



Republic of Namibia
Annotated Statutes

REGULATIONS

REGULATIONS MADE IN TERMS OF

Nursing Act 8 of 2004
section 59

**Regulations relating to Conditions subject whereto Registered
or Enrolled Midwife Practise his or her Profession**

Government Notice 178 of 2009

(GG 4332)

came into force on date of publication: 4 September 2009

The Government Notice which publishes these regulations notes that they were made on the recommendation of the Nursing Council of Namibia. It also repeals the regulations published in RSA GN R.954 of 28 June 1963, RSA GN R.1886 of 18 October 1974 and RSA GN R.1784 of 19 September 1975. The heading of these regulations appears to be missing one or more words.

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[The verb “conduct” should be “conducts” in
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PART I
DEFINITIONS

Definitions

1. In these regulations, unless the context otherwise indicates, a word or expression defined in the Act has that meaning, and -

“child” includes an unborn child;

“confinement” means the pregnancy, labour and puerperium;

“registered midwife” includes registered accoucheur;

“the Act” means the Nursing Act, 2004 (Act No. 8 of 2004).

PART II
**CONDITIONS SUBJECT WHERETO REGISTERED MIDWIFE
CONDUCT HIS OR HER PROFESSION**

**[The verb “conduct” should be “conducts” in
both the heading of Part II and the heading of regulation 2.]**

Conditions subject whereto registered midwife conduct his or her profession

2. A registered midwife must conduct his or her profession in accordance with, and subject to, the conditions specified in this Part.

Equipment and materials

3. (1) When conducting his or her practice, a registered midwife must be available at all times during the conducting of such practice.

(2) The equipment and materials that are required for the practising of midwifery, including -

- (a) an intravenous infusion set and not less than two 1000 ml of five per centum dextrose in a normal saline solution; and
- (b) the equipment and materials necessary to perform an episiotomy and to suture an episiotomy or a first or second degree tear of the perineum.

Keeping of records

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4. (1) A registered midwife must keep clear and accurate records of the progress of the pregnancy, labour and puerperium of the mother and child he or she is attending to, and of all the acts, including emergency acts, that he or she performs in connection with the mother and child.

(2) The records prescribed by subregulation (1) must be kept in a form and manner as the Council may determine.

(3) A registered midwife must -

- (a) retain the records prescribed by subregulation (1) for a period of three years after the birth of the child or after the termination of the pregnancy; and
- (b) produce the records referred to in paragraph (a) to the Council upon the written request of the Council.

Breast-feeding

5. A registered midwife must promote breast-feeding of a child by the mother, except when breast-feeding is to the detriment of the mother or the child.

Ante-natal period

6. (1) On being requested to attend to a confinement of the mother, a registered midwife must -

- (a) advise the mother to visit a medical practitioner for examination and to submit to a blood test not less than once during the pregnancy;
 - (b) establish from the mother whether any abnormality occurred during any previous pregnancy, labour or puerperium;
 - (c) advise the mother to seek medical advice, if an abnormality referred to in paragraph (a), or an abnormality similar thereto, could adversely affect the present confinement;
 - (d) examine the pregnant woman and make all the assessments required in order to determine whether the pelvis is adequate and suitable for a normal delivery;
 - (e) refer the pregnant woman to a medical practitioner if the registered midwife has any doubt, after the examination and assessment conducted in accordance with paragraph (d), that the pregnant woman may be able to deliver the child in the normal manner;
 - (f) teach the pregnant woman antenatal exercises, including the preparation for labour and breast-feeding.
- (2) If possible, the registered midwife must -
- (a) visit the pregnant woman in her home once during the pregnancy;
 - (b) examine the patient not less than -

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- (i) once a month until the 28th week of pregnancy;
- (ii) once every fortnight between the 28th week and the 36th week of pregnancy;
and
- (iii) once a week between the 36th week of pregnancy until the commencement
of labour.

(3) If the registered midwife fails to comply with subregulation (2), he or she must endorse the records of the case, specifying the extent of, and the reasons for, non-compliance.

Labour

7. (1) When attending to a mother in labour, a registered midwife may not leave the mother without providing the mother with an address at which the midwife can be reached.

(2) The registered midwife must stay with and assist the mother and child from the second stage of labour until after the birth of the child, and thereafter as the condition of the mother or the child may require.

(3) In the case of a postpartum haemorrhage and when a medical practitioner is not available, or pending the arrival of a medical practitioner, the registered midwife must administer ten units of oxytocin by means of intramuscular injection, and may repeat the administration of the oxytocin if necessary.

(4) If the mother suffers from a vaginal haemorrhage, the registered midwife may not conduct an internal examination.

(5) If the head of the child is on the perineum, a registered midwife may perform an episiotomy to prevent a severe tear of the perineum or any complications relating to the child.

Puerperium

8. (1) During the puerperium, the registered midwife must -
- (a) attend to the mother and child daily;
 - (b) not discharge the mother and child from his or her care until the condition of the mother and child is satisfactory;
 - (c) continue attending to the mother and child in accordance with paragraph (a) for a period of not less than five days;
 - (d) teach the mother -
 - (i) post-natal exercises and breast-feeding, except when breast-feeding is to the detriment of the mother or the child;
 - (ii) how to take care of herself and her child;
 - (iii) how to recognise abnormalities that may occur relating to herself and the child, and inform her when and where to obtain assistance;

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(iv) how to prepare and give oral rehydration therapy to the child.

(2) If the registered midwife fails to comply with subregulation (1), he or she must endorse the records of the case, specifying the extent of, and the reasons for, non-compliance.

Pre-mixed gas and air analgesia

9. A registered midwife may administer pre-mixed gas and/or air analgesia to a patient on the prescription of a medical practitioner.

Medical assistance

10. (1) A registered midwife attending to a mother and child, with the consent of the mother and subject to subregulation (4), must obtain the assistance of, or refer the mother or child to a medical practitioner, if any of the following illnesses, abnormalities or complications occur during the pregnancy, labour or puerperium, or relating to the child:

- (a) During pregnancy -
 - (i) excessive nausea and vomiting;
 - (ii) actual or threatening abortion;
 - (iii) vaginal bleeding;
 - (iv) apparent intra-uterine growth retardation;
 - (v) hypertension;
 - (vi) albumin or sugar in the urine;
 - (vii) oedema of the hands, face and feet;
 - (viii) convulsions;
 - (ix) abnormal vaginal discharge;
 - (x) sores on the genitals;
 - (xi) any condition suggesting a disproportion between the head of the baby and the pelvis of the mother;
 - (xii) any abnormal presentation after the 32nd week;
 - (xiii) multiple pregnancy;
 - (xiv) tenderness or abnormal distension of the abdomen;
- (b) during labour -
 - (i) convulsions;

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- (ii) abnormal vaginal discharge;
- (iii) sores on the genitals;
- (iv) excessive vaginal bleeding;
- (v) premature labour before the 36 week;
- (vi) any presentation other than an uncomplicated head presentation;
- (vii) when no presentation can be determined;
- (viii) multiple pregnancy;
- (ix) any non-engagement of the head in the case of a primigravida;
- (x) any undue prolongation of any stage of labour;
- (xi) any disordered or abnormal uterine action;
- (xii) any presentation or prolapse of the umbilical cord
- (xiii) any foetal distress;
- (xiv) the placenta not completely expelled one hour after the completion of the birth of the child;
- (xv) any third degree perineal tear;
- (c) during the puerperium -
 - (i) any convulsions;
 - (ii) any abdominal distension or tenderness;
 - (iii) any malodorous lochia;
 - (iv) rigor;
 - (v) any rise in the body temperature to 37,7° Celsius for a period of 24 hours or longer, or the recurrence of such a temperature within that period of time, or a rise in body temperature to 37.4° Celsius on two successive days;
 - (vi) any continuously rapid or steadily rising pulse rate;
 - (vii) any unusual swelling of the breasts of the mother, coupled with local tenderness or pain;
 - (viii) any excessive prolonged bleeding by the mother;
 - (ix) any pain in the lower limbs of the mother, especially in the calves;
- (d) any -

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- (i) injuries received during birth;
- (ii) malformation or deformity;
- (iii) undue feebleness, whether the child was born premature or not;
- (iv) inflammation in, or any discharge from, the eyes;
- (v) skin eruptions, especially those marked by the formation of watery blisters;
- (vi) any inflammation of, or haemorrhage from, the umbilicus;
- vii) jaundice;
- (viii) convulsions;
- (ix) neonatal haemorrhage.

(2) A registered midwife attending to a mother and child, with the consent of the mother and subject to subregulation (4), may obtain the assistance of, or refer the mother or child to a medical practitioner, if he or she considers it necessary, if any illness, abnormality or complication, other than those specified in subregulation (1), occurs during pregnancy, labour or the puerperium, or relating to the child.

(3) If the assistance of a medical practitioner is obtained or the mother or child is referred to a medical practitioner, as contemplated in subregulations (1) and (2), a registered midwife must -

- (a) remain with the mother or child, and deal with the emergency to the best of his or her ability, until the medical practitioner arrives;
- (b) accompany the mother or child, if he or she has to be transported for the purpose of receiving medical assistance.

(4) The registered midwife, when obtaining the assistance of a medical practitioner as prescribed by this regulation, must obtain the assistance of the medical practitioner requested by the mother.

(5) When a registered midwife, during the course of confinement -

- (a) advises the mother to consult a medical practitioner;
- (b) refers the mother to any person other than a medical practitioner for treatment by that other person; or
- (c) consults with the mother regarding the obtaining of the assistance of a medical practitioner,

that registered midwife must record his or her advice to, or consultations with, the mother, including the mother's reaction thereto, in writing in the form determined by the Council.

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ANNEXURES

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Annexures

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**Regulations relating to Conditions subject whereto Registered or
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ANNEXURE A

RECORD OF MATERNITY CASES

Date of booking:
Name and address of patient:
Age:
Gravida:
Para:
Estimated date of delivery:

Obstetric and other history

History of general health:
History of previous pregnancies:
History of children:
Mass at birth of children:
History of previous labours:
History of previous puerperia:
Any other illnesses, complications or abnormalities:
Any medication taken during the course of this pregnancy:

Antenatal visits

Dates of visits:
Dates of visits in patient's own home:
Weeks of gestation:
Abnormal findings, if any:
Referral to medical practitioner:
If referred, name of medical practitioner:
Medication or treatment prescribed by medical practitioner:
If not referred to a medical practitioner in the case of an illness, complications or abnormality,
reasons why not referred:
Emergencies and actions taken:

Labour

Date and time registered midwife called in:
Date and time of arrival:
Date and time of commencement of labour:
Record on arrival:
(a) Maternal pulse rate, temperature and blood pressure:
(b) Foetal heart rate:
(c) Date and time of beginning of established labour, including contractions:
Dates and times of all internal examinations, and all findings:
Date and time of rupture of membranes:
Date and time of beginning of second stage:
Date and time of child birth:
Date and time of completion of third stage:

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Blood pressure, pulse rate and temperature on completion of third stage:
Method of expulsion of the placenta:
Condition of the placenta and membranes:
Amount of blood lost:
Any complications:
Episiotomy, suturing:
Perineal tears, suturing:
Local anaesthetic administered:
Name of medical practitioner (if called in):
Date Time
Reason for calling in the medical practitioner:
Medication and treatment given to the mother and child, including any emergency action taken:

Child

Sex:
Whether full-term, premature or miscarriage:
If premature or miscarriage, give approximate number of weeks:
Alive or stillborn:
If stillborn, state whether macerated or not:
Mass at birth:
Apgar rating at one minute after birth:
Apgar rating at five minutes after birth:
Medication (eyes or other for the child):
Any physical abnormalities at birth or during the puerperium:
Name of the medical practitioner (if called in):
Date Time
Reason for calling in the medical practitioner:
Discharge or last visit:
Date:
Mass and condition:
Method of feeding:
Emergencies and action taken:

Mother

Signature of the mother and witnesses, if the mother refused to accept advice set out in Regulation 6:
If not possible to comply with regulation 6(2), state the reasons:
Name of medical practitioner (if called in):
Date Time
Reason for calling the medical practitioner:
If a medical practitioner is not available, or if the patient refuses the midwife to call a medical practitioner, state the reasons for requiring aid, the date and time, and state whether the medical practitioner was not available or was refused by the patient:
Signature of witness:
If a medical practitioner is called without the patient being consulted, why is it not possible to consult the patient:
Date:
Record of daily pulse rate, body temperature, and progress of involution of the uterus and lochia:
If it is impossible to comply with regulation 8, state the reasons:
Signature of patient and witnesses if any treatment or referral is refused (Regulation 10(5)):

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Condition of mother on discharge or last visit:
Signature of midwife:
Date:

ANNEXURE B

RECORD OF MATERNITY CASES

Case number:
Name of patient:
Address:
Age:
Date of booking:

Antenatal period

Estimated date of delivery:
Number of previous confinements:
 Full term:
 Premature:
 Miscarriage:
Abnormalities during any previous pregnancy, labour or puerperium:
Present general condition of health of patient:
Any abnormalities during current pregnancies:
Advice given and findings:
Signature of patient and witness if advice is not accepted:
Dates of examinations by medical practitioner, if any:
Dates of examinations by enrolled midwife and findings:
 - height of fundus:
 - presentation:
 - foetal heart:
 - oedema:
 - urine:
 - pulse rate:
Name of medical practitioner or midwife called:
Date Time
Reason for calling the medical practitioner:

Labour

Date and time of arrival of enrolled midwife:
Body temperature and pulse rate of patient on arrival of the enrolled midwife:
Date and time of birth of child:
Presentation:
Duration of labour:
Condition of the placenta and membranes:
Amount of blood loss:
Complications, if any (including perineal tears):
Name of medical practitioner or registered midwife, if called for the mother:
Date Time
Reason for calling the medical practitioner or a midwife:

The child

Full term, premature or miscarriage:

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Sex:

Alive or stillborn:

If stillborn, state whether macerated or not:

Mass at birth:

Length at birth:

Any abnormalities:

Date and time of severing of umbilical cord:

Puerperium

Record daily the pulse rate, body temperature, condition of lochia of the mother:

Name of medical practitioner or registered midwife, if any, called for the mother or child,
date, time and reason for calling him or her:

Additional information

All the entries and signatures required in accordance with the regulations.

Discharge or last visit

Date:

Condition of mother:

Condition and mass of child:

Method of feeding:

Referred baby to care clinic (if available):

Signature:

Date: