



Interim Guidance for privately practising midwives providing midwifery care for a planned homebirth

This Guidance should be read in conjunction with the *Australian College of Midwives' Interim Position Statement on Homebirth 2011*.

This Guidance document aims to clarify the expectations for privately practising midwives working within the context of the Australian healthcare system when providing midwifery care for a planned homebirth.

Privately practising midwives are midwives working as sole practitioners, in partnerships, or in self-employed models, and working on their own account. It is expected that employed midwives working within a healthcare system will be working in accordance with appropriate processes and guidance for the provision of safe midwifery care for planned homebirths.

This Guidance document is intended to provide guidance both for midwives providing midwifery care for a planned homebirth when working as a privately practising midwife, and for hospitals and health services to which privately practising midwives may refer.

In this document, the term "midwife" is used to mean midwives working in private practice.

Client Evaluation for homebirth

Decisions about homebirth suitability are based on the judgment of the midwife in consultation with the woman. Women's evaluation for the appropriateness of homebirth is a complex process involving interviewing, antenatal, intrapartum and postnatal observations, opportunities for the woman to alter identified risk factors (e.g. diet, smoking), the midwife's risk assessment, and the woman's motivation to cooperate with agreed care. The *Midwifery Practice Decisions Summary Guide* (ANMC) should be consulted when assessing homebirth suitability. There are some contraindications to a planned homebirth which women should be informed of at booking. These are;

- Multiple pregnancy
- Abnormal presentation (including breech presentation)
- Preterm labour prior to 37 completed weeks of pregnancy
- Post term pregnancy of more than 42 completed weeks
- Scarred uterus

Issues identified as “B” or “C” in the *Australian College of Midwives National Midwifery Guidelines for Consultation and Referral* (“the Guidelines”) would require consultation with an Obstetrician prior to proceeding with a planned homebirth. Consultation is mandatory for the midwife providing care. Women must be made aware of the midwife’s obligation to consult at – or prior to – booking-in.

Professional and legal requirements for Midwifery care

Midwives must abide by the *National Competency Standards for the Midwife*, the *Code of Professional Conduct for Midwives in Australia*, the *Code of Ethics for Midwives in Australia*, and the *Safety and Quality Framework* approved by the Nursing and Midwifery Board of Australia. The *Australian College of Midwives National Midwifery Guidelines for Consultation and Referral* (“the Guidelines”), and the *NHMRC Guidance on Collaborative Maternity Care* are recommended for midwives as frameworks and guidance for facilitating collaborative maternity care.

Midwives are expected to use *the Guidelines* when providing midwifery care for a woman planning a homebirth.

Midwives wishing to provide midwifery care to women planning a homebirth should have current competence to provide the full scope of pregnancy, labour and postnatal midwifery care. Ideally, midwives should meet the criteria for gaining notation as an Eligible Midwife with the Nursing and Midwifery Board of Australia (“the NMBA”).

Midwives must ensure that they have documented processes in place for consultation and referral which comply with the *National Competency Standards for the Midwife* and any statutory or regulatory requirements as are in place from time to time, including plans for escalation of care should this be required. These processes must be explained to each woman cared for by the midwife.

Midwives must develop and maintain networks and collaborative relationships with a range of health professionals and health services, including GPs, obstetricians and other midwives, to facilitate the processes of consultation, referral and transfer of care. This must include back up midwifery care which may include having access to the services of another midwife or a supporting hospital or health service with which the woman has a booking.

Any decision to provide care for a planned homebirth should take into account the possibility of transfer to a hospital and the time needed for transfer to that hospital in the event that this is deemed necessary. Women should be counselled on the possibility of transfer, and midwives should ensure that the supporting hospital is provided with a care plan/documentation around the woman’s intention for a planned homebirth. Midwives must aim to be credentialed with the supporting hospital to facilitate seamless continuity of both care and carer.

Midwives must utilise documented evidence-based guidelines to support antenatal, intrapartum and postnatal midwifery care.

The midwife should encourage a woman to have ambulance cover to facilitate to transfer to hospital should this be required.

In order to facilitate transfer, midwives should also ensure that they are familiar with the protocols and guidelines for hospitals to which women in their care may transfer.

A quality and safety pathway developed by the Australian College of Midwives in 2009, in consultation with key stakeholders, outlines a decision making pathway for use by midwives when providing midwifery care for a planned homebirth. The pathway is attached as Annexure A.

Documentation and Record Keeping

A midwife providing midwifery care for a planned homebirth must maintain documentation in accordance with best practice, and as required by state, territory and commonwealth legislation. This must include comprehensive clinical notes to facilitate consultation, referral and transfer, should this be required, and for evaluation and review of care. Documentation must include all of the woman's care from the first antenatal visit until her postnatal discharge, and the decision making processes undertaken, to inform the management of the woman's care.

Professional Indemnity Insurance (PII)

Midwives must have appropriate PII cover in accordance with section 129(1) of the *Health Practitioner Regulation National Law Act 2010* ("the National Law"). The NMBA has developed a *Professional Indemnity Insurance Registration Standard* which provides details about the requirement under section 129(1).

Midwives are required to purchase appropriate PII cover suitable for their scope of practice. It is acknowledged that currently no PII product is available to provide insurance cover for intrapartum midwifery care for homebirth.

The *National Law* provides for an exemption to the requirement for PII cover in respect of this aspect of care. The *Safety and Quality Framework* has been approved by the NMBA to enable privately practising midwives to be exempted from PII arrangements under section 284 (1)(c)(ii) of the *National Law*. The *Safety and Quality Framework* is written to ensure safe, high quality care of the woman and her baby choosing to birth at home with a privately practising midwife.

The midwife must provide the woman with a written statement that the midwife does not have appropriate PII arrangements in relation to the provision of intrapartum midwifery care for any planned homebirth, and that the midwife's PII will only extend to midwifery care provided in the antenatal and postnatal periods.

Reporting, Evaluation and Audit

In line with the *Safety and Quality Framework*, midwives are required to:

- Regularly evaluate and audit practice. Comprehensive clinical notes will facilitate this process;
- Have in place a documented case review process;

- Report all births, deaths and birth defects in accordance with state and territory requirements;
- Report incidents and adverse events (including Sentinel events) in accordance with state and territory requirements; and
- Seek evaluation of the midwife's care from women, and should have in place a documented complaints management process.

Professional Development

Midwives should continue to undergo professional development: at a minimum in accordance with the *Continuing Professional Development Registration Standard* of the NMBA.

Midwives should undergo a formal professional peer review process at least once every three years.

In line with requirements for professional registration and expectations of professional behaviours, midwives beginning in providing midwifery care for planned homebirths should identify their individual learning requirements, and suitable mentors, as part of their ongoing Professional Development.

All midwives should seek to establish regular networking and educational opportunities with peers and colleagues.

Informed Choice and the provision of information

Midwives should provide women with access to unbiased, up-to-date and evidence-based information to enable them to make informed decisions about all aspects of their care, including place of birth. Informed decisions may include issues of consent and/or the right of refusal of a recommended course of care: informed consent and the right to refuse care being well established and accepted legal principles. To facilitate informed choice, a woman must have autonomy and control and must be provided with comprehensive information without coercion or the withholding of information.

The information should be provided in a way that the woman readily and easily understands and be culturally appropriate. Consideration should be given to the need for an interpreter.

Discussions should include the woman's family and supporters wherever possible, or as requested by the woman.

All discussions with women about their care, and the choices that women make, should be clearly documented in the woman's notes.

At – or prior to – booking, the midwife must advise the woman of situations where homebirth cannot be supported. At any time, the midwife is not obliged to participate in a homebirth that the midwife considers will increase the risk of harm to the woman or her baby.

Women must be respected in the choices that they make, and that includes choices to refuse a recommended course of action at any stage of her pregnancy,

labour or postnatal period. Appendix A of *the Guidelines* provides explicit guidance for midwives in relation to what is expected of a midwife should a woman refuse a recommended course of action.

An information pack should be made available to women that should include a 'Terms of Care' document outlining the terms under which midwifery care will be provided.

Information should also include the potential for transfer to hospital for unforeseen complications.

The following information must be provided to women at the onset of their care, ideally in writing, followed up in discussion and signed by the woman:

- Midwifery scope of practice, including the *Australian College of Midwives Guidelines for Consultation and Referral*;
- Philosophy of care;
- Choice of birth setting, including requirements for homebirth;
- Contact information for the midwife;
- Back-up arrangements;
- Standards of practice and protocols, including consultation and referral
- Responsibilities of the woman;
- Confidentiality and access to the woman's records (privacy agreement); and
- Financial arrangements (if relevant).

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Date of Review: 30 September 2011

References

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REGISTRATION

Requirements from the Nursing and midwifery Board of Australia – including Section 284 exemption to National Regulation Law

ACTS

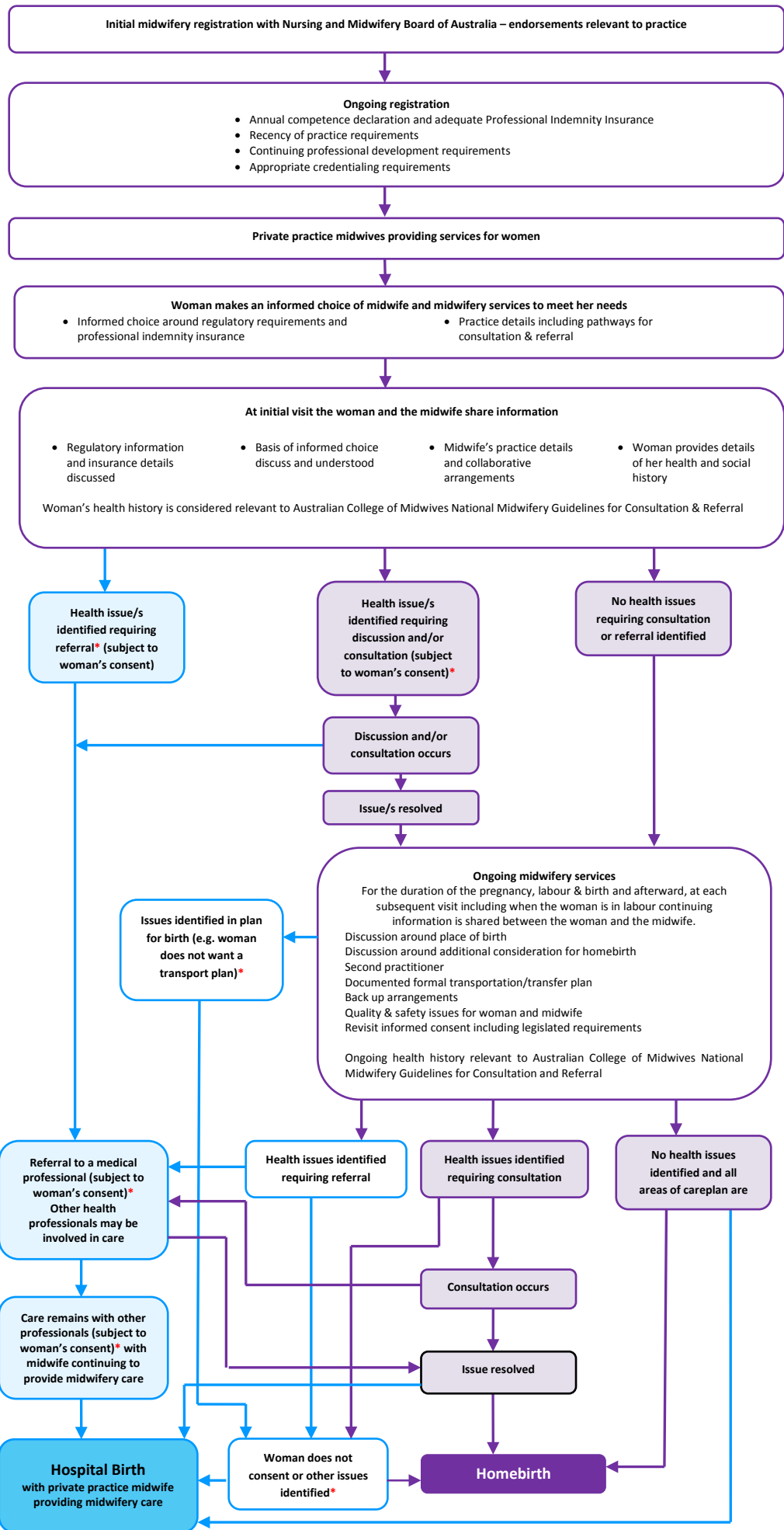
Nursing & Midwifery
 Privacy
 Occupational Health & Safety
 Discrimination
 Poisons & Dangerous Drugs
 Crimes
 Coroners
 Domestic Violence
 Family Protection
 Registration of Births, Deaths & Marriages
 Local Government
 Perinatal Data
 Midwifery Professional Indemnity legislation
 Health Insurance Act

PROFESSIONAL GUIDANCE

ACM Philosophy Statement
 ANMC Competency Standards
 ANMC Code of Professional Conduct for Midwives in Australia
 ANMC Code of Ethics for Midwives in Australia
 Australian College of Midwives National Midwifery Guidelines for Consultation and Referral
 NHMRC Guidance on Collaborative Maternity Care
 Quality and Safety Framework endorsed by the Nursing and Midwifery Board of Australia

CONTINUING PROFESSIONAL DEVELOPMENT

ACM MidPLUS
 ACM Midwifery Practice Review



** Appendix A in the ACM National Midwifery Guidelines for Consultation and Referral provides guidance for the midwife when a woman chooses not to accept recommendations regarding her care or declines consultation or referral. In the event of a woman making her own decision/s the ACM National Midwifery Guidelines for Consultation and Referral are designed to assist the midwife with a reasonable process, while recognising both the woman's right to informed choice and the midwife's duty of care.*