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*Public Health Is Purchasable. Within Natural Limitations Any Community  
Can Determine Its Own Death Rate*

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**NEW YORK STATE DEPARTMENT OF HEALTH  
ALBANY**

**ARTICLE 8-A OF THE PUBLIC HEALTH LAW**

**AND**

**SPECIAL RULES AND REGULATIONS**

**PERTAINING TO THE**

**PRACTICE OF MIDWIFERY**

**Regulations Effective Throughout the State of New York, Except in the  
Cities of New York and Rochester**



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**Commissioner**

**Issued by the  
Division of Maternity, Infancy and Child Hygiene**

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# ARTICLE 8-A

## OF THE

# PUBLIC HEALTH LAW

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### THE LICENSING AND REGISTRATION OF MIDWIVES

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§ 175. On and after the date of the passage of this act, no person other than a duly licensed and registered physician, shall practice midwifery or use the name or title of midwife unless such person shall be duly registered as a midwife with the local registrar of vital statistics, pursuant to the provisions of section three hundred and eighty-five of the public health law, as amended by chapter six hundred and nineteen of the laws of nineteen hundred and thirteen, and unless such person shall have received a license to practice midwifery from the state commissioner of health.

§ 176. On and after the date when this act shall take effect, no person not duly licensed as a midwife shall be registered as a midwife by any registrar of vital statistics.

§ 177. On and after the date when this act shall take effect, every licensed midwife shall register her name and address with the registrar of vital statistics of the district wherein she resides and of each district wherein she engages in the practice of midwifery, within ten days after the issuance of such license and after any change in her address.

§ 178. On and after the date when this act shall take effect, no license to practice midwifery shall be issued unless written application therefor, sworn to by the applicant, has been made in the form prescribed by the state commissioner of health to the state commissioner of health. Every applicant for a license to practice midwifery as hereinbefore provided must possess the following qualifications:

(a) Be not less than twenty-one years of age;

(b) Be able to read and write; provided that in cases of persons of foreign birth who have extended experience or in other exceptional circumstances this requirement may be waived by the state commissioner of health;

(c) Be clean and constantly show evidence, in general appearance and in their homes, of habits of cleanliness;

(d) Either

(1) Possess a diploma from a school for midwives recognized by the state commissioner of health; or

(2) Have attended, under the instruction of a duly licensed and registered physician, not less than fifteen cases of labor and have had the care of at least fifteen mothers and newborn infants during lying-in periods of at least ten days each, and shall present a written statement from said physician or physicians that she has received such instruction in said fifteen cases, with the name, date and address of each case, and that she is reasonably skillful and competent, and establishing the fact that she is reasonably skillful and competent, to the satisfaction of the state commissioner of health, or

(3) Present other evidence satisfactory to the state commissioner of health of her qualifications, and

(e) Present evidence satisfactory to the state commissioner of health of good moral character, in such form as the state commissioner of health by rule or regulation may prescribe.

§ 179. Unless revoked, every license to practice midwifery issued by the state commissioner of health shall permit the holder thereof to practice midwifery only during the current calendar

year in which such license is issued, the term of said calendar year being from January first in any one year to December thirty-first next succeeding.

§ 180. The state commissioner of health is hereby authorized and empowered to make such rules and regulations as the state commissioner of health may deem necessary and proper for the supervision and regulation of the practice of midwifery within the state of New York.

§ 181. The state commissioner of health or his deputy may revoke the license to practice midwifery issued pursuant to the provisions of this article, for cause, after having given the midwife whose license is sought to be revoked, an opportunity to be heard.

§ 182. All midwives to whom licenses shall be issued pursuant to the provisions of this article, shall conform to all rules and regulations of the state commissioner of health, the provisions of the sanitary code enacted by the public health council, the provisions of the public health law of the state of New York, the rules and regulations of any local board of health, and all lawful orders and directions of the state department of health or any local board of health, or local health officer, and any violation on the part of any midwife of any of the rules and regulations of the state commissioner of health, the sanitary code as adopted by the public health council, the provisions of the public health law or the rules and regulations of any local board of health, or the disobedience of any lawful order of the state department of health or any local department of health or local health officer, shall be sufficient cause for the revocation of any license issued to a midwife and shall also be a sufficient cause for the withholding of any license to practice midwifery from any midwife so offending in any manner as aforesaid by the state commissioner of health.

§ 183. A duly licensed and registered midwife may practice midwifery in cases of normal labor and in no others. No midwife shall in any case of labor use instruments of any kind nor assist labor by any artificial, forcible or mechanical means, nor perform version nor attempt to remove adherent placentae nor administer, prescribe, advise or employ any poisonous or dangerous drug, herb or medicine nor attempt the treatment of disease except where the attendance of a physician cannot be speedily secured, and, in such cases, the midwife shall secure the attendance of a physician as soon as possible.

§ 184. The state commissioner of health is authorized to require of all local health officers a report as to the conduct of the several midwives who may be practicing within the jurisdiction of a local health officer, and it shall be the duty of such local health officers to report truthfully any and all matters pertaining to the conduct of any licensed and registered midwife practicing as such in the jurisdiction of any local health officer. All reports of such local health officers respecting the conduct of such midwives, and all reports of any employees of the state department of health relating to the conduct and department of midwives so licensed as provided for in this article, made in the course of and as part of the official duties of such employees of the state department of health, shall be deemed prima facie evidence of the facts detailed in said report, and further be deemed sufficient to justify the action of the state commissioner of health in refusing to issue any license to an applicant therefor, where the information as detailed in such reports of any local health officer or the reports of any employee of the state department of health respecting the conduct of any midwife in his judgment justifies the withholding of such a license to such an applicant.

§ 185. Refers to law for 1922 only.

§ 186. Each application to renew a license to practice midwifery as heretofore provided shall be deemed as a new application and shall be supported by the proof of all the qualifications required of midwives as hereinbefore set forth in this article, or as may be required by any rules and regulations of the state commissioner of health, adopted and promulgated pursuant to the provisions of this article, provided, however, that the state commissioner of health may, in cases where his information with respect to the conduct of midwives satisfies the commissioner of health that a person holding a license is properly qualified and has conformed to the provisions of the public health law the public health council and the rules and regulations of the state department of health in the practice of midwifery, issue a new license to such person upon application therefor, without demanding proof of all of the qualifications in this article prescribed or which may be prescribed by the rules and regulations of the state commissioner of health.

§ 187. All the power and authority conferred upon the state commissioner of health, pursuant to the provisions of this article with respect to the licensing and registration of midwives, may be exercised by the deputy commissioner of health.

§ 188. Every regulation in this chapter, unless otherwise specifically stated, shall take effect throughout the state of New York, except in the cities of New York and Rochester.

§ 2. This act shall take effect immediately.

# Special Rules and Regulations Pertaining to the Practice of Midwifery

Prescribed by the Commissioner of Health in accordance with Article 8-A of the Public Health Law

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## Rule 1. Midwife to sign pledge

Whenever a license is issued to a woman to practice as a midwife she shall be given a copy of the Vital Statistics Law, Article 8-A of the Public Health Law, and the special rules and regulations of the State Department of Health relating to midwives and the practice of midwifery, and she shall pledge herself to carry out said provisions and shall sign a pledge on a specially prepared blank.

## Rule 2. Midwife to attend only normal cases

A midwife shall attend only cases of normal labor in which there is an uncomplicated vertex (head) presentation. In all other cases a physician must be called.

## Rule 3. Midwife's home to be open for inspection

The home of the midwife, her equipment, record of cases, and register of births shall at all times be open to inspection to the authorized officers, inspectors and agents of the local health officer.

## Rule 4. Midwife to be clean

Each midwife must be scrupulously clean in every way, including her person, clothing, equipment and house. She must not wear rings or bracelets when attending a case of labor. She must keep her nails short, smooth and clean and the skin of her hands, as far as possible, free from cracks and abrasions by the use of some simple application. When attending a case of labor she must wear a clean dress, of washable material which can be boiled, such as linen or cotton, and over it a clean freshly laundered apron or coverall. The sleeves of the dress must be so made that they can be readily rolled up above the elbows.

### Rule 5. Cases to be referred to physicians

If, during pregnancy, any of the following conditions develop or are suspected, the midwife shall not engage to attend the case, but must refer it to a physician:

- 1 Whenever the patient is a dwarf or is deformed
- 2 Whenever there is sudden sharp pain in abdomen
- 3 Whenever there is bleeding, or repeated staining in small amounts
- 4 Whenever there is swelling or puffiness of the face, hands or feet
- 5 Whenever there is excessive vomiting
- 6 Whenever there is persistent headache
- 7 Whenever there is dimness of vision
- 8 Whenever there is loss of consciousness, fainting, fits, or convulsions
- 9 Whenever there is a purulent discharge from any part of the body
- 10 Whenever there are sores or warts on the genitals
- 11 Whenever there is any case known to have syphilis, or suspected of it.

### Rule 6. Midwife's equipment

Every midwife must take to each case the following equipment:

- Nail brush\*
- Wooden nail cleaner\*
- Bottle of liquid soap\*
- Freshly laundered gown or coverall apron\*
- Clean cap or square which will cover hair\*
- Tube of vaseline†
- Lysol\*
- Boric acid powder\*
- Silver nitrate outfit\* (Furnished free of charge. Obtained from local laboratory supply station)
- Blunt scissors for cutting cord\*
- Narrow tape or soft twine for tying cord\*
- Sterile absorbent cotton\* (Preferably in  $\frac{1}{4}$ -pound package)
- Sterile gauze for cord dressing\* (In individual packages)
- Clinical thermometer
- Agate or glass douche reservoir
- Two rounded vaginal douche nozzles (Not to be used except upon physician's order)
- Two rectal nozzles, large and small
- One soft rubber catheter.

\* Minimum equipment



### **Rule 7. Container for equipment; how to be kept**

The equipment specified in Rule 6 must be carried either in a metal case which can be easily boiled, or in a bag fitted with an inner lining of washable material which can be easily removed, and which must be washed and boiled before each case of labor. The bag and its contents must at all times be kept neat and clean. The douche nozzles for rectal and vaginal use must be marked and kept separately.

At every case, before using the nail brush, nail cleaner, douche reservoir and tubing, vaginal nozzle, catheter, scissors and tape or twine, they must be boiled for five minutes; hard rubber nozzles should be thoroughly cleansed with hot water and soap and put in lysol solution for 15 minutes before using; when the labor is terminated, the douche reservoir and tubing, vaginal nozzles, catheter, scissors, nail brush, nail cleaner, must be washed with soap and water and boiled before replacing them in the bag or case.

### **Rule 8. Preparation for internal examination**

Before making an internal examination or conducting a delivery, a midwife must prepare her hands and the patient as follows:

The midwife, after thoroughly washing her hands and arms with warm water and soap, must thoroughly wash the lower part of the patient's abdomen, the internal surface of the thighs and the external genitals, always sponging from above down with warm water and soap, then rinse them with clean water and a disinfecting solution, prepared by adding one teaspoonful of lysol to one quart of water. She must then cover the genitals with a clean towel or cloth or cotton which has been soaked in the disinfecting solution, and she must allow it to remain there until the examination is made. The midwife's hands must be cleansed and disinfected as follows:

Cut the finger nails short with clippers or scissors. Scrub the hands and forearms, including elbows with the nail brush and liquid soap and warm water for five minutes, paying special attention to the nails and to the inner surface of the fingers. Then soak the hands for three minutes in the disinfecting solution. After having cleaned and disinfected the hands in this way they must not come in contact with anything before touching the

parts of the patient to be examined. Before delivery make as few vaginal examinations as possible and none after delivery.

No vaginal douche should be given at any time except by physician's order.

#### **Rule 9. Midwife not to leave patient**

A midwife in charge of a case of labor must not leave the patient without giving an address at which she may be found without delay, and after the beginning of the second stage she must stay with the patient until the birth is completed, and shall not leave for at least an hour after the expulsion of the after-birth. Before leaving the patient examine her for excessive bleeding. Where a physician has been sent for because the case is abnormal or complicated, the midwife must await his arrival and be ready to carry out his instructions.

#### **Rule 10. Physician is to be summoned during labor**

If, during labor, any of the following conditions exist or develop, a physician must be summoned immediately:

- (a) The presenting part is other than an uncomplicated vertex (head)
- (b) Intense headache, dimness of vision, fits or convulsions
- (c) Excessive bleeding
- (d) Prolapse of the cord
- (e) A swelling or tumor that obstructs the birth of the child
- (f) Signs of exhaustion or collapse of the mother
- (g) Unduly prolonged labor
- (h) When foetal heart has been heard and ceases to be heard.

#### **Rule 11. In cases of convulsion or bleeding, physician to be summoned**

After the birth of the child, if the mother develops convulsions or has excessive bleeding or has been lacerated, a physician *must* be called in attendance.

#### **Rule 12. Midwife to examine after-birth**

A midwife must, in all cases, examine the after-birth (placenta and membranes) before it is destroyed and must satisfy herself that it has been completely expelled.

### **Rule 13. Physician to be called if after-birth is not expelled**

*Under no circumstances* shall a midwife introduce her hand into the vagina or uterus to remove either the whole or parts of the after-birth (placenta or membranes). If, after an hour from the birth of the child, the after-birth (placenta and membranes) is not expelled or cannot be expelled by *gentle* manipulation of the uterus through the abdominal walls, a physician *must* be called to extract it.

### **Rule 14. Procedure after delivery**

After the labor is over the midwife must clean the skin around the external genitals with the antiseptic solution mentioned above, and then place a dry sterile pad over the vulva. The midwife must bathe and dress the patient in this manner at least once daily for seven days after delivery, and also after each time that it is necessary to use a catheter. After the birth is complete the midwife must not make vaginal examinations. If the patient has not urinated for 12 hours and the bladder is full before using the catheter try placing hot wet compresses over the bladder and pouring warm antiseptic solution over the vulva. Give the patient water to drink. If this fails and it is necessary to catheterize the patient, the catheter must be boiled for five minutes and the midwife, after washing her hands (Rule 8) and before passing the boiled catheter, should separate the upper part of the vulva and wash the opening to the bladder by pouring the disinfecting solution over it from a cup or small pitcher that has been previously boiled.

### **Rule 15. Soiled articles to be removed after labor**

After the labor is over and before washing the baby, the midwife should remove the soiled sheets, together with all soiled pads, newspapers, etc., that have been used to protect the mattress, leaving the patient on a smooth, dry, clean sheet.

### **Rule 16. Stillbirths**

Should the child not breathe after birth, the midwife must report the fact at once by telephone, messenger or in person, to the local Health Officer, when an inspector will visit the case and countersign the birth certificate which the midwife must leave at the house.

The body of the child must not be removed from the premises until this certificate has been approved by the inspector from the local Health Officer and a burial or removal permit received from the registrar.

#### **Rule 17. Use of silver nitrate**

As soon as the child is born, and if possible before the expulsion of the after-birth, the eyelids should be washed with boric acid solution. This solution should be made as follows: One level half teaspoonful of boric acid powder to a full glass of boiled water. The eyelids must then be separated and held open and two drops of a one per cent (1%) solution of silver nitrate dropped into each eye and the lids brought together. One application only of the silver nitrate solution should be used, and ordinarily no further attention should be given the eyes for several hours. The silver nitrate solution will be furnished free by the local laboratory supply station.

#### **Rule 18. Reports of cases of sore eyes**

When the infant has or develops sore eyes, or any redness, inflammation or discharge from the eyes, the midwife in attendance must at once call a physician and must report to the local Health Officer the name and address of the mother, and state the time when such condition of the eyes was first noticed.

#### **Rule 19. Care of the newborn child**

Before beginning care of child, have everything necessary for its care in readiness in a well warmed room. A newly born infant must be kept warm, therefore have ready to receive it a small, clean, woolen blanket or piece of flannel.

1 As soon as the head is born wipe the mucus from the eyes, using a separate clean piece of cloth or cotton for each eye. Wipe away from the nose.

2 In order that respiration be properly established, remove mucus from the throat and mouth of infant either by position or by gently cleaning the mouth with a piece of sterile cotton wet with boric acid.

3 If the child does not cry promptly after birth, stimulate respiration by proper *gentle* methods. Do not use force. It does no good and does do harm.

4 With thoroughly cleaned hands tie the cord with the boiled tape or twine (Rule 7) after pulsations have ceased. Tie cord

carefully. Cover cord with sterile dressing. Keep navel covered with sterile dressing until it is healed.

5 Use silver nitrate solution in the eyes, as described in Rule 17.

6 Examine child carefully for any deformity or malformation or injury. If any are found send for a physician at once.

7 Do not give infant a tub bath until the navel is healed. The first bath should be given with either albolene or olive oil, paying particular attention to the folds and creases of the body. Wipe dry with a soft clean cloth.

8 Dress infant in simple, clean, warm clothes. Wrap in blanket and keep warm. Do not cover face of child.

9 Instruct and encourage every mother to nurse her child, thereby lessening infant mortality.

10 Make careful examination of child before leaving case.

#### **Rule 20. Care of patient after labor**

After labor, and throughout the lying-in period, the midwife must exercise due care in washing the hands and in dressing or catheterizing the patient.

#### **Rule 21. Physician to be summoned during lying-in period**

If, during the lying-in period, any of the following conditions develop, a physician must be summoned:

- 1 When there are convulsions, persistent headache or dimness of vision
- 2 When there is excessive bleeding
- 3 When there is foul smelling discharge (lochia)
- 4 When there is a persistent rise of temperature to 101 degrees F. for twenty-four hours
- 5 When there is swelling and redness of the breasts
- 6 When there is a severe chill (rigor) with rise of temperature
- 7 When there is inability to nurse the child.

#### **Rule 22. Physician to be summoned if child develops certain conditions**

Every child should be thoroughly examined after birth and if the child has or develops any of the following conditions a physician must be summoned:

- 1 When there is any deformity or malformation or injury
- 2 When there is inability to suckle or nurse

- 3 When there is inflammation around, or discharge from the navel
- 4 When there is swelling and redness of the eyelids with a discharge of matter from the eyes
- 5 When there is bleeding from the mouth, navel or bowels
- 6 When there is any rash, sores or snuffles—suggestive of syphilis.

**Rule 23. Midwife to attend cases seven days after labor**

The midwife shall visit her patient at least once daily for seven days after labor, giving the necessary attention to the toilet and bed of both mother and infant. She shall record the pulse and temperature of the mother at each visit and give proper directions as to food of mother and nursing of the child during the periods between her visits; she shall give instructions how to keep the air in the patient's room fresh; she shall arrange to have the baby sleep in a basket or crib, instead of in the bed with the mother; she shall watch constantly for any symptoms of the complications or abnormalities described in Rules 5, 20 and 21.

She shall give to the child its daily bath and attend to the dressing of the cord.

**Rule 24. Disinfection of midwife's equipment, etc., after infectious disease**

Whenever a midwife has been in attendance upon a patient in contact with any person suffering from puerperal fever or from any other condition known or believed to be infectious, she must disinfect herself, her clothing and all the contents of her bag and other appliances before going to any other maternity patient. In order to disinfect her person a midwife must take a hot bath and must wash her hair. She must disinfect her hands as in Rule 8.

She must make an entire change of clothing and have all garments she wore while in attendance upon the infected person washed and boiled. Those garments which cannot be washed should be well and repeatedly shaken during the course of two days, and hung out in the open air so that they may be exposed to the rays of the sun. Care should be taken to change their exposure frequently so as to insure the sun's reaching every part.

Should the midwife herself contract a local infection, such as a sore on her hands or an abscess or boil, or a communicable disease, such as diphtheria, scarlet fever, typhoid fever, erysipelas,

etc., she shall not attend cases of confinement or visit her patients until she has entirely recovered and disinfected herself, her clothing, and all the contents of her bag and other appliances according to Rules 4 and 7 and has received a certificate from the local Health Officer.

After any case of communicable disease the house must be thoroughly cleansed and the floor and surface of midwife's bedroom scrubbed with soap and water. Bedding must be washed and boiled. Carpets, hangings and other articles which cannot be boiled must be sunned and aired.

#### Rule 25. Report of births

Within five days of the birth of the child, the midwife must FILE a complete and correct birth certificate with the Local Registrar of Vital Statistics of the registration district (town, village, or city) in which the birth occurred. It is not sufficient to mail a certificate on the fifth day; it must reach the registrar in correct form within five (5) days.

#### Penal Law.

§ 482. Unlawfully omitting to provide for child. A person who:

2. Not being a superintendent of the poor, or a superintendent of almshouses, or an institution duly incorporated for the purpose without having first obtained a license in writing so to do from the board of health of the city or town wherein such females or children are received, boarded or kept, erects, conducts, establishes or maintains any maternity hospital, lying-in asylum where females may be received, cared for or treated during pregnancy, or during or after delivery; or receives, boards or keeps any nursing children, or any children under the age of twelve years not his relatives, apprentices, pupils or wards without legal commitment; or

3. Being a midwife, nurse or other person having the care of an infant within the age of two weeks neglects or omits to report immediately to the health officer or to a legally qualified practitioner of medicine of the city, town or place where such child is being cared for, the fact that one or both eyes of such infant are inflamed or reddened whenever such shall be the case, or who applies any remedy therefor without the advice, or except by the direction of such officer or physician; or, \* \* \*

4. Is guilty of a misdemeanor.