

MIDWIVES BOARD MALAYSIA
THE CODE OF PROFESSIONAL CONDUCT AND PRACTICE OF A MIDWIFE

INTRODUCTION

The fundamental responsibility of a midwife is three-fold, to conserve life, to alleviate suffering and to promote health.

Code of Conduct

1. The midwife shall maintain at all times the highest standard of care and professional conduct. She shall not leave a woman in labour unattended, she shall pass over her duties to the midwife covering for her, and must hand over the management of mothers at risk to relief midwife before leaving her operational area.
2. The midwife must not only be well prepared to practice her art but must also maintain and improve knowledge and skill at a consistently high level.
3. The midwife must recognize and respect the uniqueness and dignity of each individual and respond to their needs appropriately, irrespective of their ethnic origin and religious beliefs, social standing and the nature of their health problems.
4. The midwife shall hold in confidence all personal information entrusted to her and make disclosures only with consent or when required by the order of a court.
5. The midwife acknowledges the responsibilities and recognizes the limitations of the professional functions. She should not prescribe or perform any procedure outside her scope of responsibilities without medical orders except in emergencies and to report to the medical practitioner at the earliest opportunities.
6. The midwife works in a collaborative and co-operative manner with health care professionals and others involved in providing care. Any incompetence or unethical conduct of her associates should be exposed but only to the proper authority.
7. The midwife should not abuse her privileged relationship with mothers and the privileged access allowed to her.
8. The midwife is entitled to an appropriate remuneration.
9. The midwife should not permit her name to be used in connection with the advertisement of commercial products or with any other forms of self-advertisement.
10. The midwife's behavior and conduct should conform and adhere to standards of personal and professional ethics which should not discredit upon the profession.

MIDWIFE'S CODE OF PRACTICE

1. Definitions:

1.1 Midwife

A Midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognized in the country in which it is located, has successfully completed in the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and or legally licensed to practice midwifery.

She must be able to give the necessary supervision, care and advice to woman during pregnancy, labour and the postpartum period, to conduct deliveries on her own responsibility and to care for the new born and the infant. This care includes preventive measures, the detection of abnormal conditions in mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical help.

She has important task in health counseling and education, not only for the patients, but also within the family and the community. The work should involved antenatal education and preparation for parenthood and extend to certain areas of gynaecology, family planning and child care. She may practice in hospitals, clinics, health units, domiciliary conditions or in any other service.

1.2 Puerperium

Puerperium means a period of six weeks following delivery during which the attendance of a midwife is required.

1.3 Stillbirth

Stillbirth means the birth of a child after twenty-eight weeks gestation or weighing More than 1000 gm, who after being completely born has not breathed or shown Any sign of life after all efforts at resuscitation.

1.4 Puerperal Sepsis

Puerperal Sepsis is an infection of the genital tract within 6 weeks after delivery. This is characterized by fever with foul smelling discharge from the vagina and with lower abdominal pain. Its diagnosis depends of the exclusion of any other medical causes of fever.

2. Practices Of A Midwife Is To:

- 2.1 diagnose pregnancies and to carry out examinations necessary for the monitoring of maternal and foetal well being and the progress of pregnancy up to term.
- 2.2 recognize risk factors in a pregnant woman and refer promptly for further management.
- 2.3 provide a programme of parenthood preparation and a complete preparation for childbirth including advice on hygiene, nutrition and breast feeding.

- 2.4 care for and assist the mother during labour and to monitor the condition of the foetus in utero by acceptable clinical and technical means according to modern standards.
- 2.5 conduct a spontaneous deliveries, performing when required an episiotomy, repair first degree tear, and in emergency cases manage breech delivery.
- 2.6 recognize the warning signs of abnormality in the mother or newborn which requires referral to a doctor and to assist the latter where appropriate, to take necessary emergency measures in the doctor's absence, in particular the setting up of i/v infusion.
- 2.7 examine and care for the newborn, to take all initiatives which are necessary in case of need and where necessary immediate resuscitation in the event of birth asphyxia.
- 2.8 attend to and monitor the wellbeing of the mother in the postpartum period, and to give all necessary advice to the mother and also on infant care to enable her to ensure the optimum progress of her health and that of the newborn.
- 2.9 give injection Hepatitis B and injection Vit. K to the newborn.
- 2.10 carry out the treatment prescribed by a doctor.
- 2.11 provide sound family planning information and advice that is prescribing oral contraceptives, condom and other methods.
- 2.12 maintain all necessary records.
- 2.13 take cord blood for G6PD for all newborn.

3. Matters Directly Related To The Midwives Practice Rules

- 3.1 Notification Of Intention To Practice (Section 16, Part VI or the Midwives Act)
 - 3.1.1 In order to comply with this rule, it is necessary for a midwife in the private sector to submit a notification of intention to practice to the Registrar of midwives. The Registrar will then sent the notification of intention to practice (Jadual Ketiga Peraturan 34) to the State Matron who will then dispatch it to the District Health Sister for action.
 - 3.1.2 Each midwife is responsible for notifying any change of name or address to the Registrar. (Section 13, Part IV of the Midwives Act).
- 3.2 Duties and responsibilities of a midwife
 - 3.2.1 It shall be the duty of a midwife to refer to her immediate supervisor (nurse midwife/registered medical practitioner) or request the presence of her supervisor in any of the following circumstances:-
 - (i) When it has been disclosed by a patient that she has a history of stillbirth or abortion, previous pregnancy induced hypertension, or postpartum haemorrhage. In such a situation the midwife shall explain that a registered medical practitioner is required and advise that one be called or that the patient be sent to hospital.

- (ii) In all cases in which a woman during pregnancy, labour or the puerperium, appears to be dying, or appears to be dead.
- (iii) In any case where:-
 - (a) the patient is unusually short (less than 145 cm) or deformed or
 - (b) there is vaginal bleeding or
 - (c) there is any abnormality or complication such as anaemia, excessive vomiting, oedema, fits or convulsions, severe varicose veins, purulent vaginal discharges or sores of the genitals or
 - (d) there is albumin or sugar in urine or
 - (e) where there is an increase in blood pressure or
 - (f) where there is a gross discrepancy in uterine size with dates of
 - (g) where there is reduces foetal movement or
 - (h) abnormal lie or malpresentation.
- (iv) In the case of a woman in labour where there is any abnormality or complication such as:-
 - (a) fits or convulsions
 - (b) abnormal vaginal discharge
 - (c) sores on the genitals
 - (d) a malpresentation
 - (e) no presentation can be made out
 - (f) vaginal bleeding
 - (g) where the placenta and membranes have not been completely expelled within fifteen minutes after the birth of the child
 - (h) in cases of any degree of laceration of the perineum or of other injuries to the soft parts or
 - (i) where labour is prolonged either first, second or third stage
 - (j) any other medical conditions that required medical aid.

- (v) In the case of a woman during puerperium where there is any abnormality or complication such as:-
 - (a) fits or convulsions
 - (b) sub involution of uterus with abdominal swelling and tenderness
 - (c) offensive lochia
 - (d) rigor with raised temperature
 - (e) rise of temperature above 38 degree centigrade or a temperature of 37.4 degree centigrade or above on three successive readings
 - (f) unusual swelling of the breasts, with local tenderness or pain
 - (g) excessive bleeding or
 - (h) unequal leg oedema, tenderness of lower limbs, shortness of breath and chest pain
 - (i) episiotomy or perineal wound breakdown
- (vi) In the case of a child where there is any abnormality or complication such as:-
 - (a) injuries received during birth
 - (b) any malformation or deformity
 - (c) any reason the child appears likely to die
 - (d) the child shows any respiratory distress
 - (e) jaundice, however slight
 - (f) inflammation of, or discharge from the eyes, however slight
 - (g) cord sepsis
 - (h) any infections like oral thrush, skin eruptions, diarrhea or
 - (i) the baby weighs less than 2,500 grams at birth
 - (j) G6PD deficiency

3.2.2 It shall be the duty of a midwife to maintain and develop her professional knowledge and competence in midwifery practice.

3.3 Administration of Medicine including analgesics, oxytocic preparation and Hepatitis B Vaccine and injection vitamin K.

She is to administer the medications according to the indication, prescribe dosage, strength and mode of administration, observing all rules and regulations governing the administration of medications.

3.3.1 Any midwife in the public sector may administer such drugs as may be approved by the Director General. (Section 5 of the Midwives Regulations of 1990). In the private sector it should be approved by the medical practitioner.

3.3.2 A midwife in the course of her practice in the community may need to carry antiseptics, analgesics, oxytocic preparations for administering to the mother and injection Hepatitis B and vitamin K to the new born.

3.3.3 Every midwife should keep records of treatment of her patients during pregnancy, labour and the puerperium and of the newborn infant. (Rule 36 of the Midwives Regulations of 1990). This records are for the purpose of auditing by the supervisor.

3.4 Premises and Equipment (Part VI, Section 19A(1) (2) (a) (b) (c) of the Midwives Act 1966 Revised 1990, Section 37 of the Midwives Regulations)

The attention of the midwife is drawn to the Rule 19A (1) (2) of the Act, which states that a practicing midwife's methods of practice, records, equipment and such part of her residence that may be used for professional purposes may be inspected by officers & other Board Members authorized by the Director General of Health.

A practicing midwife in the community must ensure that she has appropriate equipment for her practice.

3.5 Supervisor of Midwives

3.5.1 The clinical supervisor would be the health sister of the district/maternity unit sister.

3.5.2 A midwife should refer to a Medical Practitioner on matters beyond her competence. The Medical Practitioner and the midwife through their respective roles should work towards their common aim of optimum care for mothers and babies.

3.5.3 A positive working relationship should be developed by the medical practitioner and the supervisor with the midwife to maintain standards of practice and care of mothers and infants.

4. Home Confinement

- 4.1 A midwife attending a mother during home confinement should ensure that a registered medical practitioner is available for referral when required.

4.1.1 Cleanliness

It is the duty of every midwife while attending to a patient to take every precaution to prevent sepsis. While on duty she must wear clean, neat and proper attire. She must ensure that her equipment and instrument should be clean and in sterile condition before use.

Every midwife shall on request by any officer appointed by the Board, allow the inspection of her methods of practice, bags, equipment, medicine, place of practice, register of cases and other records and items pertaining to her practice.

4.1.2 Duties During Labour

When in charge of a case of labour, a practicing midwife must not leave the mother in labour without giving an address by which she can be found without delay. When near the second stage she must stay with the mother until the complete expulsion of the placenta and membranes and as long after as may be necessary.

- 4.2 In a situation where the midwife considers that home confinement is inappropriate and the mother refuses to take the advice of the midwife to receive care in a maternity unit the midwife must continue to give care and consult with her supervisor and making an appropriate record.

5. Arranging For A Substitute

A midwife or an employing authority should not arrange for anyone to act as the substitute for a midwife other than another registered midwife eligible to practise or a registered medical practitioner.

6. Notifications

- 6.1 Notification of Maternal Death, Stillbirth or Neonatal Death

The midwife must notify the district health sister of every maternal death, stillbirth or neonatal death occurring when she is the midwife responsible for the delivery of care to the mother and her baby.

- 6.2 Notification of notifiable disease

Where a midwife has been in contact with any person whom she reasonable suspects to be suffering from an infectious disease or in any other way likely to be a source of infection she shall:-

- 6.2.1 forthwith notify the medical officer of health

- 6.2.2 before attending another case, carry out to the satisfaction of the medical officer of health such measures of disinfection and treatment as may be prescribed and

- 6.2.3 if necessary or expedient, allow herself to be medically examined by any registered medical practitioner designated by the medical officer of health.

7. Births and Deaths Registration Act

Under the Births and Deaths Registration Act a midwife must notify the Registrar of Births and Deaths and the Appropriate Medical Officer. The following is a summary of her duties under this Act:-

Notification of Birth and Death Section 39 (1) (2) of The Midwives Regulations 1990.

A midwife shall notify the nearest Registrar of Births and Deaths in writing of every birth, stillbirth, maternal death, infant death attended by her within 7 days of the birth or death.

The particulars are set out in the National Registration form JPN 2/1 Pin. 1/90. For the purpose of the registration of births and deaths the following practices are to be carried out:

- 7.1 A baby born at any stage of pregnancy who breathes or shows any signs of life after complete expulsion from its mother is born alive. If such a baby dies after birth, the birth and the death will both require to be registered.
- 7.2 A baby who has been born from its mother after the 28th week of pregnancy or weighing more than 1000 gm and who has not at any time after being completely expelled from its mother breathes or shows any sign of life is a stillborn baby.
- 7.3 The birth of the baby weighing less than 1000 grams who does not breathe or show signs of life after complete expulsion from its mother is neither a live birth nor a stillbirth and need not be registered. If the birth of the baby weighs 1000 grams or more who does not breathe or shows signs of life after expulsion from its mother is considered a stillbirth.

Reference

Some of the recommendations are taken from:

- i. U.K.C.C.
- ii. Singapore Nursing Board
- iii. Midwives Act 1966 (Revised – 1990)