

1963/60



## THE OBSTETRICAL REGULATIONS 1963

BERNARD FERGUSSON, Governor-General  
ORDER IN COUNCIL

At the Government Buildings at Wellington this 29th day of April 1963

Present:

THE RIGHT HON. KEITH HOLYOAKE, C.H., PRESIDING IN COUNCIL

PURSUANT to the Hospitals Act 1957 and the Nurses and Midwives Act 1945, 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 *Obstetrical Regulations 1963*.

(2) These regulations shall come into force on the 1st day of June 1963.

**2. Interpretation**—In these regulations, unless the context otherwise requires,—

“Abortion” means the expulsion of all or part of the contents of the pregnant uterus at any time before the expiration of the twenty-eighth week of pregnancy:

“Carrier” has the meaning assigned to it by the Health Act 1956, and includes a carrier of staphylococcal infection:

“Combined hospital” means a private hospital licensed both as a maternity hospital and as any other kind of hospital, or an institution which, being intended for the reception of both maternity patients and other patients, is designated by the Director-General as a combined hospital for the purposes of these regulations:

“Communicable disease” has the meaning assigned to it by the Health Act 1956:

“Director-General” means the Director-General of Health appointed under the Health Act 1956:

“General hospital” means an institution other than a maternity hospital (but does not include any maternity wards), or the general section of a combined hospital, or a private hospital licensed as any kind of hospital other than a maternity hospital:

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

“Institution” means any hospital or institution under the control of a Hospital Board under the Hospitals Act 1957; but does not include any separate institution as hereinafter defined:

“Manager” means the manager of a private maternity hospital and the matron or sister in charge of any other maternity hospital:

“Maternity hospital” means a maternity hospital as defined in subsection (2) of section 153 of the Hospitals Act 1957, and includes a maternity ward as defined in that subsection; but does not include a maternity isolation ward:

“Maternity isolation ward” means a ward intended for the isolation of maternity patients and the infants of maternity patients:

“Maternity nurse” means a woman registered as a maternity nurse under the Nurses and Midwives Act 1945:

“Maternity patient” means a patient who is pregnant or who requires treatment for any obstetrical condition:

“Medical Officer of Health” has the meaning assigned to it by the Health Act 1956:

“Medical practitioner” means a person registered as a medical practitioner under the Medical Practitioners Act 1950:

- “Medical Superintendent” means the medical superintendent of an institution or the person having administrative control over an institution:
- “Member of the nursing staff” means any person, whether registered under the Nurses and Midwives Act 1945 or not, who carries out any nursing duties in a maternity hospital:
- “Midwife” means a woman registered as a midwife under the Nurses and Midwives Act 1945:
- “Nurse Inspector” means a Nurse Inspector employed by the Department of Health:
- “Private maternity hospital” means a private hospital which is licensed as a private maternity hospital, and includes the maternity section of a combined hospital which is a private hospital:
- “Puerperal pyrexia” means any febrile condition, occurring within 14 days after childbirth or miscarriage, in which a temperature of 100·4°F or more is sustained during a period of 24 hours or recurs during that period, but does not include any form of sepsis, either generalised or local, in or arising from the female genital tract within 14 days of childbirth or abortion:
- “Rooming-in” means the accommodation of an infant in the same room as its mother continuously for 24 hours of the day:
- “Separate institution” means any institution specified in the Second Schedule to the Hospitals Act 1957:
- “Septic condition” means any pathological condition, in whatever part of the body it may be situated, in which suppuration has occurred or is threatening:
- “Student nurse” has the same meaning as in regulation 2 of the Nurses Registration Regulations 1958:\*
- “Trainee” has the same meaning as in regulation 2 of the Nurses Registration Regulations 1958.

## PART II—MATERNITY HOSPITALS

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

### *Staffing*

**4. Registered nursing staff**—(1) For every maternity hospital there shall be employed at least the following number of midwives:

|   |       |  |
|---|-------|--|
| Where the maximum number of patients<br>receivable does not exceed 12 ..... | ..... | 1  |
| Where the maximum number of patients<br>receivable exceeds 12 .....         | ..... | 1 for every 12 patients<br>and 1 for any number<br>of patients in<br>excess of all multiples<br>of 12. |

(2) For every maternity hospital there shall be employed in addition to the midwives required to be employed under subclause (1) of this regulation, at least the following number of maternity nurses:

|   |       |       |       |  |
|---|-------|-------|-------|--|
| Where the maximum number of patients does not exceed 4    | ..... | ..... | ..... | 1  |
| Where the maximum number of patients receivable exceeds 4 | ..... | ..... | ..... | 1 for every 4 patients and 1 for any number of patients in excess of all multiples of 4: |

Provided that—

- (a) In the case of a private maternity hospital the number of registered members of the nursing staff required to be employed pursuant to this regulation shall include the midwife required by section 135 of the Hospitals Act 1957 to be resident on the premises; and
- (b) A midwife may in any case be employed in lieu of a maternity nurse.

**5. Domestic and other staff**—For every maternity hospital the licensee or the governing body, as the case may be, shall employ in addition to the staff required, pursuant to the provisions of regulation 4 of these regulations, adequate domestic and other staff to the satisfaction of the Director-General.

**6. Resident midwife**—In the case of every maternity hospital which is under the control of a Hospital Board or which is a separate institution, there shall at all times be a midwife resident on the premises of the institution or separate institution.

#### *Records*

**7. Register of Patients**—In every maternity hospital the licensee or the governing body, as the case may be, shall cause to be entered in a Register of Patients the following particulars (including and in addition, in the case of a private maternity hospital, to the particulars required to be entered by section 137 of the Hospitals Act 1957):

- (a) Name in full; age; usual place of abode; whether married or single:
- (b) Dates of: admission, confinement, and discharge or death:
- (c) Number of previous pregnancies and whether they resulted in a live birth, still birth, or miscarriage:
- (d) Name of attending medical practitioner and whether or not he was present at the confinement:
- (e) Nature and quantity of any anaesthetic given and by whom:
- (f) Whether delivery was natural or instrumental and details of any special treatment or operations required:
- (g) Sex of infant, whether infant born alive or dead, full term or between twenty-eighth week and full term:
- (h) Weight of infant at birth and weight and condition on discharge:
  - (i) Treatment, if any, to infant's eyes:
  - (j) Whether infant fed by breast, breast and artificial, or artificial:

- (k) In the case of the death of the mother or the infant, or of the transfer of either to another hospital, state date and reason for transfer or cause of death.

**8. Registers to be retained**—(1) The licensee or the governing body, as the case may be, shall cause each Register to be retained for three years after the date of the last entry in it.

(2) These Registers shall be produced for inspection on demand to the Medical Officer of Health or any officer of the Department authorised by him or by the Director-General.

**9. Patient's chart to be kept**—The manager of every maternity hospital shall take all reasonable steps to ensure that there is kept in respect of each maternity patient admitted to that hospital and in respect of every infant born in or admitted to that hospital a chart (to be called a patient's chart) in a form approved by the Director-General.

**10. Requirements as to patients' charts**—(1) The particulars required to be entered on the patient's chart shall be entered thereon in ink as soon as practicable after the occurrence of the act or event to which the entry relates.

(2) These charts shall be produced for inspection or forwarded on demand to the Medical Officer of Health or any officer of the Department authorised by him or by the Director-General.

**11. Availability of patients' charts**—In every maternity hospital the manager shall take all reasonable steps to ensure that, in the case of each maternity patient in the hospital, the patient's chart is so kept that the temperature record is available for inspection by any medical practitioner who is in attendance on a patient in the hospital, and that, after the discharge or death of a patient, the patient's chart is retained in the hospital for at least three years.

#### *Equipment*

**12. Essential equipment**—(1) The licensee or the governing body, as the case may be, of every maternity hospital and every maternity isolation ward shall take all reasonable steps to ensure that there are maintained for the benefit of the hospital or ward—

- (a) Adequate sanitary appliances;
- (b) Adequate sterilising apparatus;
- (c) Adequate appliances for the treatment of shock and haemorrhage; and
- (d) Adequate laundry equipment.

(2) If any question arises as to whether any appliance, apparatus, or equipment is adequate for the purposes of subclause (1) of this regulation the matter shall be referred to the Director-General whose decision shall be final.

**13. Supply of articles in a sterile state**—Nothing in regulation 12 of these regulations shall be so construed as to prevent arrangements being made for any class of article to be supplied in a sterile state instead of being sterilised on the premises or to prevent the making of suitable arrangements for part or all of the laundry work to be carried out elsewhere.

*Combined Hospitals*

**14. Conditions which apply**—(1) In every combined 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, and delivery room shall be used exclusively for the purposes of the maternity section of the hospital:
- (e) There shall be a separate sterilising room and a separate sink room to be used exclusively for the purposes of the maternity section of the hospital:
- (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.

**15. Restrictions on functions of nursing staff**—In any combined hospital no member of the nursing staff 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 be so construed as to prevent there being one matron or sister in charge for the whole hospital and such other supervising staff as the Director-General may specify.

**16. Exemptions**—The Director-General may, at his discretion by writing under his hand and for such time as he specifies, exempt a Hospital Board, in respect of a combined hospital under its control, from full compliance with the requirements of regulation 15 of these regulations, but the provisions of regulations 21 and 22 of these regulations (which restrict the admission of certain classes of patients) shall then apply in the same manner and to the same extent as if the whole hospital were a maternity hospital.

*Admissions to Maternity Hospitals*

**17. Holding beds**—There may be admitted to any holding bed in a maternity hospital any patient of the class for which holding beds are provided, that is to say, any medical or surgical patient requiring emergency treatment preparatory to transfer to a general hospital; but no other class of patient shall be admitted to any holding bed, and nothing in this regulation shall be so construed as to authorise, except pursuant to the provisions of regulation 21 of these regulations, the admission of any patient to whom that regulation applies.

**18. Restrictions on admissions**—Subject to the provisions of regulation 17 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 obstetrical condition.

**19. Refusal of admission**—Nothing in regulations 17 and 18 of these regulations shall entitle any patient to admission to a maternity hospital as of right, but any manager or Medical Superintendent 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.

**20. Restrictions on treatment**—Subject to the provisions of regulation 17 of these regulations, no pregnant maternity patient shall be admitted to a maternity hospital for any treatment other than treatment designed to effect or assist delivery or to preserve pregnancy.

**21. 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 occurring, 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.

**22. Medical Officer of Health to be notified in certain cases**—When pursuant to the provisions of regulation 21 of these regulations a patient is admitted to a maternity hospital without the prior consent of the Medical Officer of Health, the manager shall forthwith notify the Medical Officer of Health in the form numbered 1 in the First Schedule hereto, and shall comply with such directions as he may thereafter issue.

#### *Admissions to Maternity Isolation Wards*

**23. Restrictions on admissions**—No person shall be admitted as a patient to a maternity isolation ward unless belonging to one of the following classes:

- (a) A maternity patient in labour or awaiting confinement, who is suffering from a septic condition, or who is suffering from or is suspected of suffering from a communicable disease, or who is known or suspected to be a carrier;
- (b) A maternity patient after delivery, who is suffering from a septic condition, or who is suffering from or is suspected of suffering from a communicable disease, or is known or suspected to be a carrier, or in whom puerperal pyrexia has occurred;
- (c) The infant of any such patient if accompanying the patient;
- (d) An infant who is suffering from a septic condition, or who is suffering from or suspected of suffering from a communicable disease;
- (e) The mother of any such infant if accompanying the infant.

**24. Admission not authorised in case of abortion**—Nothing in regulation 23 of these regulations shall authorise the admission to a maternity isolation ward of any patient in whom abortion is threatening or occurring, or who is suffering from the effects of recent abortion.

*Communicable Diseases and Septic Conditions in Relation to Patients and Infants*

**25. Duty of medical practitioner to notify**—If any patient or infant while in a maternity 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 patient's treatment shall forthwith inform the manager of the nature of the septic condition which exists or of the communicable disease which exists or is suspected to exist and the precautions to be taken.

**26. Duty of manager**—The manager, when he becomes aware that a septic condition exists or is suspected to exist or that a communicable disease exists or is suspected to exist, shall forthwith—

- (a) Notify to that effect every medical practitioner attending or engaged to attend any patient already in the maternity hospital or proposing to enter the maternity hospital within the next two weeks; and
- (b) Give notice to the Medical Officer of Health in the form numbered 2 in the First Schedule hereto.

**27. Puerperal pyrexia**—The manager shall forthwith notify the Medical Officer of Health, in the form numbered 3 in the First Schedule hereto, of any case in which puerperal pyrexia has occurred.

**28. Duty of Medical Officer of Health**—The Medical Officer of Health, on being notified that a septic condition exists or that a communicable disease exists or is suspected to exist in any maternity hospital, or that puerperal pyrexia has occurred, shall take such action and issue such instructions as he deems necessary for the purpose of preventing the spread of infection.

**29. Transfer and admission of patients**—Without limiting the generality of the provisions of regulation 28 of these regulations, it is hereby declared that in any such case the Medical Officer of Health may, if he thinks fit, require the transfer of any patient or infant to a general hospital or to a maternity isolation ward, or may prohibit the admission of further patients to the maternity hospital for such period as he considers necessary.

**30. 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 22 or regulation 28 of these regulations applies, it shall be the duty of the medical practitioner in charge of the patient's treatment 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.

**31. Medical asepsis**—The manager shall take all reasonable steps to ensure that any patient or infant who is placed in isolation in a maternity hospital is nursed in accordance with a proper technique of medical asepsis as set out in the Department of Health pamphlet H. Mt. 18, *Technique of Isolation*, published in the year 1960 and issued by the Director-General, and in a maternity isolation ward the sister in charge shall take all reasonable steps to ensure that all patients and infants are so nursed:

Provided that any patient or infant may be nursed in accordance with the said technique as modified in writing from time to time by the Director-General.

**32. Rooms and equipment to be disinfected**—The manager of a maternity hospital, or the sister in charge of a maternity isolation ward, shall not permit,—

- (a) Any room which has been occupied by a patient or infant suffering from any septic condition or suffering from or suspected of suffering from any communicable disease to be occupied by any other patient or infant until the room and its contents have been disinfected in the manner provided in the Department of Health pamphlet H. Mt. 18, *The Technique of Isolation*, published in the year 1960 and issued by the Director-General:
- (b) Any equipment which may have become infected during the treatment of any such patient or infant to be used in connection with the treatment of any other patient or infant until it has been disinfected in the manner provided in the said pamphlet:

Provided that any such room and its contents and any such equipment may be disinfected in any other manner approved for the time being in writing by the Director-General.

**33. Transfers and readmissions**—No patient who has been discharged from a maternity hospital or transferred elsewhere than to another maternity hospital shall be readmitted or transferred back to a maternity hospital except with the consent of the Medical Officer of Health or in respect of a new pregnancy.

**34. Transfers to maternity hospitals**—No patient may be transferred to a maternity hospital from a general hospital, or from a private hospital licensed other than as a maternity hospital, or from a maternity isolation ward, except with the consent of the Medical Officer of Health.

*Communicable Diseases and Septic Conditions in Relation  
to Nursing Staff*

**35. Nurses suffering from communicable diseases, etc.**—A member of the nursing staff shall not attend any maternity patient or infant, or undertake any duty in a maternity hospital or maternity isolation ward, while suffering from any communicable disease or from any septic condition; nor shall she do so while she is a carrier, except with the consent of the Medical Officer of Health and subject to such conditions as he may specify.

**36. Nurses contracting communicable diseases, etc.**—A member of the nursing staff who contracts any communicable disease or who suffers from any septic condition shall not thereafter attend any maternity patient or infant, or undertake any duty in a maternity hospital or maternity isolation ward, until she is permitted to do so by the Medical Superintendent or the Medical Officer of Health.

**37. Attendance on maternity patients suffering from septic conditions, etc.**—A member of the nursing staff who attends any maternity patient or infant suffering from any septic condition or suffering from or suspected of suffering from any communicable disease shall not attend any other maternity patient or infant until she is permitted to do so by the Medical Superintendent or the Medical Officer of Health, and until she has carried out such measures for personal disinfection as he may specify.

**38. Attendance on other patients suffering from septic conditions, etc.**—A member of the nursing staff who attends any patient, other than a maternity patient, suffering from any septic condition or suffering from or suspected of suffering from any communicable disease shall not attend any maternity patient or infant until she is permitted to do so by the Medical Superintendent or the Medical Officer of Health, and until she has carried out such measures for personal disinfection as he may specify.

**39. Attendance on patients in a maternity isolation ward**—Notwithstanding anything to the contrary in regulation 37 of these regulations any member of the nursing staff on duty in a maternity isolation ward may attend such patients in that ward as her duties require, but, while allocated to that ward for duty, she shall not attend any maternity patient or infant elsewhere or undertake any duty of any kind in a maternity hospital.

**40. Disinfection after duty in a maternity isolation ward**—A member of the nursing staff who has been on duty in a maternity isolation ward shall not thereafter attend any maternity patient or infant elsewhere or undertake duty in any maternity hospital until she is permitted to do so by the Medical Superintendent or the Medical Officer of Health, and until she has carried out such measures for personal disinfection as he may specify.

#### *Care of Maternity Patients and Infants*

**41. Medical practitioner's instructions to be in writing**—Every medical practitioner who gives instructions as to the administration of any drug to a maternity patient or infant in any maternity hospital or maternity isolation ward, or as to any treatment other than routine management, shall write over his signature such instructions on the patient's chart, or, if he gives such instructions orally in cases of emergency, shall confirm them in writing on the patient's chart as soon as practicable. Instructions which the medical practitioner requires to be observed in the routine management of any patient's treatment shall be given to the manager in writing and be signed by the medical practitioner concerned.

**42. Cleanliness of nursing staff**—The manager shall take all reasonable steps to ensure that every member of the nursing staff observes strict cleanliness in her person and clothing and gives proper attention to the care of her hands.

**43. Proper aseptic technique to be observed**—Every person who conducts or directly assists in conducting a confinement in a maternity hospital or maternity isolation ward shall observe a proper aseptic technique, including the wearing of a sterilised gown, cap, and mask and sterilised rubber gloves, and every member of the nursing staff to whom this regulation applies shall observe the technique set out in the seventh edition of the Department of Health pamphlet H. Mt. 20, *The General Principles of Maternity Nursing*, published in the year 1960 and issued by the Director-General:

Provided that any such member of the nursing staff may observe the said technique as modified in writing from time to time by the Director-General.

**44. Vaginal examinations**—(1) No member of the nursing staff shall make a vaginal examination of a patient in any maternity hospital or maternity isolation ward except in accordance with the further provisions of this regulation.

(2) Except in the case of vaginal examinations made by a student nurse or trainee in order to comply with the requirements of the instructional course prescribed for such persons, no member of the nursing staff who is not a midwife or a maternity nurse shall make a vaginal examination in any circumstances.

(3) A maternity nurse may make a vaginal examination only by the specific direction of the medical practitioner in charge of the patient.

(4) A midwife may make a vaginal examination by direction of the medical practitioner in charge of the patient, or without such direction in circumstances where, in the absence of a medical practitioner, she considers such examination to be necessary; but she shall not make a vaginal examination during the third stage of labour unless she is of the opinion that some serious complication has occurred.

**45. Routine tests**—In respect of maternity patients the manager shall take all reasonable steps to ensure that,—

- (a) The temperature and pulse of every patient are taken on admission, at least every four hours during the first stage of labour, and at all other times twice daily between the hours of 6 a.m. and 8 a.m. and between the hours of 5 p.m. and 6 p.m.:
- (b) Whenever a rise in temperature is suspected the temperature and pulse are taken immediately:
- (c) Whenever the temperature exceeds 100°F the temperature and pulse are thereafter taken every four hours until a normal temperature has been maintained for 36 hours:
- (d) The temperature is on all occasions taken by mouth and that no drug is administered and no expedient is resorted to for the purposes of reducing the temperature before it is taken:

- (e) Except when the patient is admitted in advanced labour, the patient's urine is tested on admission, and that, if the test for albumen is then positive and if a medical practitioner so directs, a catheter specimen is obtained and a further test for albumen is made:
- (f) The patient's blood pressure is taken at least every four hours during the first and second stages of labour:
- (g) The foetal heart rate is counted at least every two hours during the first stage of labour; and every 15 to 20 minutes during the second stage of labour:
- (h) The result of each of the observations required by the foregoing provisions of this regulation, and particulars of all drugs administered, are recorded on the patient's chart immediately after the observation is made or the drug administered.

**46. Patient not to be left unattended at certain stages**—The manager shall take all reasonable steps to ensure that the patient is not left unattended at any time during the second and third stages of labour, and that she is kept under adequate observation for at least one hour after the expulsion of the placenta.

**47. Asphyxia**—In any case in which an infant is born in a condition of asphyxia and no medical practitioner is present, the nurse in attendance shall forthwith apply methods of resuscitation.

**48. Nursing management of the puerperium**—In respect of every maternity patient the manager shall take all reasonable steps to ensure that the nursing management of the puerperium is carried out in a proper manner and in accordance with the technique set out in the seventh edition of the Department of Health pamphlet H. Mt. 20, *The General Principles of Maternity Nursing*, published in the year 1960 and issued by the Director-General:

Provided that the nursing management of the puerperium may be carried out in accordance with any other technique approved in writing for the time being by the Director-General.

**49. Routine precautions in care of infant**—In respect of infants the manager shall take all reasonable steps to ensure that—

- (a) Every infant is nursed either in a properly equipped nursery or by rooming-in:
- (b) Unauthorised persons are not permitted to enter any nursery:
- (c) Adequate space, to the satisfaction of the Medical Superintendent, or the Medical Officer of Health, is maintained between cots in any nursery:
- (d) Every person who gives any nursing attention of any kind to any infant, cleanses his hands in a proper manner both before and after giving such attention, and carries out such other protective measures as may be specified in the said Department of Health pamphlet H. Mt. 20:
- (e) All dressings of the umbilical cord are carried out in accordance with a proper aseptic technique:
- (f) If bowl bathing is practised, there is a separate bowl used exclusively for the bathing of each infant, and that it is sterilised before being allocated to another infant:

- (g) If bath bathing is practised, the bath is properly cleansed and disinfected after it has been used for the bathing of any infant and before it is used for the bathing of another:
- (h) Separate washing cloths and soap are kept to be used exclusively for each infant, and that a freshly laundered towel is used for each bathing:
- (i) The blankets used for any infant are used exclusively for that infant, and are thereafter washed and disinfected before being used for any other infant:
- (j) A separate thermometer is kept for each infant whose temperature is required to be taken and that it is sterilised before being allocated to another infant:
- (k) Where rooming-in is practised adequate facilities and equipment are provided for mother and infant to the satisfaction of the Director-General.

**50. Laundering of nursery linen**—The Medical Superintendent or the manager, as the case may be, shall take all reasonable steps to ensure that all nursery linen (including napkins) is effectively laundered by a process which includes boiling or other means of sterilisation by heat, or by any other process approved in writing for the time being by the Director-General, and that all reasonable precautions are taken to prevent its being subject to any form of bacterial contamination thereafter.

**51. Trolleys for transporting infants**—Any trolley used for transporting more than one infant at a time shall either be of a type that permits of individual cots being placed on it, or be divided into separate compartments for each infant.

**52. Infants not to be re-admitted**—No infant shall be re-admitted to a maternity hospital after being discharged or transferred therefrom.

#### *Other Notifications to the Medical Officer of Health*

**53. Mentally defective patients**—If any patient in a maternity hospital or a maternity isolation ward becomes mentally defective, the manager shall notify the Medical Officer of Health in the form numbered 4 in the First Schedule hereto.

**54. Death or transfer of patient or infant**—If any patient or infant in a maternity hospital or a maternity isolation ward dies or is transferred elsewhere for further treatment, the manager shall notify the Medical Officer of Health in the form numbered 5 in the First Schedule hereto.

#### *Exemptions*

**55. Power to exempt**—For the purpose of assessing the value of new techniques and new methods of treatment, the Director-General, with the concurrence of the Nurses and Midwives Board, may, by writing under his hand, 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—MIDWIVES AND MATERNITY NURSES IN DOMICILIARY PRACTICE

**56. Authority and application—**(1) The regulations contained in this Part of these regulations are made under the Nurses and Midwives Act 1945.

(2) This Part of these regulations applies to every midwife and maternity nurse who engages in domiciliary practice.

**57. Assistance of medical practitioner to be obtained in certain circumstances—**Any midwife who attends a patient in a case where a medical practitioner has not undertaken responsibility for the care of the patient shall obtain the assistance of a medical practitioner if the patient is suffering from or commences to suffer from ill-health, or disease, or any abnormal condition whatsoever, whether during pregnancy or labour or the puerperium, or if the infant sustains any injury during birth or is premature or feeble or suffering from any abnormality or disease whatsoever.

**58. Circumstances where medical practitioner required—**Without limiting the generality of the provisions of regulation 57 of these regulations, it shall be a requirement that a midwife shall use and continue to use all reasonable endeavours to obtain the assistance of a medical practitioner in any of the following circumstances:

(a) During labour—

(i) In the case of any presentation other than the uncomplicated vertex:

(ii) If the midwife cannot recognise the presentation:

(iii) If there appears to be insufficient room in the pelvis or vagina for the infant to be born, or if there is an abnormal swelling in these regions or in the abdomen:

(iv) If the foetal heart rate indicates distress of the infant:

(v) In any case of abnormal haemorrhage:

(vi) In any case where the diastolic blood pressure is elevated above 95 mm mercury:

(vii) In any case of convulsions:

(viii) In any case where the patient is not making satisfactory progress in labour:

(ix) If, an hour after the birth of the infant, the placenta has not been expelled:

(x) In any case of serious injury of the perineum or other serious injury of the soft parts:

(b) During the puerperium—

(i) If the patient does not make satisfactory progress:

(ii) If there is abdominal swelling or signs of insufficient contraction of the uterus:

(iii) In any case of post-partum haemorrhage:

(iv) If the patient's temperature rises to 100°F or more on any two occasions during the puerperium or is sustained at 100°F or more during a period of 24 hours:

(v) If there is any abnormal discharge:

(vi) If post partum blood pressure is below 65 mm or above 95 mm mercury:

(vii) If there is unusual swelling of the breasts with local tenderness and pain:

(viii) If the infant suffers from ophthalmia neonatorum or from an inflammatory condition of the eyes which persists for more than 24 hours:

(ix) If the infant suffers from pemphigus, impetigo, or any other septic skin condition:

(x) If the infant becomes jaundiced or shows any other signs of ill-health.

**59. Manner in which the assistance of a medical practitioner is to be sought**—In seeking the assistance of a medical practitioner pursuant to the provisions of regulations 57 and 58 of these regulations, a midwife shall, having regard to the urgency and other circumstances of the case, use the best means of communication available, and in any case in which she uses the services of a messenger she shall state in writing, in or to the effect of the form numbered 6 in the First Schedule hereto, the condition of the patient and the reason for seeking medical aid.

**60. Midwife to remain with patient**—In any case in which the assistance of a medical practitioner is sought, 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; thereafter she shall carry out his instructions as to the immediate and subsequent treatment of the patient and the infant.

**61. Maternity nurse to work with medical practitioner**—Except in a case of emergency, a maternity nurse shall not attend any maternity patient during pregnancy or labour or the puerperium unless a medical practitioner has undertaken responsibility for the care of the patient.

**62. Position when maternity nurse undertakes duties of midwife**—In any case in which a maternity nurse lawfully undertakes the duties of a midwife, she shall notify the Medical Officer of Health that she is so acting, and she shall comply with the provisions of these regulations in the same manner as if she were a midwife.

#### *Uniforms and Equipment*

**63. Uniforms**—Every midwife and maternity nurse shall provide herself with a reasonable supply of suitable uniforms and shall wear a clean uniform at all times while on duty; she shall also take with her, to each case which she attends, a sterile gown, cap, and mask.

**64. Midwifery bag**—Every midwife and maternity nurse shall provide herself with a midwifery bag, which shall be a bag or case made of leather or compressed fibre and shall have a detachable lining that can be boiled, and the midwifery bag shall contain those articles and requisites for the domiciliary care of maternity patients which the Director-General from time to time specifies in writing.

**65. Midwifery bag and its contents to be kept in sterile state**—Every midwife or maternity nurse shall take all reasonable steps to ensure that the articles and requisites contained in her midwifery bag are kept in good order and condition and, where so required, in a sterile state. On each occasion on which an article or requisite is taken from the bag for use in connection with the treatment or care of a patient, the midwife or maternity nurse shall, before returning it to the bag, clean or sterilise it as the circumstances may require.

**66. Inspection of midwifery bag and its contents**—Every midwife or maternity nurse shall produce her midwifery bag and its contents to the Medical Officer of Health or a Nurse Inspector for inspection whenever she is required so to do.

*Communicable Diseases and Septic Conditions in Relation to Midwives and Maternity Nurses*

**67. Nurses or midwives suffering from communicable diseases, etc.**—A midwife or a maternity nurse shall not 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, except with the consent of the Medical Officer of Health and subject to such conditions as he may specify.

**68. Nurses or midwives contracting communicable diseases, etc.**—A midwife or maternity nurse who contracts any communicable disease or who suffers from 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.

**69. Attendance on maternity patients suffering from septic conditions, etc.**—A midwife or a maternity nurse who attends any maternity patient or infant suffering from any septic condition or suffering from any communicable disease 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 such measures for personal disinfection and for disinfection of her midwifery bag and its contents as he may specify.

**70. Attendance on other patients suffering from septic conditions, etc.**—A midwife or maternity nurse who attends any patient, other than a maternity patient, suffering from any septic condition or suffering from or suspected of suffering from any communicable disease shall notify the Medical Officer of Health accordingly, and 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 such measures for personal disinfection as he may specify.

*Precautions to be Taken in the Care of Patients and Infants*

**71. Personal cleanliness**—Every midwife or maternity nurse shall observe strict cleanliness in her person and clothing and shall give proper attention to the care of her hands.

**72. Proper aseptic technique to be observed**—Every midwife or maternity nurse who conducts or directly assists in conducting a confinement shall do so in accordance with the technique set out in the seventh edition of the Department of Health pamphlet H. Mt. 20, *The General Principles of Maternity Nursing*, published in the year 1960 and issued by the Director-General:

Provided that every such midwife or maternity nurse may conduct a confinement or assist in conducting a confinement in accordance with the said technique as modified in writing from time to time by the Director-General.

**73. Cleanliness of lying-in room**—Every midwife or maternity nurse, when in attendance upon a woman about to be confined, shall see that all unnecessary furniture, clothing, and hangings are removed from the room in which the patient is to be confined, and that the floor is clean. During the first stage of labour and after labour as the case may be, she shall remove any urine or faeces, the placenta, and all soiled linen from the lying-in room as soon as practicable, and shall see that these are properly disposed of as soon as practicable.

**74. Vaginal examinations**—(1) No midwife or maternity nurse shall make a vaginal examination except in accordance with the further provisions of this regulation.

(2) A maternity nurse may make a vaginal examination only by the specific direction of the medical practitioner in charge of the patient.

(3) A midwife may make a vaginal examination by direction of the medical practitioner in charge of the patient, or without such direction in circumstances where, in the absence of a medical practitioner, she considers such examination to be necessary; but she shall not make a vaginal examination during the third stage of labour unless she is of the opinion that some serious complication has occurred.

**75. Routine tests**—Every midwife or maternity nurse in attendance on a maternity patient shall—

- (a) Keep in respect of each maternity patient whom she attends a chart (to be called a patient's chart) in a form approved by the Director-General:
- (b) Take the temperature and pulse of the patient at the time of the first attendance or at the commencement of labour (whichever is the later), at least every four hours during the first stage of labour, and at all other times twice daily between the hours of 6 a.m. and 8 a.m. and between the hours of 5 p.m. and 6 p.m.:
- (c) Whenever a rise in the patient's temperature is suspected, take the temperature and pulse of the patient immediately:
- (d) Whenever the patient's temperature exceeds 100°F, take the patient's temperature and pulse every four hours thereafter until a normal temperature has been maintained for 36 hours:
- (e) Take the temperature by mouth on all occasions and in no circumstances administer any drug or resort to any expedient for the purpose of reducing the temperature before it is taken:
- (f) Except when the patient is in advanced labour when first attended, test the patient's urine at the time of the first attendance or at the commencement of labour (whichever is the later), and, if the test for albumen is then positive, obtain a catheter specimen and make a further test for albumen:
- (g) Take the patient's blood pressure at least every four hours during the first and second stages of labour:
- (h) Count the foetal heart rate at least every two hours during the first stage of labour; and every 15 to 20 minutes during the second stage of labour:
- (i) Record the result of each of the observations required by the foregoing provisions of this regulation, and the particulars of all drugs administered, on the patient's chart immediately after the observation is made or the drug administered.

**76. Patient not to be left unattended at certain stages**—A midwife or maternity nurse in attendance on a maternity patient shall not leave the patient during the second and third stages of labour or for at least one hour after the expulsion of the placenta.

**77. Asphyxia**—In any case in which an infant is born in a condition of asphyxia and no medical practitioner is present, the midwife or maternity nurse in attendance shall forthwith apply methods of resuscitation.

**78. Nursing management of the puerperium**—In respect of every maternity patient under her care, a midwife or maternity nurse shall carry out the nursing management of the puerperium in a proper manner and in accordance with the technique set out in the Department of Health pamphlet H. Mt. 20, *The General Principles of Maternity Nursing*, published in the year 1960 and issued by the Director-General:

Provided that the nursing management of the puerperium may be carried out in accordance with any other technique approved in writing for the time being by the Director-General.

**79. Care of patient and infant**—The midwife or maternity nurse shall be responsible for the cleanliness of both patient and infant throughout the puerperium, and shall take all reasonable steps to ensure their comfort and proper diet.

**80. Umbilical dressings**—In respect of every infant under her care, a midwife or maternity nurse shall carry out all umbilical dressings in accordance with a proper aseptic technique.

**81. Visits by midwife or maternity nurse**—In any case where a midwife or maternity nurse is in attendance on a patient during the puerperium but is not resident in the patient's home, she shall, unless required by a medical practitioner to make more frequent visits on account of some abnormal condition of the patient or infant, visit the patient at least night and morning for the first three days and thereafter at least once daily until the tenth day. At each visit she shall do everything necessary and possible for the care of both patient and infant and shall carefully instruct the patient herself and any other persons in attendance on the patient concerning the procedure to be adopted in the intervals between her visits.

**82. Notification of births and deaths**—(1) The midwife or maternity nurse shall instruct the parents of the infant of their duties as to 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.

(2) Whenever a registered medical practitioner is not in attendance the midwife or maternity nurse shall, as soon as practicable 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. 7 in the First 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.

(3) Whenever the death of the mother or of the infant occurs before the attendance of a registered medical practitioner the midwife or maternity nurse shall, as soon as practicable after such death, notify the local Registrar of Births and Deaths of the same.

**83. Inspection of patient's chart**—Every midwife or maternity nurse shall, whenever required by the Medical Officer of Health so to do, produce for inspection by the Medical Officer of Health, or by a Nurse Inspector, the patient's chart in respect of any patient whom she is attending at the time or whom she has attended during the preceding three years.

#### PART IV—MISCELLANEOUS PROVISIONS

**84. 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.

**85. Administration of analgesics and anaesthetics to maternity patients**—(1) No member of the nursing staff of a maternity hospital or of a maternity isolation ward, and no midwife or maternity nurse in domiciliary practice, shall administer any anaesthetic to any maternity patient except as provided in subclauses (2) and (3) of this regulation.

(2) A midwife or a maternity nurse may administer an approved inhalation analgesic drug to a maternity patient on the specific direction of the medical practitioner in charge of the patient.

(3) Student nurses and trainees may administer approved inhalation analgesic drugs to maternity patients in accordance with the requirements of the instructional course prescribed for such persons.

(4) For the purposes of this regulation the term "approved inhalation analgesic drug" means any inhalation anaesthetic approved for the time being by the Nurses and Midwives Board for the purposes of this regulation.

**86. Use of instruments and drugs in respect of maternity patients**—No member of the nursing staff of a maternity hospital or of a maternity isolation ward, and no midwife or maternity nurse in domiciliary practice, shall use any instrument to aid delivery, or administer any ecbolic drug before or during labour, or administer any sedative drug, except by the specific direction of the medical practitioner in charge of the patient.

**87. Intravenous injections of drugs prohibited**—No member of the nursing staff of a maternity hospital or of a maternity isolation ward, and no midwife or maternity nurse in domiciliary practice, shall administer any drug by intravenous injection:

Provided that a midwife or midwife in training may administer ergometrine on the instructions of a medical practitioner in the treatment of a particular patient.

**88. Negligence on the part of midwives and maternity nurses**—Every midwife or maternity nurse who acts in contravention of, or fails to comply with, any of the provisions of these regulations or any requirements or directions made or given under these regulations shall be deemed to be negligent in relation to her duties.

**89. Malpractice on the part of midwives and maternity nurses**—Any midwife or maternity nurse who procures or attempts to procure abortion by any means whatsoever, or who, save as permitted in each case by these regulations, uses any instrument to aid delivery or administers any ecbolic drug before or during labour or administers any anaesthetic or any sedative drug, shall be deemed to have been guilty of malpractice in relation to her duties.

**90. Penalties**—(1) Every person who acts in contravention of or fails to comply with any of the provisions of Part II of these regulations commits an offence and shall be liable on summary conviction to a fine not exceeding £50 or, in the case of a continuing offence, not exceeding £5 for every day or part of a day during which the offence has continued.

(2) Every person who acts in contravention of or fails to comply with any of the provisions of Part III of these regulations or of regulations 84, 85, 86, and 87 of these regulations commits an offence and shall be liable on summary conviction to a fine not exceeding £10.

**91. Revocations, etc.**—(1) The Nurses and Midwives Regulations 1947\* and the Nurses and Midwives Regulations 1947, Amendment No. 1†, are hereby revoked.

(2) The Nurses Registration Regulations 1958‡ are hereby amended by revoking regulation 33.

(3) The regulations specified in the Second Schedule to these regulations are hereby amended in the manner indicated in that Schedule.

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## SCHEDULES

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### FIRST SCHEDULE

Form 1

Reg. 22

#### NOTIFICATION OF ADMISSION OF SEPTIC CONDITION, COMMUNICABLE DISEASE, ABORTION, OR MISCARRIAGE

To the Medical Officer of Health,      Name of hospital: .....

.....      Address: .....

.....      Date: .....

I HEREBY notify you that ..... of ..... (No. in Register: .....), was admitted to this hospital on ..... for the after-treatment of abortion (miscarriage), suffering from [*Name of disease or septic condition*].

The name of the medical practitioner attending the patient is .....

.....  
Licensee or Manager.

\*S.R. 1947/60 (Reprinted with Amendments: S.R. 1955/81)

†S.R. 1950/151

‡S.R. 1958/92



FIRST SCHEDULE—*continued*

Form 4

Reg. 53

## NOTICE OF A PATIENT BECOMING MENTALLY DEFECTIVE

To the Medical Officer of Health, Name of hospital: .....  
 ..... Address: .....  
 Date: .....

I HEREBY notify you that ..... of ..... a patient (No. in Register:.....) at this hospital became mentally defective on ..... and has been removed to .....

The name of the medical practitioner attending the patient is .....  
 Diagnosis (if any) :.....

.....  
 Licensee or Manager.

Form 5

Reg. 54

## NOTIFICATION OF TRANSFER OR DEATH OF PATIENT

To the Medical Officer of Health, Name of hospital: .....  
 ..... Address: .....  
 Date: .....

I HEREBY notify you that ..... of ..... a patient in this hospital (No. in Register: .....) under the care of Dr ..... was transferred to ..... (or died) on ..... for further treatment.

Diagnosis or reason for transfer: .....

.....  
 Licensee or Manager.

Form 6

Reg. 59

## NOTICE TO BE SENT BY MIDWIFE REQUIRING ASSISTANCE OF REGISTERED MEDICAL PRACTITIONER

To Dr ....., [Date] 19.....

Your help is required immediately at ....., owing to .....

The patient's condition is .....

Time:.....

Signed: [*Registered Midwife*].

Form 7

Reg. 82 (2)

## NOTICE OF BIRTH OF STILL-BORN CHILD TO BE RENDERED BY MIDWIFE

To the Medical Officer of Health,  
 .....

I HEREBY notify that on the ..... day of ..... 19..... I delivered [Name] of [Address] of a still-born child.

Date:.....

Signature of Midwife: .....

Address:.....

## SECOND SCHEDULE

Reg. 91 (3)

Amendments of regulations made under the Hospitals Act 1926 and appearing in the *Gazette* of 21 April 1927 at page 1096.

| Regulation Amended                        | Amendment   |
|---|---|
| Regulation 38 (d), (e) .....              | By revoking these paragraphs.   |
| Regulation 40 (b) .....                   | By revoking this paragraph.   |
| Regulation 41 (a) (ii) .....              | By omitting the words "and, in the case of maternity hospitals, the highest temperature observed in each twenty-four hours of the puerperium".                    |
| Regulation 41 (c) .....                   | By revoking this paragraph.   |
| Regulation 42 (1) (c), (d) .....          | By revoking these paragraphs.   |
| Regulation 42 (1) (e) .....               | By omitting the word "hereinbefore".  |
| Regulation 42 (1) (f) .....               | By omitting the words "every private maternity hospital and".   |
| Regulation 42 (2) .....                   | By revoking this subclause.   |
| Regulation 43 .....                       | By omitting the words "and in every private maternity hospital there shall also be provided appliances for the treatment of shock or haemorrhage, in both cases". |
| Regulation 47 .....                       | By revoking this regulation.  |
| Regulation 48 (b), (c) .....              | By revoking these paragraphs.   |
| Regulations 49, 50, 51 53, 54, 55, and 56 | By revoking these regulations.  |
| Fourth Schedule, Forms 2 and 4            | By omitting these forms.  |
| Fifth Schedule .....                      | By revoking this Schedule.  |

T. J. SHERRARD,  
Clerk of the Executive Council.

## EXPLANATORY NOTE

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

These regulations bring together all existing regulations dealing with obstetrics. They are however much wider in their scope in their application to hospitals as they apply to private maternity hospitals, maternity hospitals which are separate institutions, and maternity hospitals and maternity wards under the control of Hospital Boards.

Issued under the authority of the Regulations Act 1936.

Date of notification in *Gazette*: 2 May 1963.

These regulations are administered in the Department of Health.