Midwives code of practice
2005

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1.0 Introduction

1.1 The Midwives Code of Practice sets out the Council for Nurses and Midwives (CNM) standards, other requirements and further information for the professional practice of a midwife. The Code of Practice provides guidelines to midwives in any setting for their professional practice and informs consumers of expected standards of that practice.

1.2 Each midwife as a professional practitioner is accountable for her own practice in whatever environment she is practising and works within relevant Health legislation. The midwife is also required to conduct herself professionally and to recognize that it is her responsibility to act in a manner as to justify public trust and confidence. The Code of Ethics also guides the midwife’s practice for Midwives. In all circumstances, the safety and welfare of the mother and her baby are of prime importance.

2.0 Definition of a Midwife¹

2.1 “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 the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.

The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and the infant. This care includes preventive measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical or appropriate assistance and the carrying out of emergency measures.

The Midwife has an important task in health counseling and education, not only for the women, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women’s health, sexual or reproductive health and childcare.

A midwife may practice in any setting including the home, community, hospitals, clinics or health units.”

¹Adopted 19th July 2005
Supersedes the ICM The International Definition of the Midwife 1972 and its amendments of 1990
The formal definition of a midwife was first adopted by the International Confederation of Midwives (ICM) and the International Federation of Gynaecologists and Obstetricians (FIGO) in 1972 and 1973 respectively. The World Health Organization (WHO) later adopted it. The International Confederation of Midwives (ICM) amended the definition in 1990. The FIGO and the WHO then ratified this amendment in 1991 and 1992 respectively.
3.0 Midwifery Practice

3.1 Midwifery care is woman centred and occurs in an open and interactive environment in which the woman and the midwife negotiate a partnership to achieve the best possible health outcomes.

3.2 Midwifery practice enhances and promotes the normal process of childbirth while being flexible and responsive to research-based practice.

3.3 The Midwife must recognize and respect the uniqueness and dignity of each woman, and respond to her need for care, irrespective of the woman’s childbearing beliefs, values and expectations, life experiences, ethnic origin, religious beliefs and the nature of health problem or any other factor.

3.4 The scope of Midwifery practice is that a Midwife is educated, authorized, and competent to perform. The actual scope of practice of individual midwife is influenced by the settings in which she practises, the care needs of the woman and infant, the level of competence of the midwife and the policy requirements of the service provider. The Midwife may practise in the home, hospital, birth-centre, community and other care settings.

4.0 Activities of a midwife

4.1 The midwife has the educational preparation and competence to complete the following activities as defined in the European Union Midwives Directive 80/155/EEC Article 4

“Member States shall ensure that midwives are at least entitled to take up and pursue the following activities:

• To provide sound family planning information and advice

• To diagnose pregnancies and monitor normal pregnancies; to carry out examinations necessary for the monitoring of the development of normal pregnancies

• To prescribe or advise on the examinations necessary for the earliest possible diagnosis of pregnancies at risk

• To provide a programme of parenthood preparation and a complete preparation for childbirth including advice on hygiene and nutrition

• To care for and assist the mother during labour and to monitor the condition of the foetus in utero by the appropriate clinical and technical means
• To conduct spontaneous deliveries including where required an episiotomy and in urgent cases a breech delivery.

• To recognize the warning signs of abnormality in the mother or infant, which necessitate referral to a doctor, and to assist the latter where appropriate; to take the necessary emergency measures in the doctor’s absence, in particular the manual removal of the placenta, possibly followed by a manual examination of the uterus.

• To examine and care for the new-born infant; to take all initiatives which are necessary in case of need and to carry out where necessary immediate resuscitation.

• To care for and monitor the progress of the mother in the post-natal period and to give all necessary advice to the mother on infant care to enable her to ensure the optimum progress of the new-born infant.

• To carry out the treatment prescribed by a doctor.

• To maintain all necessary records.”

All these activities are of equal importance in Midwifery practice.

5.0 Midwife’s Sphere of Practice

5.1 A practising Midwife is responsible for providing midwifery care to the woman who is planning a pregnancy and to the mother and baby during antenatal, intranatal and postnatal periods.

5.2 Except in an emergency, a practising midwife shall not provide any midwifery care or undertake any treatment, which she has not, either before, or after registration as a Midwife, been trained to give or which is outside her current sphere of practice.

5.3 In an emergency, or where a deviation from the norm, which is outside her current sphere of practice, becomes apparent in the mother or baby during the antenatal, intranatal and postnatal periods a practising midwife shall call a registered medical practitioner who may reasonably be expected to assist her.

5.4 The midwife can also work in specialised areas of care if she has been trained to do so.
6.0 The Midwife’s Accountabilities and Responsibilities

6.1 As a Midwife, she is accountable to the Midwifery profession, as well as having accountability at law to the birthing woman and the midwife’s employer in the areas of negligence and contract.

6.2 The Midwife must always act to promote and safeguard the interest and well-being of the woman and her child and their needs must be the primary focus of her practice.

6.3 In practising as a midwife, she shall:

6.3.1 Inform the woman of her rights and responsibilities in the planning provision and evaluation of care and document these decisions.

6.3.2 Obtain informed consent from the woman by providing her with all the necessary information and by discussing this with her in a way that enables her to make informed decisions about her care.

6.3.3 Acknowledge spiritual and cultural diversity, respect those of the woman with whom the midwife has a professional relationship and facilitate opportunities for discussion of the woman’s spiritual and cultural needs.

6.3.4 Clearly state when the professional judgement is in conflict with the decision or plans of the woman, discuss appropriate options, consult with colleagues in an effort to find mutually satisfying solutions, negotiate a referral strategy with the woman and health professional or agency, and document decisions and actions.

6.3.5 Ensure that no action or omission on the Midwife’s part or within her sphere of responsibility is detrimental to the interest of the mother or her child.

6.3.6 Act within the scope of midwifery practice and ensure that her level of competence meets the profession standards. This will be achieved by ongoing education, critical evaluation of her practice, and incorporation of current research evidence into practice.

6.3.7 Work in a collaborative and cooperative way with other colleagues, the health care professionals and those involved in providing care. Recognise and respect their particular contributions within the health care team.

6.3.8 Respect the privileged relationship with the woman including access allowed to her person, property / residence or workplace.
6.3.9 Protect all confidential information concerning the woman obtained in the course of professional practice and make disclosures only with the consent of the woman or when legally obliged / required.

6.3.10 Report to the relevant person or authority any circumstances in the care environment / settings, which could jeopardise standards of practice or where appropriate care cannot be provided.

6.3.11 Assist midwifery students and colleagues in the care team to develop their professional competence and to practice to a standard appropriate to their roles.

6.3.12 Maintain adequate, accurate and contemporary records of practice, include all documentation required under legislation, documentation of care given, response to care and evaluation of care.

6.3.13 Ensure that adequate strategies are in place for referral to a relevant health professional or agency as part of providing midwifery care and in the event of potential or actual problems for the woman and her child.

6.3.14 Be familiar with, understand and adhere to current legislation.

7.0 Notification of intention to practise

7.1 A Midwife shall notify her intention to practice to the Director General (Health) and The Council for Nurses and Midwives and shall provide such professional information as the CNM may request.

7.2 Notification of any change of name and /or address should be made to the NMB.

8.0 Prescribing of medicine, use of controlled drugs and other forms of pain relief

8.1 A practising midwife shall prescribe drugs that are approved by the regulatory body from time to time.

8.2 The administration of controlled drugs by midwives working in hospital, institution or community should be in accordance with the locally agreed policies and procedures.
9.0 Records and retention of records

9.1 A practising Midwife shall keep as contemporaneously as is reasonable detailed record of observations, care given and medicines or other forms of pain relief administered by her to all mothers and babies.

9.2 The records referred to in paragraph 9.1 shall be kept:

9.2.1 In the case of a Midwife employed by the health authority in accordance with any directions given by her employer in conformity with the Council for Nurses and Midwives Regulations.

9.2.2 In any other case which includes self-employed midwives in a form approved by the Council for Nurses and Midwives.

9.2.3 A midwife must not destroy or arrange for the destruction of official records, which have been made whilst she is in professional attendance upon a case. If she finds it impossible or inconvenient to preserve her official records safely she must transfer them to the Council for Nurses and Midwives and details of the transfer must be meticulously recorded by each party of the transfer.

9.2.4 Immediately before ceasing to practise as a midwife employed by the health authority, a midwife shall transfer her official records to the local supervising authority and details of the transfer must be duly recorded by each part of the transfer.

9.2.5 Those involved in determining policy must ensure that the records retained are comprehensive, including hospital, community midwifery records and those held by mothers during pregnancy and the puerperium. Records must be of a kind, which facilitate an investigation, which may be required as a result of any complaint, which needs to be investigated.

10.0 Home births

10.1 When attending a mother having a home birth, the midwife should find out whether or not a registered medical practitioner is available for referral, to attend or to be on call if required. The registered medical practitioner shall normally be from the obstetric list, where such a list is held.
11.0 Premises and equipment

11.1 A practising midwife’s methods of practice, her records, her equipment and any part of her residence, which is used for professional purposes, may be inspected by the local supervising authority.

12.0 Arranging for a substitute

12.1 Neither the midwife nor her employer should arrange for anyone to act as the substitute for a midwife other than another practising midwife or a registered medical practitioner. Student midwives, and student doctors can attend under supervision a woman in childbirth as part of their education. If the midwife is supervising a student midwife, she is professionally accountable for the students’ actions and omissions and for the consequences do and for the consequences of their actions and omissions.

13.0 Notification of births

13.1 A midwife must issue a notification of birth with every birth that the midwife assists whether it takes place in hospital or outside hospital.

13.2 This notification must entail name, surname, and maiden surname of the mother, date and time of delivery and the midwife’s signature (name in block letters and ID No.). The document is read over with the mothers’ husband / partner where applicable, and explanation is given to where and how the baby is to be registered.

13.3 In cases where the mother is legally under age, the notification of birth is given to the parents or guardians,

14.0 Registration of Births

14.1 The father or mother must give the registrar of births within 5 days of the birth, information about the birth.

15.0 Maternal death, stillbirth and neonatal death

15.1 The midwife must inform the medical practitioner of any maternal death, stillbirth or neonatal death occurring when she is the midwife responsible for the care of that mother and her baby.
16.0 Notification of death

16.1 The father or mother is responsible for notifying the registrar but in default of the relatives, this duty falls upon any person present at the death, including the midwife.

16.2 For the purpose of the registration of births and deaths:

16.2.1 A baby born after the 22\textsuperscript{nd} week of pregnancy, or weighs 500gms or more and breathes or shows signs of life after expulsion from its mother is born alive; if such a baby dies after birth the birth and the death must both be registered.

16.2.2 A baby who is born from his mother after the 22nd week of pregnancy, or weighs 500gms or more and has not at any time after being completely expelled from its mother breathed or shown any sign of life is a still born baby.

16.2.3 The birth of a baby before the 22nd week of pregnancy and/ or weighs less than 500gms and did not breathe or show signs of life after complete expulsion from its mother is neither a live birth nor a stillbirth and is not registered.