

(11) A midwife or maternity nurse shall not leave a patient who is in the second stage of labour; and she shall stay with the patient for at least one hour after the expulsion of the placenta.

(12) In any case in which a medical practitioner has been sent for on account of the labour being abnormal or difficult the midwife shall await his arrival, and shall carefully carry out his instructions.

(13) If the infant when born is in danger of death, the midwife, in the absence of a medical practitioner, shall inform one of the parents of the fact.

(14) The midwife or maternity nurse shall remove all soiled linen, fæces, urine, and the placenta from possible contact with the patient and from the lying-in room as soon as possible after the labour and before she leaves the patient's house.

(15) The midwife or maternity nurse shall be responsible for the cleanliness of both mother and infant, and shall give adequate directions for securing their comfort and proper dieting during the lying-in period, which for the purposes of this regulation shall be deemed to be the time during which the patient is in labour and a period of ten days thereafter.

(16) The midwife or maternity nurse shall take the temperature and pulse of the patient at the beginning of labour, and during labour and the lying-in period she shall take them twice daily, as near to the hours of 8 a.m. and 5.30 p.m. as is possible. She shall record the result on an approved chart as soon as possible after the taking, and in all cases this record shall begin from the time the midwife or maternity nurse first begins to attend the patient.

(17) When a midwife or maternity nurse is in attendance on a patient during the lying-in period, but is not resident in the patient's house, she shall visit her patient at least twice in each twenty-four hours. At each visit she shall do everything necessary and possible for the care of her patient.

(18) Whenever a child is born in the condition of asphyxia the midwife, in the absence of a medical practitioner, shall forthwith apply methods of resuscitation.

(19) As soon as the child's head is born, and, if possible, before the eyes are open, its eyelids shall be carefully treated by the midwife in attendance in an approved manner.

(20) Every midwife shall enter in her register of cases all occasions on which she is under the necessity of administering any stimulant or drug (whether scheduled as a poison or not), giving the dose and the time and cause of its administration.

(21) Any direction as to the procedure to be adopted by midwives and maternity nurses which has been issued by the Department of Health or by the Board, and has been circulated to midwives and maternity nurses in New Zealand, shall be deemed to be "an approved manner" of procedure within the meaning of this regulation.

21. Abnormal Conditions in which Medical Help shall be sought.

(1) A midwife shall not engage to attend or continue to attend any patient, unless a registered medical practitioner is in charge, if the said patient is suffering from any ill health, disease, or abnormal condition whatsoever, either during pregnancy, labour, or the puerperium, or if the infant has been injured during birth, or is premature, feeble, or suffering from any disease whatsoever. She shall obtain the assistance of a registered medical practitioner under the following conditions:—

(a) In the case of a woman in labour—

(i) In all presentations other than the uncomplicated vertex:

(ii) If the midwife cannot recognize the presentation:

(iii) If an hour after birth of the child the placenta has not been expelled and cannot be expressed:

(iv) Whenever there appears to be insufficient room in the pelvis or vagina for the child to be born, or when an abnormal swelling is felt in these regions or in the abdomen:

(v) In all cases of hæmorrhage or convulsions:

(vi) In cases of rupture of the perineum, or other serious injury of the soft parts.