1 Introduction

Under the Health Practitioners Competence Assurance Act 2003 (HPCAA) the primary responsibility of the Midwifery Council is to protect the health and safety of the public. The HPCAA provides Council with functions and powers to ensure that midwives are competent and fit to practise – both at the time of registration and on an ongoing basis.

2 Standard (Universal) Precautions

To prevent exposure to and transmission of blood borne viruses (BBV), mandatory adherence to standard precautions and infection control practices is expected of all midwives. Schools of midwifery must ensure that infection control and standard precautions are part of each student’s education.

3 Screening and Vaccination

The Midwifery Council believes that where evidence supports participation, midwives and student midwives should participate in screening and vaccination to protect their individual health and the health of the public.

Mandatory screening of midwives for Hepatitis C Virus (HCV) or HIV is not recommended.

All midwives working for a DHB participate in pre-employment screening and vaccination processes as part of their conditions of employment. This is an employment process between the employer and employee.

Those midwives working as LMCs must make a decision regarding screening and vaccination based on their knowledge of risks and benefits of vaccination identifying that they must not place the public at risk.

A number of DHBs provide LMC midwives with access to such screening and vaccination.

4 Exposure to BBV

All practitioners who have been exposed to BBV (Hepatitis B Virus (HBV), HCV, and HIV) are encouraged to seek testing in order to know their serological status and to receive post-exposure prophylaxis if required.
5 Continuation of Practice

Any midwife infected with HBV, HCV or HIV must not continue in clinical practice merely on the basis of their own personal assessment of well-being. These practitioners may put women at risk and so must seek appropriate advice. The outcomes of this advice may be that a practitioner may not practise or that their practice may be limited in certain ways.

6 Registration

Infection with HBV, HCV or HIV does not justify refusing registration or of limiting duties. Each midwife should be assessed on an individual basis. Part of the risk assessment will take into consideration the risk of transmission of the infection from the midwife to the woman. The Midwifery Council Health Committee will be guided by expert medical opinion in this instance.

There is an obligation on schools of midwifery to have processes in place for students with such infections at the commencement of their education.

7 Exposure Prone Procedures

Midwives perform exposure prone procedures; they therefore are personally responsible to know their HBV, HCV and HIV status.

Those midwives found to be HBV infected should be tested to determine if they are highly infectious and an appropriate plan put in place for practice.

The decision to limit a practitioner’s ability to perform exposure-prone procedures should be taken by an expert panel after reviewing all information.

8 Disclosure of Status

Any midwife with HBV, HCV or HIV is not required to inform women that she is infected. Every midwife has the right to privacy and confidentiality. Disclosure would only be required if there was a risk of harm to the public.
Definitions:

**Exposure prone-procedures** are those where there is potential for direct contact between the skin and sharp instruments in body cavities that are poorly visualized; e.g. suturing where the fingers are not visible all the time and there is potential for a sharp injury.

**Standard precautions** are infection prevention practices that protect women and midwives. They include but are not limited to using protective barriers e.g. use of gloves, minimizing risk by for example not recapping needles and hand hygiene.

References:


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