance on other patients suffering from septic conditions, etc.—Where any patient, other than a maternity patient, is suffering from any septic condition, or is or is suspected to be suffering from any communicable disease, any nurse who attends that patient shall notify the Medical Officer of Health accordingly, and shall not attend any maternity patient or infant until she is permitted to do so by the Medical Officer of Health, and until she has carried out all necessary measures for personal disinfection.

Precautions to be Taken in the Care of Patients and Infants

43. When assistance of medical practitioner required—A midwife attending a maternity patient shall take all reasonable steps to obtain the assistance of a medical practitioner in any case where—

- (a) During pregnancy, labour, or the puerperium, the patient shows any sign of ill-health or disease, or of any abnormal condition whatsoever; or
- (b) The infant sustains any injury during birth, or is of low birth weight, or is feeble, or shows any sign of any abnormal condition whatsoever; or
- (c) The placenta is abnormal.

44. Patient not to be left unattended—(1) No midwife in attendance on a maternity patient shall leave the patient during labour or for at least 1 hour after the expulsion of the placenta.

(2) In any case in which the midwife has sought assistance of a medical practitioner, the midwife shall remain with the patient and give care and attention to the best of her ability until the arrival of the medical practitioner, and shall thereafter comply with his instructions concerning the immediate or subsequent treatment of the patient and infant.

45. Routine procedures—Every nurse who conducts or directly assists in conducting a confinement, or attends a maternity patient during the puerperium, shall carry out the proper routine procedures and tests in relation to the maternity patient and infant, except so far as they are carried out by another nurse, or by a medical practitioner.

46. Duty of midwife to notify septic conditions, etc.—(1) If any maternity patient or infant under the care of a midwife develops a septic condition, or develops symptoms that could lead to the diagnosis of a communicable disease or create the suspicion that a communicable disease exists, the midwife shall forthwith notify the fact to the medical practitioner in charge of the case.

(2) If any maternity patient under the care of a midwife develops puerperal pyrexia, the midwife shall forthwith notify the Medical Officer of Health of the fact in the form numbered 5 in the Schedule to these regulations, and shall take all necessary precautions.

(3) If any maternity patient or infant under the care of a midwife dies or is transferred elsewhere for further treatment, the midwife shall forthwith notify the Medical Officer of Health of the fact in writing.

47. Notification of birth—(1) A midwife having a maternity patient under her care shall instruct the parents of the infant as to their duties with regard to the notification and registration of the birth, and shall herself notify the Registrar of Births and Deaths on each occasion on which she is present at a birth, or is aware of the birth of an infant to any such patient having occurred.

(2) If any maternity patient under the care of a midwife is delivered of a dead foetus weighing more than 500 grams, or of a stillborn infant, or if the infant of any such maternity patient dies within 7 days after birth, the midwife shall forthwith notify the Medical Officer of Health of the fact in the form numbered 6 in the Schedule to these regulations.

48. Application of this Part in respect of patients discharged from hospital—This Part of these regulations shall, with any necessary modifications, apply in respect of any maternity patient who is discharged from a hospital within 7 days following delivery to the same extent and in the same manner as it applies in respect of a maternity patient delivered elsewhere than in a hospital.

PART IV—MISCELLANEOUS PROVISIONS

49. Address to be furnished—Every midwife and every maternity nurse engaged in domiciliary practice or in practice as a licensee or a member of the staff of a private maternity hospital shall, before beginning to practise as such for the first time in New Zealand and whenever she begins to practise at a new address, forthwith notify in writing the Medical Officer of Health for the district of her name, particulars of her registration, and of the address at which she proposes to practise.

50. Administration of inhalation analgesics and anaesthetics to maternity patients—(1) No member of the nursing staff of a maternity hospital, and no nurse engaging in domiciliary practice, shall administer any inhalation analgesic or anaesthetic to any maternity patient otherwise than in accordance with subclause (2) of this regulation.

(2) A midwife, a maternity nurse, a midwifery student, or a maternity nursing student may administer an approved analgesic to a maternity patient on the specific directions of the medical practitioner in charge of the case.

(3) In subclause (2) of this regulation the term "approved inhalation analgesic" means any inhalation analgesic approved for the time being by the Director-General for the purposes of that subclause.

51. Offences and penalty—(1) Every person commits an offence who contravenes or fails to comply with any provision of these regulations or with any requirement or direction made or issued under these regulations.

(2) Without limiting the liability imposed on any person by subclause (1) of this regulation, if any of the provisions of regulations 5 (2) to (5), 8 to 13, 15, 16, 22, 24, 25, or 28 to 30 of these regulations is contravened or not complied with, and the contravention or non-compliance occurs in any hospital, the medical superintendent or manager of the hospital, as the case may require, shall be deemed to be guilty of that contravention or non-compliance and shall be liable accordingly unless he proves that the contravention or non-compliance occurred without his knowledge and that he took all reasonable steps to prevent that occurrence.

(3) Every person who commits an offence against these regulations is liable on summary conviction to a fine not exceeding \$100.

52. Special defence—Notwithstanding anything in regulation 51 of these regulations, no person shall be convicted of an offence against these regulations—

- (a) Arising out of a contravention of, or failure to comply with, any of the provisions of regulations 5 (1), 5 (6), 9 (1), 19 (2) (a), 27, 35 (1), or 45 of these regulations; or
- (b) Arising out of a failure to take appropriate measures or precautions, or to provide appropriate facilities, contrary to regulations 19 (1), 25 (1), 25 (3), 41, 42, or 46 (2) of these regulations—

whether that contravention or failure is attributable to him or some other person, if he proves that, in relation to the subject-matter of the offence alleged, he or that other person, as the case may require, complied with the relevant advice or recommendation, if any, contained in the most recent edition, for the time being, of the document H. 666, published by the Department of Health.

53. Revocation—The Obstetrical Regulations 1963*, are hereby revoked.

SCHEDULE—continued

Form 3

Reg. 31 (1)

NOTIFICATION OF A CASE OF SEPTIC CONDITION OR COMMUNICABLE DISEASE

To the Medical Officer of Health,

.....

Name of hospital:

Address:

Date:

I HEREBY notify you that of, a patient at this hospital, who was admitted on and confined on is suffering from/is suspected to be suffering from [Name of disease or septic condition]. Age:..... Race:..... Home address:..... Occupation or employment: The name of the medical practitioner attending the patient is

.....

Medical Superintendent or Manager.

—

Form 4

Reg. 19 (2) (c)

FOR OFFICE USE

Year H.D.				
Reg. No.	O			
Hospital				

MEDICAL NOTIFICATION OF BIRTH OR STILLBIRTH UNDER OBSTETRIC REGULATIONS 1975

Name of hospital:

Town:

To the Medical Officer of Health,

.....

Punch Card Col. No.

I HEREBY notify the following particulars concerning a birth:

1. MOTHER: Surname

Given name(s)

Date of birth

Date of last normal menstruation

d	d	m	m	y	y	Age	y	y	13, 14		
d	d	m	m	y	y	If not known enter x x					

Number of previous pregnancies

Number of live births

Race - European

Maori

Other Polynesian

Other

	15
	16
	17

SCHEDULE—continued

2. INFANT – Sex: Male Female 18

Date of birth:

d	d	m	m	y	y
---	---	---	---	---	---

True gestation (enter xx if LMP not acceptable) week

w	w
---	---

 19, 20

*Approximate gestation (enter xx if LMP acceptable) weeks

w	w
---	---

 21, 22

(X) Multiple birth Yes No 23

If multiple birth state birth order 24

Birth weight grams

--	--	--	--

 25-28

Alive on discharge Yes No 29

(X) For multiple births a separate form is required for each baby.

3. Did the infant have the congenital abnormalities, i.e.:

	Yes	No	
Anencephaly	<input type="checkbox"/>	<input type="checkbox"/>	30
Meningomyelocoele	<input type="checkbox"/>	<input type="checkbox"/>	31
Congenital cataract	<input type="checkbox"/>	<input type="checkbox"/>	32
Dislocated or dislocatable hip	<input type="checkbox"/>	<input type="checkbox"/>	33
Down's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	34
*Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	35

4. Were any of the following risk factors noted

Punch Card Col. No.	Obstetric			Paediatric			
		Yes	No		Yes	No	
36	Antepartum haemorrhage requiring transfusion	<input type="checkbox"/>	<input type="checkbox"/>	Apgar score 5 or less 1 minute	<input type="checkbox"/>	<input type="checkbox"/>	42
37	Maternal proteinuria (non infective)	<input type="checkbox"/>	<input type="checkbox"/>	5 minutes	<input type="checkbox"/>	<input type="checkbox"/>	43
38	Maternal diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Plasma bilirubin 20 mg per 100 ml or more	<input type="checkbox"/>	<input type="checkbox"/>	44
39	Fetal distress or meconium	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	45
40	Caesarean delivery	<input type="checkbox"/>	<input type="checkbox"/>	Cyanotic attacks	<input type="checkbox"/>	<input type="checkbox"/>	46
41	Other (e.g., rubella, know "at risk" drugs) (specify)	<input type="checkbox"/>	<input type="checkbox"/>	Small for gestational age	<input type="checkbox"/>	<input type="checkbox"/>	47
				Other severe condition (specify)	<input type="checkbox"/>	<input type="checkbox"/>	48

Environmental

In my opinion this infant is at high risk by reason of family environment (e.g., solo parent, high parity)

--	--

 49

(Specify)

The infant was discharged or transferred to (address)

..... (Date) (Signature of Medical Practitioner responsible for Confinement)

*See notes on reverse

Please tick appropriate box.

SCHEDULE—*continued*
(Reverse of form)

NOTES—

Regulation 31 (2) of the Obstetric Regulations 1974 requires that this form should be signed—

- (a) As soon as practicable after a stillbirth; or
- (b) As soon as practicable after the death of the infant in hospital;
or
- (c) Before, but as close as practicable to, the discharge or transfer of the infant from hospital.

Approximate Gestational age is calculated from the first day of the last normal menstrual period. If exact dates are not available give best estimate.

Congenital abnormality is defined, for the purposes of this notification, as any permanent abnormality of structure or function present at birth that may threaten life, impair normal development or require special treatment. The following are examples of notifiable disorders not specified in paragraph 3 of this form:

Congenital Hydrocephalus
Cleft palate or lip or both
Congenital heart defect
Oesophageal atresia
Diaphragmatic hernia
Imperforate anus
Talipes
Metabolic errors, e.g., congenital adrenal hyperplasia
Hypospadias
Polydactyly

The objectives of this notification are as follows:

- (a) To enable an observation register to be maintained by the Medical Officer of Health with the object of both providing services and follow up necessary for "at risk" children and to enable predictions to be made of long-term treatment needs for infants with malformations:
- (b) To enable early warning to be given of any significant change in the incidence of congenital malformations:
- (c) To facilitate epidemiological studies into perinatal mortality and morbidity.

EXPLANATORY NOTE

This note is not part of the regulations, but is intended to indicate their general effect.

These regulations constitute a revision of the Obstetrical Regulations 1963, which are revoked. They reflect the changes that have taken place in obstetric care and practices in the last 10 years, and the need for higher standards in obstetric nursing.

The Obstetrical Regulations 1963 applied equally to all maternity hospitals irrespective of their size, and of the level of care and skill and the type of treatment available. The principal change made by the present regulations is to distinguish between "obstetric units", "maternity units", and "maternity after care units", and to prescribe standards and rules appropriate to each. Better and in some cases new provision is made for the notification of births and of certain medical conditions and communicable diseases.

These regulations shall come into force on the 1st day of July 1975.

Issued under the authority of the Regulations Act 1936.

Date of notification in *Gazette*: 12 June 1975.

These regulations are administered in the Department of Health.