



Australian College of Midwives Birth at Home Midwifery Practice Standards





1st Edition

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Introduction

The Australian College of Midwives (ACM) is committed to setting and promoting high standards for midwives in Australia.

The purpose of the ACM Birth at Home Midwifery Practice Standards is to:

- provide a minimum standard for the conduct of midwives providing birth at home services in Australia across the full continuum of care;
- provide standards by which the conduct of midwives providing birth at home services in Australia can be assessed; and
- inform the community of the standard of conduct that can be expected of midwives providing birth at home services in Australia.

Note that these standards should be read as a whole and not taken in isolation.

When applying these standards, the midwife:

- works in partnership with the woman and acknowledges the reciprocity that facilitates the woman-midwife relationship;
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- works within their scope of practice;
- is considerate of institutional policies and procedures at their place of employment;
- works within the scope of the ACM National Midwifery Guidelines for Consultation and Referral (ACM Guidelines); and

Web version at:
<http://www.midwives.org.au>

- works within the standards, codes, policies and guidelines issued by the Nursing and Midwifery Board of Australia (NMBA).

Registration Standards:
<http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>

Professional Standards:
<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>

Codes, policies and guidelines:
<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx>

Standard one: The midwife provides evidence-informed care and responds to the needs of the woman and baby

The midwife:

- provides care that supports normal maternal and infant physiology;
- considers the emotional, social, cultural and psychological needs of the woman and baby as equally important as their physical needs;
- provides care based on current evidence, context and experience;
- identifies deviations from normal physiology and makes recommendations to the woman about ongoing care, including consultation and/or referral;
- documents all discussions in the clinical record including the benefits and risks; and
- provides midwifery care during maternal and newborn emergencies along with other maternity care providers, where appropriate.

Standard two: The midwife facilitates a process of informed consent and decision making

The midwife acknowledges and respects that the woman is the decision maker across the continuum of her care and that the woman can consent to or decline recommendations made by the midwife.

The midwife:

- provides woman-centred care;
- advocates for the physical, emotional, social, psychological and cultural safety of the woman and her baby;
- provides the woman with the evidence-informed information required to make informed decisions;
- obtains informed consent in writing prior to providing care to the woman and/or her baby;
- clearly explains when their professional judgement, service limitations and scope of practice do not align with the woman's decision/s, and explores ongoing care options;

- documents all discussions in the clinical record, including the benefits and risks;
- facilitates consultation, referral and/or transfer of care when indicated; and
- engages with formal escalation processes if the woman declines professional advice (See **Appendix 1**).

Standard three: The midwife plans care in partnership with the woman across the continuum of care

The midwife:

- recommends that the woman engages with maternity care providers across the continuum of care;
 - negotiates care options with the woman that most closely meet the woman's needs and expectations (see **Standard four**);
 - consults with the woman and other maternity care providers where indicated when making recommendations about the care of the woman and/or her baby;
 - has established clinical support networks and pathways and utilises these for consultation, referral and/or transfer of care, when indicated (See **Standard five**);
 - documents all discussions in the clinical record, including the benefits and risks; and
 - maintains confidentiality and privacy within the woman-midwife relationship in accordance with the NMBA standards, codes, policies and guidelines and relevant legislation.
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Standard four: The midwife assesses the most suitable place for birth in partnership with the woman across the continuum of care

There are benefits and risks associated with all birthplace options. Pregnancy, labour and birth are a dynamic process requiring continual reassessment of the decisions made regarding place of birth.

When assisting the woman to make decisions about the most suitable place for birth.

The midwife:

- considers the woman and baby's health needs and risk factors in relation to the most appropriate place of birth;
- considers the woman's previous birth experiences;
- considers the woman's residential location, distance and timely access to the nearest hospital which provides maternity care, and circumstances;

- assesses the benefits and limitations of each place of birth option and communicates these to the woman; and
- is responsible for considering changes in the woman's circumstances, health needs and risk factors, and responding to these by :
 - re-evaluating the information previously provided to the woman about her birth options;
 - making recommendations that facilitate the woman's decision making about her planned place of birth; and
 - documenting recommendations, including the benefits and risks, the decision-making process, the plan of care and informed consent of the woman.

Standard five: The midwife has an established process for accessing real-time consultation and hands-on clinical support

The midwife:

- plans and documents a process for accessing:
 - real-time consultation with other maternity care providers;
 - real-time hands-on clinical support from another midwife or registered health professional educated to provide maternal and newborn care; and
 - timely access to additional clinical care for the woman and/or her baby.

For examples of real-time consultation and hands-on clinical support, please refer to **Appendix 2**.

Standard six: The midwife collects information about and documents care of the woman and baby across the continuum of care

The midwife:

- collects and documents information about the woman's social, emotional, mental, physical and cultural circumstances to facilitate maternity care that is suited to her and her baby's needs;
- maintains contemporaneous clinical documentation, recording all care, recommendations to the woman, decision-making processes and ongoing plans for care;
- makes the woman's clinical records available for the purpose of consultation, referral, transfer of care, and clinical review with the consent of the woman;
- provides postnatal documentation and forms to the parents according to the requirements of jurisdictions and/or organisations; and
- adheres to reporting requirements to perinatal data collections.

Appendix 1—Guidance for the midwife when the woman or parents decline professional advice

Detailed guidance is available in the *ACM Transfer from Planned Birth at Home Guidelines* [*insert link once available*].

A1.1 If the woman declines professional advice for herself

The ethical and legal principles that underpin health care and health law emphasise the importance of respecting the autonomy and rights of individuals to weigh benefits and risks and make independent decisions. The ACM respects and supports a woman’s legal right to make decisions regarding her care.

During the course of care, there may be circumstances where the woman makes a decision that is contrary to the recommendations of her care providers.

This guidance is provided to assist midwives in considering their professional options when being asked to provide midwifery care to a woman who chooses a course of action that is contrary to professional advice or the ACM Guidelines.

When providing care to a woman who has declined professional advice, the midwife:

- makes recommendations to the woman that are consistent with the ACM Guidelines and current evidence;
- clearly describes their scope of practice to the woman;
- works within the boundaries of their scope of practice, the national professional standards and guidelines for midwives issued by the NMBA and ACM;
- follows the process described in the *Australian College of Midwives Transfer from Planned Birth at Home Guidelines* if the woman is in labour or it is in the immediate postpartum period, along with Appendix A, B and/or C in the ACM Guidelines;
- makes a timely decision about continuing or withdrawing¹ care; and

¹ Midwives are obliged to continue to provide care during labour and birth.

- maintains documentation of the decision-making process, the care provided and ongoing plans for the care of the woman.

A1.2 If the parents decline professional advice for care of their newborn

If the parents decline professional advice for their newborn, the midwife determines the urgency of the circumstance:

- **if the newborn requires emergency life-saving care in the immediate postpartum period and up to 6 weeks after the birth**, the midwife follows the 'Process of Transfer for the Newborn' described in *the ACM Transfer from Planned Birth at Home Guidelines*².

Note that in this situation it is a mandatory requirement for the midwife to report the event to the relevant jurisdictional child protection authority².

² See information below for more details about mandatory reporting requirements in each Australian state or territory:

- **if the newborn does not require emergency life-saving care**, the midwife continues to observe the newborn for signs of deterioration and makes recommendations for ongoing care and indicators for transfer, prior to leaving the woman and her newborn.

In both cases, the midwife maintains documentation on the decision-making process, the care provided and ongoing plans for the care of the newborn.

Australian Institute of Family Services (Australian Government):
<https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect>

Australian Institute of Family Services (Australian Government):
<https://aifs.gov.au/cfca/publications/reporting-abuse-and-neglect>

Appendix 2—Examples of real-time consultation and hands-on clinical support

Standard five states that ‘the midwife has an established process for accessing real-time consultation and hands-on clinical support’.

This appendix offers examples of planned processes for real-time consultation and hands-on clinical support which could be utilised during the antenatal, intrapartum and postnatal periods.

- **Examples of access to real-time consultation with other maternity care providers include:**
 - work in a private or publicly-funded midwifery group practice where midwives have an on-call agreement amongst each other for real-time consultation;
 - a formal or casual arrangement with other midwives or registered health professionals educated to provide maternal and newborn care, to provide on-call advice; and

- a formal or casual arrangement with an institution or health service capable of providing real-time advice e.g. 24-hour hospital providing maternity care, or birth centre.

- **Examples of access to hands-on clinical support³ from another midwife or registered health professional educated to provide maternal and newborn care include:**
 - have an established plan for the attendance of a second midwife or registered health professional educated to provide maternal and newborn care during the intrapartum period; and
 - work in a maternity service or birth centre alongside a maternity care team.

³ Includes real-time clinical advice.



Glossary / Definitions

Australian College of Midwives (ACM):

The Australian College of Midwives (ACM) is a national, not-for-profit organisation that serves as the peak professional body for midwives in Australia (www.midwives.org.au)

ACM Guidelines:

Shortened term commonly used when referring to the Australian College of Midwives National Midwifery Guidelines for Consultation and Referral

Clinical Conduct:

Refers to the midwife's clinical performance and care to the woman and/or her baby across the continuum of care

Evidence-informed information:

'The process of distilling and disseminating the best available evidence from research, context and experience'

(<http://www.nccmt.ca/eiph/index-eng.html>)

Immediate postpartum period:

The immediate postpartum period commences from the complete birth of the placenta up until the time the midwife leaves the woman and family, and/or the woman has been transferred from the birth unit to postnatal ward after requiring transfer to hospital



Midwife:

'A midwife is a person who has successfully completed a midwifery education programme that is duly recognised in the country where it is located and that is based on the *ICM Essential Competencies for Basic Midwifery Practice* and the framework of *the ICM Global Standards for Midwifery Education*; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery'

<http://internationalmidwives.org/assets/uploads/documents/Definition%20of%20the%20Midwife%20-%202011.pdf>

Maternity care provider:

A qualified registered health professional, appropriately trained to provide maternal and/or newborn care

Nursing and Midwifery Board of Australia (NMBA):

The NMBA is the national regulator for the nursing and midwifery professions in Australia. It is established under the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. Its primary roles are to protect the public by registering suitably qualified and competent persons and set standards that all nurses and midwives registered within Australia must meet

www.nursingmidwiferyboard.gov.au



Real-time:

The actual time during which a process or event occurs
(indicates that action be immediate)

