

- (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.
- (b) In the case of a lying-in woman—
- (i) Who after delivery does not make satisfactory progress :
 - (ii) Who shows abdominal swelling and signs of insufficient contraction of the uterus :
 - (iii) Who has foul-smelling discharges :
 - (iv) Who has secondary post-partum hæmorrhage :
 - (v) Who suffers from rigors or rise of temperature above 100° F. for more than twenty-four hours :
 - (vi) Who has unusual swelling of the breasts with local tenderness or pain.
- (2) Whenever a registered medical practitioner is asked by a midwife to attend a woman or infant under the conditions specified in subclause (1) hereof, the midwife must state in writing, in or to the effect of Form No. 8 in the Second Schedule hereto, the condition of the patient and the reason for seeking medical aid.

22. *Records and Notifications.*

- (1) Every midwife and every maternity nurse shall keep a register of every case which she professionally attends (whether a medical practitioner be also in attendance or not), in or to the effect of the Form No. 9 in the Second Schedule hereto.
- (2) The midwife shall instruct the parents of the child of their duties as to notification and registration of the birth.
- (3) Whenever a registered medical practitioner is not in attendance the midwife shall as soon as possible after the occurrence of a still-birth notify the same to the Medical Officer of Health in or to the effect of the Form No. 10 in the Second Schedule hereto. A child shall be deemed to be still-born when it has not breathed or shown any sign of life after being completely born.
- (4) Whenever the death of the mother or of the child occurs before the attendance of a registered medical practitioner the midwife shall, as soon as possible after death, notify the same to the local Registrar of Deaths.

23. *Negligence.*

- (1) Any midwife or maternity nurse who commits a breach of any of the provisions of Regulations 19, 20, 21, and 22 hereof shall be deemed guilty of negligence.
- (2) Every midwife and maternity nurse shall, whenever required by a Medical Officer of Health so to do, produce to such Medical Officer of Health the midwifery bag or case referred to in clause (2) of Regulation 19 hereof and its contents, and the register referred to in clause (1) of Regulation 22 hereof, and any midwife or maternity nurse who fails to comply with any such requirement shall be deemed guilty of negligence.

24. *Malpractices.*

- (1) No midwife or maternity nurse shall make use of any instrument to aid delivery, or administer ergot, pituitarin, or other ecboic drug before or during labour, or administer chloroform or any other anæsthetic, except by the direction of a medical practitioner.
- (2) Any midwife or maternity nurse who makes use of an instrument to aid delivery, or administers any ecboic drug before or during labour, or who administers chloroform or any other anæsthetic except as aforesaid, or who procures or attempts to procure abortion by any means (chemical or mechanical), shall be deemed guilty of a malpractice.

25. *Maternity Nurse acting in Emergency.*

Where a maternity nurse is legally undertaking the duties of a midwife pursuant to subsection (3) of section 16 of the said Act she shall be bound by all the provisions of Regulations 20, 21, and 22 hereof relating to midwives.