Midwives Council of Hong Kong

Handbook for Midwives

May 2014

Handbook for Midwives

Content

Preamble

This handbook is developed by the Midwives Council of Hong Kong (the Council) and serves as directions to assist midwives in the course of their practice in order to maintain professional care and standard. Midwife's role has been extending in the past decades. This handbook identifies the roles and responsibilities of midwife in order to serve as a guidance and reference for a midwife to follow.

Section A reiterates the more important aspects of the law relating to midwives but it is advisable for every midwife to obtain a copy of the "Midwives Registration Ordinance", Chapter 162, Laws of Hong Kong and the "Midwives (Registration and Disciplinary Procedure) Regulation", Chapter 162C, Laws of Hong Kong and to know exactly what these mean. Midwife should keep herself up to date by periodically visiting the ordinance website at http://www.legislation.gov.hk/eng/index.htm.

Section B delineates the normal practice of midwifery ranging from primary health care, antenatal, intrapartum, puerperal to newborn care. Special duties of midwives are also included. These are the guidance for the midwife in carrying out duties for which she is qualified and legally entitled to undertake. The handbook also stipulates that a midwife has obligation to continue lifelong post-registration education. She should keep updating herself of the development of midwifery, obstetrics and neonatal practice.

The directions are not intended to be exhaustive or to cover every eventuality, but are rather a guide to the correct practice of the craft and to the maintenance of high standards of professional conduct.

Section C sets out the main requirements for midwives operating their own maternity home. Full details are in the "Hospitals, Nursing Homes and Maternity Homes Registration Ordinance", Chapter 165, Laws of Hong Kong and every midwife running a maternity home should comply with the details of this law (http://www.legislation.gov.hk/eng/index.htm).

Definition of Midwife

A midwife is a person who has successfully completed a midwifery educational programme that is duly recognized in Hong Kong and that it is congruent with the Core Competencies for Registered Midwives issued by the Council; who has passed the assessment as stipulated by the Council, and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.

Adapted from the Position Statement of International Confederation of Midwives 2011

Roles and Responsibilities of Midwife

'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 preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

Adapted from the Position Statement of International Confederation of Midwives 2011

The International Confederation of Midwives highlights the importance of midwifery continuing education as well as midwife's responsibility in caring the woman and the newborn. A midwife should be equipped with knowledge, skills and professional attitude to give assessment, intervention to women and make referral when necessary. She should be committed to maintain women's privacy in all circumstances. It is also a midwife's responsibility to maintain a complete and accurate documentation. Documentation of maternity records should be structured, clear, accurate and timely.

Section A

Extracts from the Midwives Registration Ordinance, Chapter 162 *(Note: please refer to the most updated version of the Ordinance at the webpage of the Government of the Hong Kong Special Administrative Region.)*

Section 3

Establishment and composition of Midwives Council

(1) There is established by this Ordinance a council called the Midwives Council of Hong Kong.

(2) The Council shall consist of the Director, the Supervisor of Midwives of the Department of Health and members appointed by the Chief Executive.

(3) The appointed members are to comprise –

(a) a registered midwife in the public service of Hong Kong to be nominated by the Director of Health;

(b) a registered medical practitioner to be nominated by the University of Hong Kong;

(c) a registered medical practitioner to be nominated by the Chinese University of Hong Kong;

(d) a registered midwife to be nominated by the Hospital Authority within the meaning of the Hospital Authority Ordinance (Cap 113);

(e) a registered midwife to be nominated by each hospital declared by the Council under regulations made under this Ordinance to be a training school for midwives;

(f) 3 registered midwives nominated by the Hong Kong Midwives Association;

(g) 2 lay members.

Section 5 Register of midwives

(1) The Council shall cause a register of midwives to be kept which shall contain such particulars as may from time to time be prescribed.

(2) The roll kept in accordance with the provisions of the repealed Midwives Ordinance[*] shall be deemed to be the register required to be kept, and to have been kept, by virtue of this section and shall continue to be maintained in accordance with the provisions of this Ordinance; and every person whose name appears thereon at the commencement of this Ordinance shall be deemed to have been registered as a midwife in accordance with section 8 of this Ordinance.

(3) The register or a copy thereof shall be open to inspection free of charge during usual business hours by any person upon application in writing addressed to the secretary.

(4) Each entry in the register shall include, with respect to the person to whom the entry

[*] See Cap. 162, 1950 Ed.

relates, an indication of the manner in which the person became entitled to registration as a midwife.

(5) The Council shall cause to be published in the Gazette in relation to successive periods, in such manner as the Council may think fit and at intervals of not more than 12 months, lists of all persons whose names have been entered in, removed from or restored to the register during these periods.

(6) A certificate purporting to be under the seal of the Council and signed by the chairman or secretary of the Council stating that a person is or was at any date or is not or was not at any date duly registered shall be evidence in all courts of law of the facts stated in such certificate until the contrary is proved.

(7) Any person who willfully makes, or causes to be made, any falsification in any matter relating to the register, or the registration of any name therein, commits an offence and is liable on summary conviction to a fine at level 5 and to imprisonment for 2 years.

Section 6 Correction of the register

(3) The Council may direct that the removal from the register of the name of any registered midwife who

(a) has died;

(b) is not practising midwifery in Hong Kong;

(c) has practised midwifery in Hong Kong for a period exceeding 6 months without having obtained a practising certificate; or

(d) has failed to notify the secretary of the midwife's current address in Hong Kong at which all notices from the Council may be served upon the midwife.

(4) If the secretary has sent a registered letter addressed to a registered midwife at the midwife's address last known to the secretary, but the midwife fails to acknowledge receipt of the letter within 12 months from the date of its dispatch, the midwife is taken to have failed to notify the secretary of the midwife's current address in Hong Kong.

Section 7 Qualification for registration

(1) Subject to the provisions of this Ordinance, a person is not qualified to be registered under this Ordinance unless the Council is satisfied that the person-

(a) (Repealed 61 of 1997 s.8)

(b) is a person of good character; and in addition thereto-

(c) has completed such training as may be prescribed and has passed such examinations as may be required by the Council; or

(d) – (f) (Repealed 68 of 1995 s.2)

(e) possesses a certificate to practise as a midwife issued by such certifying body as may be recognized by the Council from time to time.

(2) Notwithstanding anything contained in subsection (1), the Council may require any

applicant for registration to prove the applicant's competency in midwifery by examination conducted by examiners appointed by the Council, and, if required, to undergo such further training as the Council may specify.

Section 10 Disciplinary powers of Council

(1) If, after due inquiry in accordance with regulations made under section 23 into any case referred to it by the Preliminary Investigation Committee established by such regulations, the Council is satisfied that any registered midwife-

(a) has been convicted, in Hong Kong or elsewhere, of any offence punishable with imprisonment;

(b) has been guilty, in Hong Kong or elsewhere, of unprofessional conduct;

(c) has obtained registration by fraud or misrepresentation;

(d) was not at the time of registration qualified to be registered;

(e) has contravened any prohibition imposed under the provisions of section 19;

(f) has failed to comply with any direction of the Council issued under section 24, or

(g) has failed to comply with a condition imposed by the Council under section 22,

the Council, in its discretion, may-

(i) make an order that the name of such midwife be removed from the register;

(ii) make an order that the name of such midwife be removed from the register for such specified period as it may think fit;

(iii) make an order that such midwife be reprimanded; or

(iv) make any other order imposing a condition on the registered midwife with respect to the practice of midwifery,

and may, in any case, make such order as the Council thinks fit with regard to the payment of costs of the secretary or of any complainant or of the registered midwife.

(1A) In making an order referred to in subsection (1)(i) to (iii), the Council may direct the operation of the order to be suspended so that the order will not take effect unless, during a period specified in the direction not exceeding 2 years-

(a) a finding is made against the registered midwife under subsection (1); or

(b) the registered midwife contravenes a condition that was imposed by the Council when the direction was given.

(2) Any costs awarded in pursuance of subsection (1) may be recovered as a civil debt.

(3) For the purposes of section 8 and this section, 'unprofessional conduct' means an act or omission of a registered midwife which could be reasonably regarded as disgraceful or dishonourable by registered midwives of good repute and competency.

(4) Nothing in this section shall be construed to require the Council to inquire into the question whether a registered midwife was properly convicted but the Council may consider any record of the case in which such conviction was recorded and any other evidence which may be available and is relevant as showing the nature and gravity of the offence.

(5) (Repealed 61 of 1997 s.11)
(6) If the Council makes an order under subsection (1)(i) to (iii), the Council shall, within 30 days after the relevant date, publish the order or, if the order is varied on appeal, the order as so varied in the Gazette.
(7) If the Council makes an order under subsection (1)(iv), the Council may, within 30 days after the relevant date, publish the order or, if the order is varied on appeal, the order as so varied in the Gazette.
(8) For the purpose of subsections (6) and (7), the relevant date is
(a) if no appeal is made under section 15 against the order within the period allowed by that section, the last day of that period; or
(b) if such as an appeal has been made, the date on which the appeal is finally determined.
(c) (Repealed 10 of 2005 s.67)

Section 19 Power of Council to prohibit registered midwives suffering from certain diseases from attending women in childbirth
(1) If any registered midwife contracts any scheduled infectious disease within the meaning of the Prevention and Control of Disease Ordinance (Cap 599), which, in the opinion of the Council, is likely to endanger the health of any woman attended by the midwife in the course of the midwife's practice, the Council may prohibit such registered midwife from attending women in childbirth in any capacity during the continuance of such disease.
(2) Any contravention of a prohibition imposed under this section shall constitute a ground for disciplinary proceedings under section 10.

Section 20 Power of Council to prohibit disqualified midwives, etc. from attending women in childbirth
(1) Where the Council orders that the name of a person be removed from the register under section 10 or refuses to enter the name of a person who applies for registration upon the register under section 8, the Council may prohibit the person from attending in any capacity women in childbirth.
(2) A person who contravenes a prohibition imposed under this section commits an offence and is liable on summary conviction to a fine at level 5 and to imprisonment for 2 years, unless it is proved that the person acted in an emergency.

Section 21 Prohibition of employment by registered midwives of unregistered substitutes
A registered midwife who employs as a substitute a person who, to the knowledge of the midwife, is not a registered midwife commits an offence and is liable on summary conviction to a fine at level 5 and to imprisonment for 2 years.

Section 22 Person not to practise as registered midwife without practising certificate

(1) A registered midwife shall not practise as such unless the midwife is the holder of a current practising certificate.

(2) A registered midwife may apply to the secretary for a practicing certificate.

(3) An application under this section shall be accompanied by

(a) the prescribed fee for the issue of a practising certificate;

(b) a declaration signed by the applicant stating whether or not the applicant has been convicted of a criminal offence that is punishable with imprisonment, in Hong Kong or elsewhere and, if the applicant has been convicted of such an offence, giving details of the conviction.

(4) On receipt of an application that complies with this section, the secretary shall issue the applicant with a practising certificate.

(5) A practising certificate is subject to such conditions with respect to the practice of midwifery as the Council may impose and are specified in the certificate.

(6) If the secretary issues a practising certificate for a period that is to begin in the year in which the application for the certificate is made, the secretary shall issue a certificate for the period beginning with the date of its issue and ending the end of the third year beginning on 1 January of the year of issue.

(7) If the secretary issues a practising certificate for a period that is to begin in the year following the year in which the application for the certificate was made, the secretary shall issue a certificate for 3 years beginning on 1 January of the first year of the relevant period.

(8) A practising certificate ceases to have effect if the name of its holder is removed from the register.

(9) A person who is required under this section to be the holder of a practising certificate is taken to have obtained the certificate on making an application for such a certificate in accordance with this section and paying the prescribed fee.

Section 24 Directions to midwives

(1) The Council may from time to time issue free of charge to registered midwives directions in writing, not being inconsistent with any of the provisions of this Ordinance or of any regulations made thereunder, relating to the conduct and the practice in midwifery:

Provided that-

(a) one copy of every such direction shall be sent to each registered midwife, who is for the time being carrying on practice in Hong Kong, at the midwife's registered address; and

(b) copies are obtainable free of charge on request at every training school for midwives.

(2) Failure to comply with any direction issued in accordance with sub-section (1) shall constitute a ground for disciplinary proceedings under section 10.

Section B

Preconception Care

Preconception care aims to help the prospective parents achieve the best possible health state at the time of conception. Ideally, pregnancy is to be planned. The midwife may take the opportunity to provide information and care to childbearing woman and her partner so as to optimize the pregnancy outcome.

The components of preconception care include assessment, education and health promoting interventions (Appendix 1). Their objectives are:

1. Assessment is performed to determine the health status of the couple.
2. Education is provided to promote the couple's health behaviors.
3. Health promoting interventions are given to eliminate potential adverse effects on future pregnancy.

Antenatal Care

Antenatal care aims to monitor the progress of pregnancy in order to support maternal health and normal fetal development. With a woman-centred approach, the midwife works with the woman and her family to provide effective and individual care (Appendix 2). The midwife should continuously evaluate her practice and make appropriate referrals to relevant disciplines when necessary.

Basic principles:

1. Continuity of care is important in the planning and delivery of antenatal care.
2. Schedule of antenatal visits is based on individual needs and related care. More frequent visits may be offered for women requiring additional care.
3. Documentation of maternity records should be structured, and focused. Entries need to be clear, accurate and timely. Confidentiality and privacy must be maintained.
4. Comprehensive assessments should be performed to determine the maternal and fetal well-being at the first visit as the basis of follow-up care. These include history review, physical examination, psychosocial and cultural concerns, and antenatal screening tests.
5. Ongoing assessment of the maternal and fetal well-being should be done in the subsequent visits to detect any deviations from normal.
6. Woman requiring additional care is appropriately managed and/or referred to other health professionals concerned in case of any deviations from normal or problems identified (Appendix 3a).
7. Interactive communication is facilitated regarding service and care options, examination

and test findings, management plan, education and information. Provision of current evidence-based information is desirable to enable informed choices.

8. Health education and promotion is provided to support woman during pregnancy and in the preparation of labor, birth and parenthood.
9. Antenatal appointments are made convenient for pregnant woman at easily accessible location as far as possible. Defaulter should be traced according to individual institutional policy.

Place of Birth

The midwife is responsible for bringing the expectant mother safely through pregnancy, labor and puerperium and for securing the birth of a healthy infant. The midwife may facilitate the woman to establish a birth plan and to choose a safe place of birth. For woman requiring additional care (refer to Appendix 3), she should be referred to an obstetrician or to a hospital.

Domiciliary delivery is not recommended.

Intrapartum Care

Intrapartum care aims to provide a safe and satisfying birthing experience to labouring woman and her family (Appendix 4). Although hospital/institution settings may vary, midwifery care in promoting normalcy of childbirth, providing informed choices and facilitating partner's participation are the underlying operational principles.

Basic principles:

1. The privacy of the women should be protected in all circumstances.
2. All women in labour should be treated with respect and involved in decision making all the time.
3. Good communication should be maintained between health care providers and the woman and her family.
4. Maternal and fetal well-being and labour progress should be continuously monitored.
5. Labour pain should be managed and evaluated.
6. Involvement of family members in the care of women should be facilitated.
7. Normal vaginal delivery should be conducted safely.
8. When abnormality is suspected, timely referral should be made to obstetrician (Appendix 3b).
9. Mechanism for obstetric emergency should be activated when indicated.
10. A complete documentation of maternal and fetal status and care given throughout labour and delivery should be maintained.
11. An accurate birth registry must be maintained.

Puerperal Care

Puerperal care aims to continue assessment and early initiation of maternal baby bonding immediate after delivery (Appendix 5). The 6 to 8 weeks after birth is a time when each woman has to adjust to profound physiological, psychological and social changes (Appendix 6). Woman should have the opportunity to make informed decisions about the care and any treatment needed for herself as well as her baby.

Basic Principles:

1. Emotional, social, cultural and lifestyle needs of individual woman should be respected.
2. Appropriate assessment and monitoring of woman should be performed.
3. Breastfeeding should be promoted, protected and supported.
4. Health information and education related to self-care and newborn care should be provided to mother and family.
5. Family bonding should be facilitated.
6. Deviations from normal condition should be recognized and appropriate actions should be initiated promptly (Appendix 3c).
7. Documentation of maternal records should be structured and focused.
8. Confidentiality and privacy are maintained.

Newborn Care

Care of newborn commences at the time of birth up to the first 6 weeks after birth (Appendix 7).

Basic Principles:

1. Immediate assessment and care to support the newborn's transition to extra-uterine life should be provided.
2. Correct newborn's identification must be maintained.
3. Newborn physical examination should be performed to determine the baby's well-being. Neonatal screening and immunization should be provided before discharge.
4. Deviations from normal condition should be recognized and appropriate actions should be initiated promptly (Appendix 3d).
5. Documentation of neonatal records should be structured and focused.

Primary Health Care

Primary health care aims to provide continuity of care to woman throughout the childbearing continuum. The midwife provides care to each woman from early in her pregnancy and to her baby until 6-8 weeks after delivery. She follows her across the interface between community and health care settings.

Basic principles:

1. Emotional, social and cultural needs, as well as lifestyle of individual woman and her family should be respected.

2. Assessment, health education and health promotion interventions should be provided to the prospective parents to achieve the best possible health state at the time of conception (Appendix 1).

3. Comprehensive assessments at the antenatal visits and postnatal visits should be performed to determine the maternal and fetal well-being, as well as the health of the baby (Appendices 2 & 6).

4. Woman and newborn requiring additional care are appropriately managed and/or referred to other health professionals concerned in case of any deviations from normal or problems identified (Appendix 3).

5. Health education and counseling should be provided to support the woman during pregnancy and labor, and to adapt to changes in life after delivery.

6. Breastfeeding and safe infant nutrition should be promoted, protected and supported.

7. Immunization should be provided to the newborn.

8. Information on immunization and family planning, and development of parenting skills should be provided to the mother and her family through health education and counseling.

9. Information on health and community resources should be provided to facilitate the access by the woman and her family.

Post-registration Education in Midwifery (PEM)

The International Confederation of Midwives (ICM) believes that midwifery competence can be achieved through multiple educational pathways, provided that the stated competencies are clear and there is evidence that such competency has been achieved; that all teachers must be competent in both theory and clinical practice; and that learning is ongoing and does not stop at the completion of a formal educational programme. Therefore, ICM believes that it is the ethical duty of each midwife to remain safe and current in practice at all times. Continuing education should be compulsory for all practising midwives. *(Position statement on basic and ongoing education for midwives ICM 2008)*

In keeping with the above mentioned beliefs, the ICM encourages midwives to use up-to-date, evidence-based professional knowledge to ensure safe birthing practices in all environments and cultures. Midwives should actively seek personal, intellectual and professional growth throughout their midwifery career, integrating this growth into their practice. *(International Code of Ethics for Midwives 2008)*

This is echoed by the Council document "Conduct and Practice in Midwifery" which states that "a midwife has a duty to maintain and improve the standard of knowledge and competence which she has achieved at the point of registration in order to promote higher standards of practice" and "should keep herself up to date through study activities which are relevant to her roles in order to be safe to practise in the contemporary world".

To this end, all practising midwives are encouraged to attend midwifery refresher course once every 5 years. The Council decrees a requirement for registered midwives to undergo lifelong learning in the form of Post-registration Education in Midwifery (PEM). PEM requirement is expressed in PEM points.

At the present moment, midwives are encouraged to undergo PEM as recommended by the Council. Each midwife should keep a portfolio holding certificates and records relevant to all PEM activities she has undergone. This portfolio shall be submitted to the Council, as and when requested by the Council, for auditing purpose or for renewal of practising certificate once when the PEM becomes mandatory.

Renewal of Practising Certificate and Restoration of Names to the Register

1. A registered midwife should apply for the renewal of her practising certificate every 3 years. The Council will remove the name of a midwife from the register if she does not renew and possess a valid practising certificate.

2. Any midwife whose name is removed from the register may apply to the Council for restoration of the name to the register under section 14(3) of the Ordinance. The Council may allow or refuse such application. The Council also decided that applicants for restoration of names to the register would be required to attend a midwifery refresher course approved by the Council within one year from the date of the Council's notification if they have midwifery practice for at least 24 months in the recent 5 years; or to attend a return-to-practice program approved by the Council if they have midwifery practice for less than 24 months in the recent 5 years. The applicants must pass both academic and clinical assessment of the program in order to restore their names into the register and re-activate their practising certificates.

Important Legal Obligations and Special Duties of Midwives

1. The midwife should not perform vaginal or rectal examinations for woman with antepartum haemorrhage.
2. The midwife must under no circumstances carry out internal version, forceps delivery or vacuum extraction.
3. The midwife may undertake and repair episiotomies.
4. The midwife may repair 1st and 2nd degree perineal tear.
5. The midwife should not repair the 3rd and 4th degree perineal tear.
6. The midwife must report every birth occurring in her practice to the Registrar of Births and Deaths within 7 days giving the names and address of the parents, the sex of the baby, and other required information.
7. The midwife must keep a register of all cases and the labour record on the prescribed forms which she may be called upon by the Council to produce should she be at any time be accused of infringement of the Rules and Regulations governing the practice of midwives in Hong Kong.
8. The midwife must report at the earliest moment to the officer-in-charge of her unit or the police as appropriate, the following case(s) occurring in her practice:
   (a) Death of a woman during pregnancy, labour or puerperium
   (b) Death of a newborn
   (c) Stillbirth
9. The midwife must submit her register and her equipment and drugs for inspection by the Supervisor of Midwives, or by any member of the Council duly authorized to make such inspection, whenever called upon to do so.
10. The midwife must submit monthly statistical reports to the Supervisor of Midwives.
11. The midwife must report notifiable infectious diseases to Department of Health.
12. The midwife should maintain alertness of potential occupation safety and health (OSH) risks in her working environment and receive regular training to enhance her knowledge and awareness in OSH according to the related requirement by the institution and the statutory requirements of the OSH Ordinance (Chapter 509, Laws of Hong Kong).
13. The midwife should strictly comply with the updated infection control guidelines.

Section C

Extracts from the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance, Chapter 165 *(Note: please refer to the most updated version of the Ordinance at the webpage of the Government of the Hong Kong Special Administrative Region.)*

Section 2

(1) In this Ordinance, unless the context otherwise requires-

"maternity home" (留產院) means any premises used or intended to be used for the reception of pregnant women or of women immediately after childbirth, but does not include any maternity home maintained by the Government, any maternity home of the Hong Kong Garrison or any maternity home run as part of a public hospital within the meaning of the Hospital Authority Ordinance (Cap 113) or any maternity home managed or controlled by the Hospital Authority established under that Ordinance;

"register" (註冊) and "registration" (註冊) mean register and registration under this Ordinance.

Section 3

(1) If any person carries on a hospital or a maternity home without being duly registered in respect thereof, he shall be guilty of an offence and shall be liable on summary conviction to a fine at level 1, or in the case of a second or subsequent offence, to a fine at level 1 and imprisonment for 3 months.

(2) Application for registration shall be made to the Director in writing in a form prescribed by him. Where the applicant desires registration of premises as a hospital and as a maternity home separate forms shall be used.

(3) Every application for registration shall be accompanied by the appropriate fee specified in the Schedule, whether a hospital or a maternity home or both a hospital and a maternity home will be carried on in the premises to which the application refers.

(3A) The Legislative Council may, by resolution, amend the Schedule.

(4) Subject as provided in this Ordinance, the Director shall on receipt of an application for registration, register the applicant in respect of the hospital or maternity home

named in the application, subject to such conditions relating to the accommodation, staffing or equipment thereof as he thinks fit, and issue to the applicant a certificate of registration, in which such conditions shall be set forth:

Provided that the Director may refuse to register the applicant if he is satisfied-

(a) that the applicant or any person employed by him at the hospital or maternity home is not a fit person to carry on or to be employed at a hospital or maternity home of such a description as the hospital or maternity home named in the application; or

(b) that for reasons connected with situation, construction, accommodation, staffing or equipment the hospital or maternity home, or any premises used in connection therewith, is or are not fit to be used for or in connection with a hospital or maternity home of such a description as the hospital or maternity home named in the application, or that the hospital or maternity home, or any premises used in connection therewith, is or are used or to be used for purposes which are in any way improper or undesirable in the case of such a hospital or maternity home; or

(c) in the case of a hospital, that the hospital is not under the charge of a person who is either a duly qualified medical practitioner or a registered nurse and who is resident in the hospital, or that there is not a proper proportion of registered nurses among the persons having the superintendence of or employed in the nursing of the patients in the hospital; or

(d) in the case of a maternity home, that the person having the superintendence of the nursing of the patients in the home is not a registered midwife, or that any person employed in attending any woman in the home in childbirth or in nursing any patient in the home is not either a duly qualified medical practitioner, a registered midwife, or a student midwife or that there is not a proper proportion of registered midwives or student midwives among the persons having the superintendence of or employed in the attendance on or nursing of the patients in the home.

(5) The current certificate of registration issued in respect of a hospital or maternity home shall be kept affixed in a conspicuous place in the hospital or maternity home, and, if default is made in complying with the foregoing requirement, the person carrying on the hospital or maternity home shall be guilty of an offence.

(6) Subject to the provisions of section 4, registration shall be valid until the end of the year in which it is made. Every person registered in respect of a hospital or maternity home who desires to continue to be so registered for any subsequent year shall make application in the month of December for re-registration and shall pay the fee prescribed by subsection (3).

(7) (a) Any person registered in respect of a hospital or maternity home who is aggrieved by a condition imposed by the Director under subsection (4) may appeal by way of petition to the Chief Executive in Council.

(b) On any such appeal, the Chief Executive in Council may confirm, vary or reverse the decision of the Director.

Section 4

Subject to the provisions of this Ordinance, the Director may at any time cancel the registration of a person in respect of any hospital or maternity home-

(a) on any ground which would entitle him to refuse an application for the registration of that person in respect of that hospital or maternity home;

(b) in the event of a contravention of any condition imposed by the Director under section 3(4); or

(c) if such person, or any other person, has been convicted of an offence against this Ordinance in respect of the hospital or maternity home.

Section 5

(1) Before making an order refusing an application for registration or an order cancelling any registration the Director shall give to the applicant or to the person registered, as the case may be, not less than 14 days' notice of his intention to make such an order, and every such notice shall state the grounds on which he intends to make the order and shall contain an intimation that, if within 14 days after the receipt of the notice the applicant or person registered informs him in writing that he desires so to do, he will, before making the order, give him (in person or by a representative) an opportunity of showing cause why the order should not be made.

(2) If the Director, after giving the applicant or the person registered (if under the provisions of subsection (1) he is entitled so to do) an opportunity of showing cause as aforesaid, decides to refuse the application for registration or to cancel the registration, he shall make an order to that effect and shall send a copy of the order by registered post to the applicant or the person registered.

(3) Any person aggrieved by an order refusing an application for registration or cancelling any registration may, within 14 days after the date on which the copy of the order was sent to him, appeal against it by way of petition to the Chief Executive in Council.

(4) No such order shall come into force until the expiration of 14 days from the date on which it was made, or, where notice of appeal is given against it, until the appeal has been decided or withdrawn.

Section 6

(1) The Director may by regulation provide for-

(a) records to be kept of patients received into a hospital or maternity home, and, in the case of a maternity home, of any miscarriages or still-births occurring in the home, and of the children born therein and of the children so born who are removed from the home otherwise than to the custody or care of any parent, guardian or relative;

(b) notification to be given of any death occurring in a hospital or maternity home.

(c) *(Repealed*)

(2) The Chief Executive in Council may by regulation provide-

(a) that the contravention of any regulation under subsection (1) or a specified provision of any such regulation, is an offence;

(b) a penalty, not exceeding $1000, for any such offence; and

(c) if such offence is a continuing offence, an additional penalty not exceeding $50 for each day on which the offence has continued.

Section 7

(1) The Director, any medical officer appointed by the Chief Executive as a health officer, any officer for the time being performing the duties of a health officer or some person duly authorized by the Director may, subject to such regulations as may be made by the Secretary for Food and Health, at all reasonable times enter and inspect any premises which are used, or which that officer or person has reasonable cause to believe to be used, for the purposes of a hospital or maternity home and to inspect any records required to be kept in accordance with the provisions of the Ordinance.

(2) If any person refuses to allow any such officer to enter or inspect any such premises as aforesaid or to inspect any such records as aforesaid, or obstructs any such officer in the execution of his powers under this section he shall be guilty of an offence.

Section 8

(1) If any person is guilty of an offence against this Ordinance (other than an offence in

respect of which some other penalty is specifically provided by this Ordinance) he shall in respect of each offence be liable on summary conviction to a fine at level 1, and, in the case of a continuing offence, to a further fine of $50 in respect of each day on which the offence continues after conviction.

(2) Where a person convicted of an offence against this Ordinance is a company, the chairman and every director of the company and every officer of the company concerned in the management thereof shall be guilty of the like offence, unless he proves that the act constituting the offence took place without his knowledge or consent.

Maternity Home Requirements

Midwife who intends to start her private practice is required to comply with the requirement set out in the Department of Health.

She should update her information through visiting the following website:

http://www.dh.gov.hk/english/main/main_orhi/main_orhi.html

Appendix 1

Preconception Care

Assessment

1. Obtain comprehensive health history:
   socio-cultural, family, health and obstetric, lifestyle
2. Perform physical examination
3. Interpret the results of possible tests and routine investigations:
   urinalysis, complete blood screen, blood group, rhesus status, rubella serology, Hepatitis B serology, Human Immunodeficiency Virus status, cervical screening, Sexually transmitted diseases screening

Health education

Give advice on self-care and lifestyle issues, e.g. nutrition, exercise, smoking, alcohol, medication use, substance abuse, safe sex.

Health promotion interventions

1. Suggest immuno-prophylaxis to protect woman from potential prenatal infections.
2. Refer genetic counseling for couple at risk of genetic predisposition or teratogenic exposure.
3. Give specific advice to woman with medical condition for disease control.

Appendix 2

Antenatal Care

Schedule of antenatal visits

The first visit is ideally arranged before 14 weeks of gestation. For woman with an uncomplicated pregnancy and the first visit in early pregnancy, the number of visits should not be less than 7. For woman requiring additional care, more frequent visits should be arranged.

Specific point of care during pregnancy

Specific assessments and midwifery care should be given at certain point during pregnancy to plan for further management. The midwife shares information with the woman and her family so as to facilitate informed choices and decisions.

The first visit (ideally before 14 weeks)

This first contact allows a comprehensive assessment to determine the woman's health status, and to identify those who may need additional care. Pattern of care is planned. Further screening tests and referrals should be arranged if indicated. The gestational age is ascertained to enable proper assessment of the progress of pregnancy and fetal growth as well as to avoid unnecessary induction of labour for postdates. Information including service options, antenatal classes and advice in the early gestation is provided.

Assessment :

1. Review of psychosocial, family, health, menstrual, obstetric and present pregnancy history, and cultural concerns
2. Establishment of the expected date of delivery
3. Physical examination
    - general condition
    - maternal height, weight and body mass index
    - blood pressure and pulse
    - urinalysis for protein and glucose
    - abdominal examination
    - fetal heart sound
4. Routine antenatal blood screening tests
    - Blood group, rhesus status
    - Haemoglobin level / complete blood count
    - Hepatitis B surface antigen
    - Rubella serology

- Syphilis serology
- Human Immunodeficiency Virus status

****** Referral for further assessment or management if indicated

1. Low Mean Corpuscular Volume (MCV)
2. Negative rhesus factor
3. Discrepancies in gestational age
4. Sexually transmitted diseases
5. Suspected fetal abnormalities

Health information / education

1. Offer options of maternity care and services.
2. Explain benefits and risks of screening tests.
3. Advise on diet and life style considerations.
4. Introduce antenatal education classes.
5. Recommend smoking cessation to smoking couples.
6. Discuss infant feeding.
7. Promote breastfeeding.
8. Instruct the woman to seek medical advice for conditions deviated from normal.

24-28 weeks

These contacts provide for assessment of the progress of the pregnancy as well as the health and well-being of the woman and her fetus and an opportunity to consolidate the relationship between the midwife and the woman.

Assessment:

1. Screening test results
2. Interval history of maternal well-being and fetal movement
3. Examination
    - blood pressure, pulse, body weight, urinalysis for protein and glucose
    - uterine size, fetal heart rate

Health information / education

1. Facilitate discussion of the woman's well-being and family support.
2. Provide information on fetal movement and signs of preterm labour. Advise on conditions for seeking medical aids.
3. Encourage attending antenatal classes with family participation.
4. Introduce birth plan if applicable.
5. Reinforce benefits of breastfeeding.

6. Answer questions on pregnancy, childbirth, postnatal care and parenting.
7. Explore social and family support on childcare if indicated.

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32-34 weeks

These contacts allow the midwife to reassess the progress of pregnancy, health and well-being of the woman and her fetus, and to ensure the woman having been offered the opportunity for childbirth preparation.

Assessment:

1. Interval history of maternal well-being and fetal movement
2. Examination and test
   - blood pressure, pulse, body weight, degree of edema, urinalysis for protein and glucose
   - uterine size, fetal heart rate
   - alert for abnormal fetal presentation

Health information / education

1. Facilitate discussion of the woman's well-being and family/social support.
2. Provide information on promotion of physical well-being.
3. Continue to offer pregnancy, childbirth and parentcraft education.
4. Facilitate to formulate a birth plan if applicable.
5. Answer questions on pregnancy, childbirth, postnatal care and parenting.

36 weeks

This contact allows reassessment of the health and well-being of the woman and her fetus. Normal fetal lie and presentation is confirmed.

Assessment:

1. Interval history of maternal well-being and fetal movement
2. Examination and test
   - blood pressure, pulse, body weight, degree of edema, urinalysis for protein and glucose
   - uterine size, fetal lie and presentation, fetal heart rate
   - Group B-streptococcus screening

Health information / education

1. Discuss emotional situation and provide counseling accordingly.
2. Reinforce measures to promote physical well-being.
3. Review and discuss on pregnancy, preparation of labour, birth, postnatal self-care and parenting.

4. Discuss early initiation of breastfeeding and promotion of maternal-infant bonding.
5. Discuss baby care and identify support networks if necessary.
6. Discuss and record birth plan if applicable.
7. Explain signs and symptoms of onset of labour, and indications for hospitalization.

38 weeks

This contact provides for continuing assessment and evaluation, as well as an opportunity to support the woman in alleviating anxiety and anticipated physical stress of childbirth.

Assessment:

1. Interval history of maternal well-being and fetal movement
2. Examination and test
   - blood pressure, pulse, body weight, degree of edema, urinalysis for protein and glucose
   - uterine size, fetal lie/presentation/descent, fetal heart rate

Health information / education

1. Review emotional status and provide counseling accordingly.
2. Reinforce measures to promote physical well-being and preparation for parenthood.
3. Explore expectations for labour and childbirth and give counseling as needed.
4. Confirm birth plan if applicable.
5. Reinforce signs and symptoms of onset of labour, indications and preparation for hospitalization.

40-41 weeks

These contacts allow the midwife to critically assess the woman and her fetus. Referral for postdate is considered.

Assessment:

1. Interval history of maternal well-being and fetal movement
2. Examination and test
   - blood pressure, pulse, body weight, degree of edema, urinalysis for protein and glucose
   - uterine size, fetal lie/presentation/descent, fetal heart rate
   - uterine activities
3. Consider for non-stress test

Health information / education

1. Discuss concerns and worries.
2. Explain management of prolonged pregnancy, additional care and support.
3. Answer questions about management plan.

Appendix 3

Maternal and newborn conditions which require medical advice

Woman and newborn requiring additional care are appropriately managed and/or referred to other health professionals concerned in case of any deviations from normal or problems identified.

Appendix 3a

Maternal conditions in antepartum

A. Woman has the following history

1. Multiparae expecting their 5th or later deliveries
2. Family history of genetic disorder
3. Substance abuse
4. Significant medical conditions, such as hypertension, asthma, cardiac or renal disease, endocrine disorders, cancer, HIV, active pulmonary tuberculosis
5. History of severe pre-eclampsia, eclampsia or Haemolysis Elevated Liver Enzymes Low Platelets (HELLP) in previous pregnancies
6. Previous preterm birth
7. History of difficult instrumental or operative deliveries
8. History of postpartum haemorrhage or complications during the third stage of labour, such as manual removal of placenta for retained placenta
9. History of postpartum depression or emotional disturbance
10. History of stillbirth or neonatal death, severe neonatal asphyxia, severe neonatal infection, significant congenital abnormalities, severe neonatal jaundice with exchange transfusion, Small for Gestational Age (SGA) or Large for Gestational Age (LGA) infant
11. History of repeated abortions, or uterine surgery such as myomectomy, hysterotomy

B. Woman presents with the following conditions in current pregnancy

1. Women at the age of 35 and over, or those under 17
2. Short stature (below 150 cm) or deformed
3. Emotional disturbance
4. Multiple pregnancy
5. Uterus not corresponding to gestational age
6. Excessive vomiting
7. Marked oedema, blood pressure of 140/90 mmHg and over, or proteinuria
8. Repeated glycosuria

9. Vaginal bleeding at any stage of pregnancy which is not ‘show’ at onset of labor
10. Convulsions or symptoms of impending convulsions (persistent headache, epigastric pain, visual disturbances)
11. Rupture of membranes before 37 weeks of gestation
12. Purulent vaginal discharge
13. Severe vulval varicose veins or haemorrhoids
14. High head at term in a primigravida
15. Abdominal pain in the absence of uterine contractions
16. Haemoglobin less than 10 gm/dl or a positive VDRL/ EIA or HIV test
17. Fetal heart sounds not heard by doppler fetus detector after 12 weeks
18. All malpresentations after 34 weeks
19. One week after expected date of delivery

Appendix 3b

Maternal conditions during delivery

1. Abnormal vital signs
2. Presentation not confirmed
3. Malpresentations
4. Non-engaged head when the labour has been established
5. Cord presentation or cord prolapse
6. Threatened preterm labour and preterm labour
7. Prolonged leaking or rupture of membranes
8. Intrapartum fever
9. Prolonged first, second or third stage of labour
10. Slow/ No progress of labour
11. Hypertonic uterine contractions
12. Maternal distress
13. Shoulder Dystocia
14. When assisted delivery of forceps or vacuum extraction may be needed
15. Serious genital tract trauma and/ or involving the anal sphincter
16. Primary postpartum haemorrhage

Appendix 3c

Maternal conditions after delivery

1. Abnormal vital signs
2. Abnormal behaviour
3. Signs of puerperal infections
4. Convulsions
5. Dysuria or urinary retention
6. Subinvolution of the uterus
7. Abnormal vaginal bleeding or discharge
8. Wound complications

Appendix 3d

Fetal or newborn conditions

A. During delivery

1. Meconium stained liquor or other signs of fetal distress
2. Blood stained liquor

B. After delivery

1. Prematurity or low birth weight
2. Birth Injury
3. Congenital abnormality
4. Delayed crying
5. Abnormal vital signs
6. Abnormal muscle tone
7. Cyanotic or significant pallor
8. Feeding problem
9. Elimination problems
10. Jaundice
11. Signs or symptoms of infection

Appendix 4

Intrapartum Care

Assessment

1. Maternal well-being
   - Assess woman's emotional and behavioural responses
   - Assess pain intensity
   - Check woman's vital signs including temperature, blood pressure and pulse at specific intervals
   - Observe woman's hydration and nutrition as well as her bladder and bowel status

2. Fetal well-being
   - Auscultate fetal heart intermittently every 15 minutes during first stage of labour and every 5 minutes in the second stage of labour or by continuous electronic fetal heart monitoring
   - Observe the condition of the amniotic fluid

3. Progress of labour
   - Assess the duration, interval, intensity and frequency of uterine contraction
   - Assess progress of labour by confirming the dilatation of cervix and descent of fetal head as depicted on the partogram

Intervention for childbirth

1. Implement standard precautions on infection control during labour and delivery.
2. Manage pain.
3. Assist the woman into a comfortable birthing position of her choice.
4. Allow woman to push as she wishes with contractions.
5. Conduct normal delivery safely.
6. Assist in operative delivery.
7. Manage the 3rd stage of labour.
8. Examine the placenta.
9. Examine perineum, lower vagina and vulva for tears, repair as necessary.
10. Assess blood loss throughout third stage and immediately afterwards.
11. Clean and comfort the woman.

Appendix 5

Immediate care of woman after childbirth

Assessment

1. General condition and vital signs
2. Uterine involution
3. Perineum and/or abdominal condition
4. Pain intensity
5. Amount of lochia and/or abnormal vaginal bleeding
6. Emotion and behaviour responses
7. Hydration status and bladder condition

Intervention

1. Assist the mother into a comfortable position.
2. Continue observation on uterine and perineum condition, take appropriate care as necessary.
3. Maintain hydration.
4. Manage pain.

Immediate care of the newborn after birth

1. Continue keeping the baby warm and promote skin-to-skin contact with the mother.
2. Encourage and facilitate the mother to initiate breastfeeding when baby shows signs of readiness.

Appendix 6

Puerperal Care

Specific points of care during puerperium

The first postnatal contact

A comprehensive postnatal assessment should be carried out after mother is transferred to postnatal unit. Education and advice in the early puerperal period should be given.

Assessment

1. Health and obstetric history
2. General condition and vital signs
3. Physical comfort & emotional state
4. Breasts and nipples
5. Fundal height & uterine tone
6. Lochia amount and colour
7. Pain condition
8. Perineal or abdominal wound
9. Bladder function & bowel condition

Health education / advice

Information sharing with mother:

1. Normal lochia
2. Wound care and pain relief
3. Signs of complications and abnormalities
4. Breastfeeding

Subsequent postnatal contact

Daily ongoing assessment should be done until the mother is discharged.

Assessment

1. General condition and vital signs
2. Physical comfort & emotional state
3. Breasts condition
4. Uterine involution
5. Lochia amount and colour
6. Perineal or abdominal wound
7. Elimination
8. Signs of complications and abnormalities
9. Health care needs and parenting skills

Health education / advice

Information sharing with mother on self-care

1. Personal hygiene and rest
2. Nutrition and diet
3. Breast care
4. Bladder and bowel care
5. Exercise included pelvic floor exercise
6. Family planning and contraception
7. Postpartum emotional change
8. Signs of complications and abnormalities
9. Postnatal follow up and community support

Information sharing with mother on newborn care

1. Lactation and infant feeding
2. Newborn care skills
3. Immunisation program
4. Signs of complications and abnormalities of the newborn

6^{th} – 8^{th} week postnatal visit

A postnatal check up is recommended at about 6 weeks after delivery.

Assessment

1. Health and obstetric history
2. Current health status
3. Breasts condition
4. Uterine involution
5. Perineum and need for pelvic examination
6. Signs of complications and abnormalities, including psychological problems
7. Health care needs and parenting skills

Health education / advice

Information sharing with mother on:

1. Immuno-prophylaxis
2. Sexuality and contraception
3. Cervical screening
4. Specialist referral as appropriate/ necessary
5. Community support

Appendix 7

Newborn Care

Assessment

1. General conditions and vital signs
2. Gross external anomalies
3. Elimination
4. Feeding and hydration status
5. Neonatal jaundice
6. Growth

Intervention

1. Provide a safe environment
2. Perform screening
3. Administer immunization
4. Share information with mother concerning the newborn's well-being
5. Maintain ongoing assessment and refer upon any deviation

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