

Midwives rules and standards

We are the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands.

- We exist to safeguard the health and wellbeing of the public.
- We set the standards of education, training and conduct that nurses and midwives need to deliver high quality healthcare consistently throughout their careers.
- We ensure that nurses and midwives keep their skills and knowledge up to date and uphold the standards of their professional code.
- We ensure that midwives are safe to practise by setting rules for their practice and supervision.
- We have fair processes to investigate allegations made against nurses and midwives who may not have followed the code.

Introduction

The Nursing and Midwifery Council (NMC) is required by the Nursing and Midwifery Order 2001¹ (the order) to establish and maintain a register of qualified nurses and midwives [Article 5(1)], and from time to time, establish standards of proficiency to be met by applicants to different parts of the register. These standards are considered necessary for safe and effective practice [Article 5(2)(a)].

The order also requires the NMC to set rules and standards for midwifery and the local supervising authorities responsible for the function of statutory supervision of midwives.

This booklet contains the rules and standards for midwifery and statutory supervision of midwives. It also provides guidance on the interpretation of those rules and standards. This replaces the previous *Midwives rules and code of practice* (UKCC 1998) and standards issued by the National Boards for England, Wales, Scotland and Northern Ireland.

The only changes in this current design of the 2004 *Midwives rules and standards* are the amendment of rule 11 in accordance with the Nursing and Midwifery Council (Midwives) (Amendment) Rules 2007, the addition of paragraph numbers to the standards and guidance section, and updates to various references in the supplementary information and legislation section.

¹ SI 2002/253

Establishment of the Nursing and Midwifery Council

The NMC, which was established under the order, came into being on 1 April 2002 as the successor to the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) and the four National Boards. At that time, the Council adopted the existing rules and standards of the UKCC and, where relevant, those of the National Boards. The new rules for education, registration and registration appeals², fees³, midwifery^{4,5} and fitness to practise⁶ came into force on the 1 August 2004, and replace all previous rules.

The NMC rules are requirements for registration and practice that gain their authority from legislation set out in the order. The accompanying standards describe what would reasonably be expected from someone who practises as a midwife or who is responsible for the statutory supervision of midwives.

In this document, each set of rules and standards is accompanied by guidance to aid understanding and implementation of the rules and standards.

² SI 2004/1767 Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004.

³ SI 2004/1654 Nursing and Midwifery Council (Fees) Rules 2004.

⁴ SI 2004/1764 Nursing and Midwifery Council (Midwives) Rules 2004.

⁵ SI 2007/1887 Nursing and Midwifery Council (Midwives) (Amendment) Rules 2007.

⁶ SI 2004/1761 Nursing and Midwifery Council (Fitness to Practise) Rules 2004.

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The Nursing and Midwifery Council, in exercise of its powers under articles 42, 43 and 47(2) of, and schedule 4 to, the Nursing and Midwifery Order 2001 and of all other powers enabling it in that behalf and following consultation in accordance with articles 15(4), 41(2) and 47(3) of that order hereby makes the following rules:

Rule 1

Citation and commencement

These Rules may be cited as the Nursing and Midwifery Council (Midwives) Rules 2004 and shall come into force on 1 August 2004.

Rule 2

Interpretation

Rule	Guidance
<p>“attendance upon” means providing care or advice to a woman or care to a baby whether or not the midwife is physically present.</p>	<p>It is essential that whoever is caring for or advising women in relation to their pregnancy, birth or postnatal care has the appropriate skills and knowledge to understand, interpret and manage as appropriate, the complex physiological, psychological and social changes a woman or her baby may experience.</p> <p>New developments in technology and communications may mean that a woman seeks advice without face-to-face contact with a midwife, therefore it is important that any advice given is accurate, up-to-date and tailored to meet the woman’s individual needs.</p>

Rule	Guidance
<p>“approved educational institution” means an institution or part of an institution or a combination of institutions approved by the Council under article 15(6) of the Order for conducting the whole or part of a midwifery programme of education.</p>	<p>The NMC approves midwifery programmes of education that lead to midwifery registration or a recordable qualification.</p> <p>These programmes must take place in educational institutions that have Quality Assurance Agency approval. Only students who have successfully completed an approved midwifery programme of education and who have met the NMC requirements of good health and good character can apply to join the register as a midwife.</p>
<p>“childbirth” includes the antenatal, intranatal and postnatal periods.</p>	<p>Childbirth is more than the act of giving birth. For a woman it is a continuous process from conception, through pregnancy, labour, birth and beyond. It is essential that anyone providing midwifery care during this time has the appropriate knowledge, skills and competence to do so.</p>
<p>“education” includes training.</p>	

Rule	Guidance
<p>“emergency” means a sudden, unexpected event relating to the health or condition of a woman or baby which requires immediate attention.</p>	<p>Key midwifery skills include anticipation and forward planning. Normal processes, such as spontaneous labour at term, would not usually be considered an emergency if care has been planned.</p>
<p>“local supervising authority midwifery officer” means the midwifery officer appointed by a local supervising authority in accordance with rule 13(1).</p>	<p>The local supervising authority midwifery officer is a practising midwife who carries out all the activities needed to ensure that the requirements relating to statutory supervision of midwives are in place and are monitored for the local supervising authority.</p> <p>This person can be contacted by women who need help or support in the way their pregnancy care is being provided, or if they are worried about a midwife’s practice. The local supervising authority midwifery officer ensures that midwives follow the NMC rules and standards to enable them to practise in the UK.</p>

Rule	Guidance
<p>“main area of practice” means the geographical location where the midwife has, or will be, practising most often in the 12-month period related to the most recent notification of intention to practise.</p>	<p>Where a midwife practises in areas that cover more than one local supervising authority, she will decide, in accordance with this rule, which is her ‘main’ area. Her named supervisor of midwives will be based in that area.</p>
<p>“midwifery programme of education” means an integrated theoretical and clinical practice programme that meets the standards established by the Council under article 15(1)(a) of the Order.</p>	<p>The NMC sets standards for the length and content of programmes. If a student wishes to apply to have her name included on the NMC register as a midwife, she must have completed the length of programme required and met these standards.</p> <p>Only those with effective registration on the midwives’ part of the NMC’s register, can practise legally in the UK as a midwife. This ensures that they have met the level of competence needed for safe and effective practice.</p>
<p>“the Order” means the Nursing and Midwifery Order 2001.</p>	

Rule	Guidance
<p>“postnatal period” means the period after the end of labour during which the attendance of a midwife upon a woman and baby is required, being not less than 10 days and for such longer period as the midwife considers necessary.</p>	<p>This is the time from the birth of the baby onwards. Most health needs are met by a team approach at this time, including health visitors and GPs amongst others.</p> <p>If a midwife is using new skills because of extending care at this time, she must ensure she has had the education and skills training to be competent to do so.</p>
<p>“practising midwife” means a registered midwife who notifies her intention to practise to a local supervising authority and who has updated her practice in accordance with the standards published by the Council, and who:</p> <ul style="list-style-type: none"> a) is in attendance upon a woman and baby during the antenatal, intranatal or postnatal period; or b) holds a post for which a midwifery qualification is required. 	<p>To be eligible to practise as a midwife a person must hold a midwifery qualification, have current registration as a midwife with the NMC, and have met the NMC standards for updating her midwifery practice. In addition she must have given notice of her intention to practise to the local supervising authority in every area that she intends to practise in.</p>

Rule	Guidance
<p>“supervisor of midwives” means a person appointed by a local supervising authority to exercise supervision over midwives practising in its area in accordance with rule 11(1).</p>	<p>Supervisors are experienced midwives who have undergone additional education and training in the knowledge and skills needed to supervise midwives. Supervisors of midwives can only be appointed by a local supervising authority. By appointing supervisors of midwives, the local supervising authority ensures that support, advice and guidance are available for midwives and women 24 hours a day, to increase public protection.</p> <p>A midwife who has completed a preparation of supervisors programme is not a supervisor of midwives until a local supervising authority appoints her. Supervisors of midwives must keep themselves up-to-date in supervision as well as in midwifery in order to remain as a supervisor.</p>

Rule	Guidance
<p>“woman and baby” means any woman, regardless of her age, and where reference is made to “baby” in conjunction with “woman”, it shall be taken as including reference to the woman’s unborn baby during the antenatal and intranatal periods.</p>	<p>This can also include preconception care and advice.</p>

Rule 3

Notification of intention to practise

- 1 If a midwife intends either to be in attendance upon a woman or baby during the antenatal, intranatal or postnatal period, or to hold a post for which a midwifery qualification is required, she shall give notice in accordance with paragraph 2.
- 2 A midwife shall give notice under paragraph 1 to each local supervising authority in whose area she intends to practise or continue to practise:
 - a) before commencing to practise there, and thereafter
 - b) in respect of each period of 12 months beginning on a date which the Council shall specify from time to time.
- 3 Notwithstanding the provisions of paragraph 2, the notice to be given under paragraph 1 may, in an emergency, be given after the time when she commences to practise provided that it is given within 48 hours of that time.

- 4 A notice to be given under this rule shall contain such particulars and be in such form as the Council may from time to time specify.

Guidance

- 5 It is your responsibility to notify your intention to practise to each local supervising authority within whose area you intend to practise midwifery, before you start practising. This will enable the local supervising authority to check that you are eligible to practise. The only exception to this is if you provide care in an emergency. In this case, the notification must be submitted to the relevant local supervising authority within a maximum of 48 hours following the emergency.
- 6 The NMC will send you a personalised intention to practise form each year if you are on the midwives' part of the register. It is your responsibility to complete the intention to practise form and return it to your named supervisor of midwives. If you do not receive a personalised form, you can obtain a blank form from your named supervisor of midwives.
- 7 If you wish to practise in a different local supervising authority, you must submit another intention to practise form to a supervisor of midwives there. This includes looking after a friend or relative – whether or not you are paid for the attendance.
- 8 If you change your name, correspondence address or main place of work, you must notify the NMC so your contact details on the database can be altered. This will enable us to send your intention to practise form, or other information, to your correct address for correspondence each year. The NMC will not send correspondence to your work address, as your work address is only used as a geographical indicator for the register to identify the main local supervising authority you work in.

Rule 4

Notifications by local supervising authority

- 1 A local supervising authority shall publish:
 - a) the name and address of its midwifery officer for the submission of a notice under rule 3(1)
 - b) the date by which a midwife must give notice under rule 3(1) in accordance with rule 3(2)(b).
- 2 Each local supervising authority shall inform the Council, in such form and at such frequency as requested by the Council, of any notice given to it under rule 3.

Guidance

- 3 You must complete, sign and return the intention to practise form to your named supervisor of midwives by the date published by the local supervising authority. Your supervisor will use this information, as well as discussion with you, to ascertain any support or development you may need to keep your practice up to date. They will then send the completed form to the local supervising authority midwifery officer. The information helps the local supervising authority midwifery officer to verify that only practising midwives are providing midwifery care to women and their babies in that area. The local supervising authority midwifery officer updates the local supervising authority database and forwards the information to the NMC. This enables the Council to update the register of practising midwives throughout the year. This enhances protection of the public by ensuring that midwives have met their requirements to remain on the midwives' part of the register.

Local supervising authority standard

- 4 In order to meet the statutory requirements for the supervision of midwives, a local supervising authority will:
 - a) publish annually the name and address of the person to whom the notice must be sent
 - b) publish annually the date by which it must receive intention to practise forms from midwives in its area
 - c) ensure accurate completion and timely delivery of intention to practise data to the NMC by 20 April each year
 - d) ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the 20th of each month.

Guidance

- 5 When employers or members of the public wish to verify a midwife's registration, they will be informed if a valid intention to practise is noted on the NMC register and to which local supervising authority it applies. If one is not on record, the caller will be advised to contact the relevant local supervising authority midwifery officer to see if they have received one recently.

Rule 5

Suspension from practice by a local supervising authority

- 1 Subject to the provisions of this rule a local supervising authority may, following an appropriate investigation (which is to include, where appropriate, seeking the views of the midwife concerned), suspend from practice:
 - a) a midwife against whom it has reported a case for investigation to the Council, pending the outcome of the Council's investigation, or
 - b) a midwife who has been referred to a Practice Committee of the Council, pending the outcome of that referral.
- 2 Where it exercises its power to suspend a midwife from practice, a local supervising authority shall:
 - a) immediately notify the midwife concerned in writing of the decision to suspend her and the reason for the suspension, and supply her with a copy of the documentation which it intends to submit to the Council in accordance with sub-paragraph b, and thereafter
 - b) immediately report to the Council in writing any such suspension, the reason for that suspension and details of the investigation carried out by the local supervising authority that led to that suspension.
- 3 The Practice Committee to which the midwife concerned is referred by the Council must consider whether or not to make an interim suspension order or interim conditions of practice order in respect of the midwife concerned.
- 4 Unless that Practice Committee makes an interim suspension order the local supervising authority must revoke the suspension once the Committee has determined whether or not to make an interim suspension order.

- 5 If the Practice Committee does make an interim suspension order but that order is subsequently revoked, the local supervising authority must revoke their suspension.

Guidance

- 6 If you are concerned about a midwife's ability to practise safely and effectively you must report this to a supervisor of midwives, who will liaise closely with the local supervising authority midwifery officer. Service users, colleagues or managers may also voice such concerns. This will identify those midwives who need additional support, supervised practice, or on rare occasions, need to be suspended from practice in the interests of their or the public's safety.
- 7 Very few midwives are referred to the NMC with allegations of misconduct or incompetence. This may be as a result of supervision of midwives providing support and development of individual midwives' skills, therefore minimising the risk of poor practice developing. Anyone may refer a registrant to the Council if they are concerned about their conduct or competence. The NMC will inform you if an allegation is made against you.
- 8 If a local supervising authority is concerned about your practice, you will be informed of this and invited to be involved in their local investigation. If there is clear evidence that your practice as a midwife poses a significant risk to women or babies, or to yourself, then the local supervising authority may decide to suspend you from practice to protect the public. You will be notified in writing of the decision to suspend and this information will be sent to the NMC at the same time. Any related documents must be sent to you and the NMC immediately following the local supervising authority's decision. This suspension means you will not be able to practise as a midwife anywhere in the UK pending a decision from the Council about the allegations against you.

- 9 If you are suspended from practice by a local supervising authority, a hearing by the Interim Suspension Panel of the Investigating Committee or Health Committee is arranged to review the complaint against you. You are entitled to attend this hearing, with representation should you wish, to answer questions and to give your views about the allegations. The Interim Suspension Panel can decide to uphold the suspension from practice by replacing it with an interim suspension order. If this is not the case, the local supervising authority must revoke their suspension. A third option is to put in place a conditions of practice order which means you would be able to return to practice under certain conditions. If the local supervising authority suspension is revoked you will be able to practise again.
- 10 Whatever the outcome of the Interim Suspension Panel's decision about the suspension from practice, investigations will continue into any allegations made against you until the Investigating Committee can decide whether or not there is a case to answer against you. If there is not then the case will be closed. If there is, the case will be forwarded to a panel of the Conduct and Competence Committee or the Health Committee (depending on the nature of the allegations) for a full hearing.
- 11 Anyone contacting the NMC to verify a midwife's eligibility to practise will be informed if a suspension or interim conditions of practice order is in place.

- 12 There is a difference between suspension from practice and suspension from duty. If the midwife is employed within the NHS or private sector, the employer may suspend them from duty whilst management investigations take place. These are separate from any investigation the local supervising authority may undertake. Suspension from duty will only affect the midwife's employment with an organisation and they can continue to work for another employer.

Local supervising authority standard

- 13 To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife's impaired fitness to practise, a local supervising authority will:
- a) publish how it will investigate any alleged impairment of a midwife's fitness to practise
 - b) publish how it will determine whether or not to suspend a midwife from practice
 - c) ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority
 - d) publish the process for appeal against any decision.

Guidance

- 14 It is for an individual local supervising authority to decide what means they will use to publish their procedures. However, such publication must be easy to access by members of the public as well as registrants and healthcare providers.

Rule 6

Responsibility and sphere of practice

- 1 A practising midwife is responsible for providing midwifery care, in accordance with such standards as the Council may specify from time to time, to a woman and baby during the antenatal, intranatal and postnatal periods.
- 2 Except in an emergency, a practising midwife shall not provide any care, or undertake any treatment, which she has not been trained to give.
- 3 In an emergency, or where a deviation from the norm which is outside her current sphere of practice becomes apparent in a woman or baby during the antenatal, intranatal or postnatal periods, a practising midwife shall call such qualified health professional as may reasonably be expected to have the necessary skills and experience to assist her in the provision of care.

Standard

- 4 A midwife:
 - a) cannot arrange for anyone to act as a substitute, other than another practising midwife or a registered medical practitioner
 - b) must make sure the needs of the woman or baby are the primary focus of her practice
 - c) should work in partnership with the woman and her family
 - d) should enable the woman to make decisions about her care based on her individual needs, by discussing matters fully with her

- e) should respect the woman's right to refuse any advice given
- f) is responsible for maintaining and developing her own competence⁷
- g) must ensure she becomes competent in any new skills required for her practice
- h) is responsible for familiarising herself with her employer's policies.

Guidance

- 5 The Federation of International Gynaecologists and Obstetricians (FIGO), and the World Health Organisation's (WHO) definition of the activities of a midwife determine your sphere of practice (see page 43). The conditions in which you may practise vary widely, whether in the home, in hospital or elsewhere. Your practice should be based on the best available current evidence. You are accountable for your own practice and you cannot have that accountability taken from you by another registered practitioner, nor can you give that accountability to another registered practitioner.
- 6 Neither you nor your employing authority should arrange for anyone to act as a substitute for you, other than another practising midwife or a registered medical practitioner.⁸

⁷ The code: Standards of conduct, performance and ethics for nurses and midwives (NMC 2008) (the code).

⁸ Nursing and Midwifery Order 2001, article 45.

- 7 Student midwives, student nurses and student doctors can be present, under supervision, with a woman in childbirth as part of their education. If you are supervising a student, you remain professionally accountable for what they do, including the consequences of their actions and omissions. Guidance on clinical placements for pre-registration midwifery and nursing students is contained in *Guidance on Professional Conduct for nursing and midwifery students*, copies of which can be downloaded, free of charge, from the NMC's website at www.nmc-uk.org
- 8 Your responsibilities, and those of other health professionals, are interrelated and complementary. Each practitioner is accountable for her own practice. Good team working is in the interests of the woman or baby, and can only be achieved by mutual recognition of the respective roles of midwives and others who participate in their care. Practice must be based upon locally agreed evidence-based standards to ensure that effective communication and cooperation will benefit the care of the woman and baby.
- 9 If you judge that the type of care a woman is requesting could cause significant risk to her or her baby, then you should discuss the woman's wishes with her; providing detailed information relating to her requests, options for care, and outlining any potential risks, so that the woman may make a fully informed decision about her care.
- 10 If a woman rejects your advice, you should seek further guidance from your supervisor of midwives to ensure that all possibilities have been explored and that the outcome is appropriately documented. The woman should be offered the opportunity to read what has been documented about the advice she has been given. She may sign this if she wishes.

You must continue to give the best care you possibly can, seeking support from other members of the health care team as necessary. A woman is usually considered competent to make decisions about her care, but if you have any concerns about her competence to make decisions you should seek an opinion from an appropriate health professional, such as a consultant psychiatrist.

- 11 You should be appropriately prepared and clinically up to date to ensure that you can carry out effectively, emergency procedures such as resuscitation, for the woman or baby.
- 12 Developments in midwifery care often become an integral part of the role of the midwife and may be incorporated in the initial preparation of midwives. Other developments in midwifery and obstetric practice may require that you learn new skills, but these skills do not necessarily become part of the role of all midwives. In such circumstances, each employing authority should have a locally agreed guideline, which meets the NMC standards.
- 13 It is your responsibility to determine your professional indemnity insurance status and take appropriate action. If you are unable to secure professional indemnity insurance, you must be able to demonstrate that you have kept all the women that you provide care for fully informed of this fact, and the implications this might have for them in the event of a claim against you.

Rule 7

Administration of medicines

A practising midwife shall only supply and administer those medicines, including analgesics, in respect of which she has received the appropriate training as to use, dosage and methods of administration.

Standards

- 1 A midwife must abide by the regulations relating to the destruction of controlled drugs.
- 2 A midwife must respect the right of individuals to self-administer substances of their choice.

Guidance

- 3 You are able to supply and administer all non-prescription medicines, which include all pharmacy and general sales list medicines without a prescription. The list of medicines are all those in the British National Formulary that are not prescription only medicines. These medicines do not need to be in a patient group direction for you to be able to supply and/or administer them as part of your professional practice.
- 4 Local policies, sometimes referred to as 'standing orders', have frequently been developed to supplement the legislation on medicines that practising midwives may supply and/or administer. There is no legal requirement to replace these with patient group directions.

- 5 You should expect your supervisor of midwives to audit your records related to drug administration from time to time.
- 6 Some medicines, which are normally only available on a prescription issued by a medical practitioner, may be supplied to you for use in your practice either from a retail chemist or hospital pharmacy. Further details can be found on page 45 of this document under supplementary information and legislation.
- 7 You should advise a woman who has not used a controlled drug, which has been prescribed by her GP, to destroy it and suggest she does so in your presence. Alternatively, you can advise the woman to return the unused controlled drug to the pharmacist from where it was obtained. You must not do this for her.
- 8 Homeopathic and herbal medicines are subject to the licensing provisions of the Medicines Act 1968. A number of these however, have product licences but have not been evaluated for their efficacy, safety or quality, and you should look to the best available evidence to inform women.
- 9 A woman has the right to use homeopathic and herbal medicines. However, if you believe that using the medicines might be counterproductive, you should discuss this with the woman.
- 10 If you are aware that a woman is self-administering illegal substances, you should discuss the health implications for her and her baby with her. You should also assist her by liaison with others in the multi-professional team to gain further support or access to detoxification programmes.

Rule 8

Clinical trials

- 1 A practising midwife may only participate in clinical trials if there is a protocol approved by a relevant ethics committee.
- 2 For the purposes of this rule:

“ethics committee” means an ethics committee established or recognised by the United Kingdom Ethics Committees Authority, or established or recognised for the purposes of advising on the ethics of research investigations on human beings prior to 1 May 2004 by the Secretary of State, the Scottish Ministers, the National Assembly for Wales, the Department of Health, Social Services and Public Safety, a Strategic Health Authority, a Health Board, or a Health and Social Services Board.

Guidance

- 3 If you are participating in a clinical trial, you must still adhere to the code, as well as the midwives rules and standards contained in this document. If you have any concerns about the trial, you have a duty of care to the woman and her baby and must voice those concerns to the appropriate person or authority, which may be the ethics committee.

Rule 9

Records

- 1 A practising midwife shall keep, as contemporaneously as is reasonable, continuous and detailed records of observations made, care given, and medicine and any form of pain relief administered by her to a woman or baby.
- 2 The records referred to in paragraph 1 shall be kept:
 - a) in the case of a midwife employed by an NHS authority, in accordance with any directions given by her employer
 - b) in any other case, in a form approved by the local supervising authority covering her main area of practice.
- 3 A midwife must not destroy or permit the destruction of records which have been made while she is in attendance upon a woman or baby.
- 4 Immediately before ceasing to practise or if she finds it impossible or inconvenient to preserve her records safely, a midwife shall transfer them:
 - a) if she is employed by an NHS authority, to that authority
 - b) if she is employed by a private sector employer, to that employer
 - c) if she is not covered by paragraph a or b, to the local supervising authority in whose area the care took place.
- 5 Any transfer under paragraph 4 must be duly recorded by each party to the transfer.

6 For the purposes of this rule:

“NHS authority” means:

- a) in relation to England and Wales, any body established under the National Health Service Act 1977 or the National Health Service and Community Care Act 1990 which employs midwives
- b) in relation to Scotland, any body constituted under the National Health Service (Scotland) Act 1978 which employs midwives
- c) in relation to Northern Ireland, any body established under the Health and Personal Social Services (Northern Ireland) Order 1972 which employs midwives.

“private sector employer” means an organisation other than an NHS authority or a limited company or partnership in which the midwife or any member of her family has or has had a substantial interest.

Guidance

- 7 Your records relating to the care of women and babies are an essential aspect of practice to aid communication between you, the woman and others who are providing care. They demonstrate whether you have provided an appropriate standard of care to a woman or baby.
- 8 General advice on record keeping is published in *Record keeping: Guidance for nurses and midwives*, which is available to download, free of charge, from the NMC website at www.nmc-uk.org
- 9 All records relating to the care of the woman or baby must be kept for 25 years. This would include work diaries if they contain clinical information. Other documents, for example, duty rotas, are a matter for local resolution and where national guidelines are available, these should be followed.

Local supervising authority standard

- 10 To ensure the safe preservation of records transferred to it in accordance with the midwives rules,^{9,10} a local supervising authority will:
- a) publish local procedures for the transfer of midwifery records from self-employed midwives
 - b) agree local systems to ensure supervisors of midwives maintain records of their supervisory activity
 - c) ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years
 - d) arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years
 - e) publish local procedures for retention and transfer of records relating to statutory supervision.

Guidance

- 11 The majority of supervisors' records relate to information such as continuing professional development and support. They could be regarded as personnel files and should be kept for seven years. A copy of these records can also be given to the midwife. Any supervisory records relating to investigation of a clinical incident, alleged misconduct or incompetence relating to a midwife must be kept for 25 years.

⁹ Nursing and Midwifery Council (Midwives) Rules 2004.

¹⁰ Nursing and Midwifery Council (Midwives) (Amendment) Rules 2007.

Rule 10

Inspection of premises and equipment

- 1 A practising midwife shall give to a supervisor of midwives, a local supervising authority and the Council, every reasonable facility to monitor her standards and methods of practice, and to inspect her records, her equipment and any premises that she is entitled to permit them to enter, which may include such part of the midwife's residence as may be used for professional purposes.
- 2 A practising midwife shall use her best endeavours to permit inspection from time to time of all places of work in which she practises, other than the private residence of a woman and baby she is attending, by persons nominated by the Council for this purpose, one of whom shall be a practising midwife.

Guidance

- 3 It is your responsibility to let the local supervising authority and the NMC monitor your standards and methods of practice. This may include allowing access to your records, equipment and place of work.

Rule 11

Eligibility for appointment as a supervisor of midwives

- 1 A local supervising authority shall appoint an adequate number of supervisors of midwives to exercise supervision over practising midwives in its area.
- 2 To be appointed for the first time as a supervisor of midwives, in accordance with article 43(2) of the Order, a person shall be a practising midwife and:
 - a) have three years' experience as a practising midwife of which at least one shall have been in the two-year period immediately preceding the first date of appointment, and
 - b) either:
 - i have successfully completed a programme of education of the type mentioned in paragraph 5 within the three-year period immediately preceding the first date of appointment, or
 - i where it is more than three but less than five years since she successfully completed a programme of education of the type mentioned in paragraph 5 (calculating that period by reference to the first date of appointment), have also successfully complied with the Council's updating requirements as set out in the guidance issued to local supervising authorities in accordance with article 43(3) of the Order.
- 3 For any subsequent appointment as a supervisor of midwives, a person shall be a practising midwife and:
 - a) have practised as a supervisor of midwives within the three-year period immediately preceding the subsequent date of appointment, or
 - b) where she has only practised as a supervisor of midwives within a period which is more than three years but less than five years immediately preceding the subsequent

date of appointment, have also successfully complied with the Council's updating requirements as set out in the guidance issued to local supervising authorities in accordance with article 43(3) of the Order.

- 4 In the case of a national of an EEA state (or other person entitled to be treated for the purpose of appointment as a supervisor of midwives no less favourably than a national of such a state by virtue of an enforceable Community law right or any enactment giving effect to a Community obligation), the conditions in paragraph 2 or 3 shall be satisfied if, in the opinion of the Council, a person has had comparable training or experience within or outside the EEA.
- 5 The provider, content and duration of a programme of education referred to in paragraph 2(b) shall be such as the Council shall from time to time specify for the purposes of this rule.
- 6 Following her appointment, a supervisor of midwives shall complete such periods of study relating to the supervision of midwives as the Council shall from time to time require.
- 7 In this rule, "date of appointment" means the date identified in the letter of appointment sent by a local supervising authority as the date upon which she will commence her duties as a supervisor of midwives.

Local supervising authority standard

- 8 In order to ensure that supervisors of midwives meet the requirements of rule 11 (see above) a local supervising authority will:
 - a) publish their policy for the appointment of any new supervisor of midwives in their area
 - b) maintain a current list of supervisors of midwives

- c) demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 15 hours in each registration period.

Guidance

- 9 The role of a supervisor of midwives is to protect the public by empowering midwives and midwifery students to practise safely and effectively. Supervisors are accountable to the local supervising authority for all supervisory activities. When midwives are faced with a situation where they feel they need support and advice, the supervisor acts as a resource. Supervisors can also assist in discussions with women when concerns are expressed regarding the provision of care.
- 10 The success of supervision reflects the ability of those who do it and it is, therefore, important to get the right person into the role. To become a supervisor of midwives, a midwife will need to go through a selection process set by the local supervising authority, which meets the standards set by the NMC.
- 11 Successful completion of the preparation course for supervisors does not mean that the midwife automatically becomes a supervisor, as she has to be appointed by the local supervising authority to undertake the role. It is only at this point that a midwife can be called a supervisor of midwives. Once in the role, supervisors will be required to update their knowledge and skills in relation to supervision in addition to any updates required to maintain their midwifery registration.

Rule 12

The supervision of midwives

- 1 Each practising midwife shall have a named supervisor of midwives from among the supervisors of midwives appointed by the local supervising authority covering her main area of practice.
- 2 A local supervising authority shall ensure that:
 - a) each practising midwife within its area has a named supervisor of midwives
 - b) at least once a year, each supervisor of midwives meets each midwife for whom she is the named supervisor of midwives to review the midwife's practice and to identify her training needs
 - c) all supervisors of midwives within its area maintain records of their supervisory activities, including any meeting with a midwife, and
 - d) all practising midwives within its area have 24-hour access to a supervisor of midwives.

Guidance

- 3 Having a named supervisor of midwives means you will know who your supervisor is and she can offer continuity of support for you. This supervisor will be from the local supervising authority covering your main area of practise and can, if needed, liaise with other supervisors if you practise outside that area.
- 4 You can also expect a supervisor to be available to you at all times for advice and guidance in each local supervising authority that you practise in. This need not be your named supervisor nor be from the organisation you are working in.

- 5 It is for each local supervising authority to determine how 24-hour access to a supervisor of midwives for advice and support is organised.
- 6 You should be able to choose your supervisor if you know them or one will be allocated to you by the local supervising authority if you do not. If the relationship is not beneficial to you both, either of you can request to change.
- 7 You should arrange to meet with your supervisor at least once a year for the purpose of statutory supervision. This provides you with the opportunity to discuss your personal and professional development. An agreed record of any meeting will assist in continuity of support for you. Although these records are confidential between you and your supervisor it is important for you to understand that in certain circumstances, they may be disclosed, for example, in a local supervising authority or NMC fitness to practise investigation. In other circumstances, a court order would be required before the disclosure of these records. If you move area or change your supervisor, your supervisory records should be transferred to your new supervisor of midwives.

Local supervising authority standards

- 8 To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the local supervising authority, and that a supervisor of midwives is accessible at all times a local supervising authority will:
 - a) publish the local mechanism for confirming any midwife's eligibility to practise

- b) implement the NMC's rules and standards for supervision of midwives
- c) ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15)
- d) enable student midwives to be supported by the supervisory framework.

9 To ensure a communications network, which facilitates ease of contact and the distribution of information between all supervisors of midwives and other local supervising authorities, a local supervising authority will:

- a) set up systems to facilitate communication links between and across local supervising authority boundaries
- b) enable timely distribution of information to all supervisors of midwives
- c) provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer
- d) provide for the local supervising authority midwifery officer to have regular meetings with supervisors of midwives to give support and agree strategies for developing key areas of practice.

10 To ensure there is support for the supervision of midwives the local supervising authority will:

- a) monitor the provision of protected time and administrative support for supervisors of midwives
- b) promote woman-centred, evidenced-based midwifery practice

- c) ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise.

11 A local supervising authority shall set standards for supervisors of midwives that incorporate the following broad principles:

- a) supervisors of midwives are available to offer guidance and support to women accessing maternity services
- b) supervisors of midwives give advice and guidance regarding woman-centred care and promote evidence-based midwifery practice
- c) supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives
- d) supervisors of midwives provide professional leadership
- e) supervisors of midwives are approachable and accessible to midwives to support them in their practice.

Guidance

- 12 To maximise the effectiveness of supervision of midwives, resources must be made available for this activity. A local supervising authority needs to monitor that the number of supervisors of midwives and the resources made available to them is sufficient. Regular meetings between supervisors and the local supervising authority midwifery officer ensure up-to-date information is exchanged, thereby giving opportunity for discussion to provide advice and support.

Rule 13

The local supervising authority midwifery officer

- 1 Each local supervising authority shall appoint a local supervising authority midwifery officer who shall be responsible for exercising its functions in relation to the supervision of midwives including in relation to the appointment of supervisors of midwives under rule 11(1).
- 2 A local supervising authority shall not appoint a person to the post of local supervising authority midwifery officer unless:
 - a) she is a practising midwife
 - b) she meets the standards of experience and education set by the Council from time to time.

Local supervising authority standard

- 3 In order to discharge the local supervising authority supervisory function in its area through the local supervising authority midwifery officer, the local supervising authority will:
 - a) use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer
 - b) involve an NMC-nominated and appropriately experienced midwife in the selection and appointment process
 - c) manage the performance of the appointed local supervising authority midwifery officer
 - d) provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function

- e) arrange for the local supervising authority midwifery officer to complete an annual audit of the practice and supervision of midwives within its area to ensure the requirements of the NMC are being met.

Guidance

- 4 The local supervising authority sits within a NHS authority, and the local supervising authority midwifery officer is subject to the terms and conditions of that employment. The type of NHS authority will vary in each country of the UK. The NMC issues core standards for appointments to these posts in the form of NMC Circulars, as requirements for these posts may change over time. Copies of these can be obtained free of charge from the NMC website at www.nmc-uk.org
- 5 Good communication between the local supervising authority and the Council will enhance protection of the public, especially if there are any concerns relating to the function of midwifery supervision or midwifery practice.
- 6 Women should be able to access the local supervising authority midwifery officer directly if they wish to discuss any aspect of their care that they do not feel has been addressed through other channels.
- 7 The local supervising authority midwifery officer plays a pivotal role in clinical governance by ensuring the standard of supervision of midwives and midwifery practice meets that required by the NMC. She is expected to promote openness and transparency in exercising supervision over midwives and the role is impartial in that it does not represent the interests of any health service provider.

- 8 To inform the local supervising authority annual report, the local supervising authority midwifery officer will undertake an audit of maternity units within the area. This process should include input from service users to assess whether or not the midwifery care being provided is woman-centred.

Rule 14

Exercise by a local supervising authority of its functions

Where a local supervising authority (in relation to the exercise of its functions as to the supervision of midwives) has concerns about whether a local supervising authority midwifery officer or a supervisor of midwives meets the Council's standards, it shall discuss those concerns with the Council.

Guidance

- 1 Where the competence of a local supervising authority midwifery officer or a supervisor of midwives to undertake the role is in question, or allegations have been made against them, the local supervising authority will investigate, in accordance with their employment processes. The local supervising authority is able to use the NMC as a resource in helping them to manage a variety of situations related to professional concerns.

Rule 15

Publication of local supervising authority procedures

Each local supervising authority shall publish:

- a) the name and address of its midwifery officer, together with the procedure for reporting all adverse incidents relating to midwifery practice or allegations of impaired fitness to practise of practising midwives within its area, and the procedure by which it will investigate any such reports
- b) the procedure by which it will deal with complaints or allegations against its midwifery officer or supervisor of midwives within its area.

Local supervising authority standards

- 1 To ensure incidents that cause serious concern in its area relating to maternity care or midwifery practice are notified to the local supervising authority midwifery officer, a local supervising authority will:
 - a) develop mechanisms with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents
 - b) publish the investigative procedure
 - c) liaise with key stakeholders to enhance clinical governance systems.
- 2 To confirm the mechanisms for the notification and management of poor performance of a local supervising authority midwifery officer or supervisor of midwives, the local supervising authority will:

- a) publish the process for the notification and management of complaints against any local supervising authority midwifery officer or supervisor of midwives
- b) publish the process for removing a local supervising authority midwifery officer or supervisor of midwives from appointment
- c) publish the process for appeal against the decision to remove
- d) ensure that a local supervising authority midwifery officer or supervisor of midwives is informed of the outcome of any local supervising authority investigation of poor performance, following its completion
- e) consult the NMC for advice and guidance in such matters.

Guidance

- 3 Supervision of midwives is about the midwives themselves, the care they give and where they give it. It is important that a local supervising authority midwifery officer is aware of incidents, within a maternity service, where actual or potential harm has occurred to a woman and/or her baby when midwifery practice is involved. The service should inform the local supervising authority midwifery officer who will decide the course of action to take. Much can be learned from such incidents and the local supervising authority midwifery officer is well placed to suggest changes in practice or how best to support a midwife whose practice has fallen below the expected standard.

- 4 If a local supervising authority midwifery officer or supervisor of midwives fails to carry out their role or maintain the standards expected of them, there should be an open and transparent process for this to be reported and managed. Service users, midwives, supervisors of midwives and employers should be able to access published details of how, when, why and to whom to make a complaint. In fairness to the individuals concerned, there needs to be an open and transparent process dealing with such allegations, which includes an appeal process.

Rule 16

Annual report

Each year every local supervising authority shall submit a written report to the Council by such date and containing such information as the Council may specify.

Local supervising authority standards

- 1 A written, annual local supervising authority report will reach the Midwifery Committee of the NMC, in a form agreed by the NMC, by 1 June each year.
- 2 Each local supervising authority will ensure their report is made available to the public.
- 3 **The report will include but not necessarily be limited to:**
 - a) numbers of supervisor of midwives appointments, resignations and removals
 - b) details of how midwives are provided with continuous access to a supervisor of midwives

- c) details of how the practice of midwifery is supervised
- d) evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits
- e) evidence of engagement with higher education institutions in relation to supervisory input into midwifery education
- f) details of any new policies related to the supervision of midwives
- g) evidence of developing trends affecting midwifery practice in the local supervising authority
- h) details of the number of complaints regarding the discharge of the supervisory function
- i) reports on all local supervising authority investigations undertaken during the year.

Guidance

- 4 The NMC has a duty to monitor that the local supervising authorities are meeting the required standards. The annual local supervising authority report will help the Council to do this, and it is one opportunity for a local supervising authority to inform the NMC and the public about activities, key issues, good practice and trends affecting maternity services within its area.
- 5 Another opportunity will be through the NMC visits to local supervising authorities, which will occur on a regular basis.

Supplementary information and legislation

The International Confederation of Midwives (ICM) and the International Federation of Gynaecologists and Obstetricians (FIGO) first adopted the formal definition of a midwife in 1972 and 1973 respectively. The World Health Organisation (WHO) also adopted it. This definition was adopted by the ICM in 2005. It supersedes the ICM *Definition of the Midwife* 1972 and its amendments of 1990. The definition states:

“A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised 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 recognised 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.

The midwife has an important task in health counselling and education, not only for the woman, 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 child care.

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

Extract from Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications

This supersedes the EU Second Midwifery Directive 2005/1555/EEC article 4.

“Article 42: Pursuit of the professional activities of a midwife

1. The provisions of this section shall apply to the activities of midwives as defined by each Member State, without prejudice to paragraph 2, and pursued under the professional titles set out in Annex V, point 5.5.2.
2. The Member States shall ensure that midwives are able to gain access to and pursue at least the following activities
 - a) provision of sound family planning information and advice;
 - b) diagnosis of pregnancies and monitoring normal pregnancies; carrying out the examinations necessary for the monitoring of the development of normal pregnancies;
 - c) prescribing or advising on the examinations necessary for the earliest possible diagnosis of pregnancies at risk;
 - d) provision of programmes of parenthood preparation and complete preparation for childbirth including advice on hygiene and nutrition;
 - e) caring for and assisting the mother during labour and monitoring the condition of the foetus in utero by the appropriate clinical and technical means;
 - f) conducting spontaneous deliveries including where required episiotomies and in urgent cases breech deliveries;

- g) recognising the warning signs of abnormality in the mother or infant which necessitate referral to a doctor and assisting the latter where appropriate; taking the necessary emergency measures in the doctor's absence, in particular the manual removal of the placenta, possibly followed by manual examination of the uterus;
- h) examining and caring for the new-born infant; taking all initiatives which are necessary in case of need and carrying out where necessary immediate resuscitation;
- i) caring for and monitoring the progress of the mother in the post-natal period and giving all necessary advice to the mother on infant care to enable her to ensure the optimum progress of the new-born infant;
- j) carrying out treatment prescribed by doctors;
- k) drawing up the necessary written reports."

Legislation with regard to the supply and administration of medicines

Registered midwives are able to supply and administer, as appropriate, on their own initiative and as part of their professional practice, certain medicinal products covered by legal "exemptions". The relevant pieces of legislation are as follows.

For pharmacy and general sales list medicines

The Medicines (Pharmacy and General Sale – Exemption) Order 1980 (SI 1980/1924) deals with Pharmacy and General Sale List exemptions as follows:

"Exemption for products used by midwives in the course of their professional practice.

4. There are hereby specified for the purposes of section 55(2)(b) (exemptions for certified midwives) the following classes of medicinal products:
 - a) all medicinal products that are not prescription only medicines, and
 - b) prescription only medicines which, by virtue of an exemption conferred by an order made under section 58(4)(a), may be sold or supplied by a certified midwife otherwise than in accordance with a prescription given by a practitioner.”

For prescription only medicines (POMs)

The Prescription Only Medicines (Human Use) Order 1997 (SI 1997/1830). The two relevant exemptions from the order are contained in schedule 5:

- article 11(1)(a) part I covers exemptions from restrictions on the sale and supply, and
- article 11(2) part III covers exemptions from the restrictions on administration of prescription only medicines.

Congenital Disabilities (Civil Liability) Act 1976

This act applies in England, Wales and Northern Ireland, and provides for a child to recover damages where he or she has suffered as a result of a breach in a duty of care owed to the mother or the father, unless that breach of duty of care occurred before the child was conceived and either or both parents knew of the occurrence. Therefore, the retention of records relating to childbirth is particularly important and no midwife should destroy such records. Copies of the act are available from The Stationery Office (www.opsi.gov.uk).

In Scotland, the Scottish Law Commission's report, *Liability for antenatal injury*, stresses that existing law and precedents

in Scotland make the same provisions as those in the above legislation for the other three countries of the UK.

Data Protection Act 1998

This applies to the whole of the UK and seeks to ensure that confidential information held about individuals is protected in law. The act came into force on 1 March 2000 and implements EU Data Protection Directive 95/46/EC. It sets rules for processing personal information and applies to paper records as well as those held on computers. The eight Data Protection Principles say that data must be: fairly and lawfully processed; processed for limited purposes; adequate relevant and not excessive; accurate; not kept longer than necessary; processed in accordance with people's rights; secure; and not transferred to other countries without adequate protection. The act gives individuals (data subjects) the right to gain access to personal data about themselves, including health information.

The act applies only to living individuals and replaces the Data Protection Act 1984.

Access to Health Records Act 1990

The Access to Health Records Act 1990 has been repealed, except for the sections dealing with requests for access to records relating to the deceased.

Requests for access to health records relating to living individuals, whether manual or automated, will now fall within the scope of the subject access provisions of Data Protection Act 1998.

Further information and advice is available in *Record keeping: Guidance for nurses and midwives* (NMC 2009) which is available to download or order free of charge from the NMC website on www.nmc-uk.org

Freedom of Information Act 2000

The Freedom of Information Act 2000 provides for a general right of access to information held by public authorities, or by those providing services for public authorities and comes into force on 1 January 2005. A “public authority” is defined in the act. It applies to public authorities in England, Wales and Northern Ireland. Scotland has its own Freedom of Information (Scotland) Act 2002. The Scottish Act applies to public authorities which are carrying out functions devolved to the Scottish Executive.

Subject to the exemptions in the acts, any person who makes a request to a public authority for information must be informed whether the public authority holds that information and, if so, it must communicate that information to the individual making the request.

The act requires all public authorities to adopt and maintain a publication scheme setting out the classes of information which it publishes, or intends to publish, specifying the manner of publication and whether any fee is to be charged for the information.

The act amends the Data Protection Act 1998, the most significant amendment being the extension of the definition of data to include all recorded information held by a public authority.

Further information about the Data Protection Act 1998 and the Freedom of Information Act 2000 can be obtained from the Office of the Information Commissioner at www.ico.gov.uk or the Scottish Information Commissioner at www.itspublicknowledge.info

Births and Deaths Registration Act 1953

Under the Births and Deaths Registration Act 1953 you must, in certain situations, notify the Registrar of Births and Deaths (the Registrar) and the appropriate medical officer. The following is a summary of your duties under these acts.

Notification of births

Although the duty of notifying a birth (whether the baby is born alive or stillborn) to the appropriate medical officer within 36 hours rests with the father or any other person present at the birth or within six hours of the birth, it is usually the midwife who does this. You can obtain the relevant form from your health authority.

Registration of births

The father or mother must give the Registrar, within 42 days (21 days in Scotland) of the birth, information about the birth. If the father or mother does not do this, it falls to any other person present at the birth, including the midwife.

Certification and burial or cremation of a stillborn baby

There are two pieces of legislation that have a bearing on this.

The current procedure for stillbirth registration is set out in the Births and Deaths Registration Act 1953 (as amended by the Stillbirth [Definition] Act 1992). Section 11 of the 1953 act requires that, in the event of a stillbirth, a registered medical practitioner who was present at the birth or has examined the body of the child, or a practising midwife who was so present or has examined the body, must sign a certificate stating that the child was not born alive. Accordingly, either a registered medical practitioner or a practising midwife may sign a stillbirth certificate.

A stillborn baby cannot be buried or cremated until a certificate for burial or cremation has been obtained from the Registrar or an order for burial has been obtained from the Coroner or, in Scotland, the Procurator Fiscal. In certain circumstances, a certificate (which will serve the same purpose) can be obtained from the Registrar that he or she has received notice of the stillbirth.

The Regulations as to Cremation 1930 (SI 1930/1016) were made under the Cremation Act 1902 and deal, amongst other matters, with the relevant procedure for cremation of a stillborn child. As a result of this legislation, although a registered midwife may sign a stillbirth certificate, only a certificate signed by a registered medical practitioner will suffice for obtaining the Medical Referee's permission to cremate a stillborn child. A midwife's signature on a stillbirth certificate remains acceptable for the burial of a stillborn child.

Parents may choose to have their stillborn child cremated after a midwife has already signed the stillbirth certificate. In this event the parents must ask a registered medical practitioner to examine the baby and certify that the child was stillborn.

Notification of death

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

- A baby born at any stage of pregnancy who breathes or shows other signs of life after complete expulsion from its mother is born alive; if such a baby dies after birth, the birth and the death must both be registered.
- A baby who has issued from its mother after the 24th week of pregnancy and has not at any time after being completely expelled from its mother breathed or shown any sign of life is a stillborn baby.

- The birth before the 24th week of pregnancy of a baby who did 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.

Babies born dead before the legal age of viability

There is no legal duty under burial legislation to bury or cremate babies born dead before 24 weeks gestation, but nothing to prevent either option. NHS trusts that wish to make arrangements for the burial or cremation of babies born dead before the legal age of viability will need to negotiate with their local burial and cremation authorities to establish what level of local service they will be able to provide.

Details of these and other statutory instruments are now listed on The Stationery Office's website www.opsi.gov.uk/stat.htm

Standards 05-04

Midwives rules and standards was published in 2004.

The only changes in this current design, introduced in April 2010, are the amendment of rule 11 (see below), the addition of paragraph numbers to the standards and guidance sections, and updates to various references in the supplementary information and legislation section.

In 2007, rule 11 of the Nursing and Midwifery Council (Midwives) Rules 2004 was amended in accordance with the Nursing and Midwifery Council (Midwives) (Amendment) Rules 2007. *NMC circular 04/2008* contains further information about the amendment and is available at www.nmc-uk.org

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