

# Safety and Quality Framework for Privately Practising Midwives attending homebirths



## Purpose of *The Framework*

To be exempt from requiring insurance for providing intrapartum care for homebirths, the privately practising midwife is expected to comply with a number of requirements. The exemption and its requirements are reflected within the National Law as reproduced below.

### **284 Exemption from requirement for professional indemnity insurance arrangements for midwives practising private midwifery**

*(1) During the transition period, a midwife does not contravene section 129(1) merely because the midwife practises private midwifery if—*

*(a) the practise occurs in a participating jurisdiction in which, immediately before the participation day for that jurisdiction, a person was not prohibited from attending homebirths in the course of practising midwifery unless professional indemnity insurance arrangements were in place; and*

*(b) informed consent has been given by the woman in relation to whom the midwife is practising private midwifery; and*

*(c) the midwife complies with any requirements set out in a code or guideline approved by the National Board under section 39 about the practise of private midwifery, including—*

*(i) any requirement in a code or guideline about reports to be provided by midwives practising private midwifery; and*

*(ii) any requirement in a code or guideline relating to the safety and quality of the practise of private midwifery.*

*(2) A midwife who practises private midwifery under this section is not required to include in an annual statement under section 109 a declaration required by subsection (1)(a)(iv) and (v) of that section in relation to the midwife's practise of private midwifery during a period of registration that is within the transition period.*

*(3) For the purposes of this section, the transition period—*

*(a) starts on 1 July 2010; and*

*(b) ends on the prescribed day.*

It is the intention of Health Ministers that a quality and safety framework will be in place under 284(1) (c) (ii). This means that to be exempt from requiring insurance for providing intrapartum care for homebirths, the privately practising midwife will be required to abide by any safety and quality framework that the NMBA has approved and required through a code or guideline. It is intended that this framework will be provided to the NMBA to consider for such a purpose. Until it is approved by the NMBA it is not a legal requirement for PPM to use this framework in order to be exempt.

*The 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. It is not a mechanism for determining eligibility of midwives to access the Medicare or Pharmaceutical Benefits Schemes.

The ACM Consultation and Referral Guidelines and the principles and practices outlined in the draft NHMRC National Guidance on Collaborative Maternity Care are a key element of this Safety and Quality Framework.

The principles articulated in "Primary Maternity Services in Australia" (AHMAC 2008) underpin the provision of primary maternity care in Australia and inform the key principles of this Safety and Quality framework. (see Attachment 1)

## **The Safety and Quality Framework**

*The framework* is consistent with the principles underpinning provision of primary maternity care (Attachment 1) and recognises the full scope of midwifery practice.

The framework also recognises that women will make the final choice about their care and birthing choices in most circumstances. It is incumbent upon PPMs to provide balanced and contemporary clinical advice to ensure that informed decisions are able to be made.

PPMs are expected to adhere to recognised consultation and referral guidelines developed by the Australian College of Midwives (ACM) and to have processes and relationships in place to demonstrate compliance with the guidelines.

The ACM guidelines were developed to guide midwifery practice more broadly and do not specifically to cover homebirths. Distance and time to travel to an appropriately staffed maternity service should be considered when assessing suitability for this option of care. These factors are in addition to undertaking an assessment of risk for this birthing option.

Women with a singleton pregnancy, cephalic presentation, at term and free from any significant pre existing medical or pregnancy complications are those identified in the ACM guidelines as clearly meeting criteria for midwifery led care.

When PPMs are the primary carers for women who fall outside of these criteria, the consultation and referral pathways must be documented and followed. Clearly articulated and documented plans of escalation and collaboration are integral to provision of safe high quality care leading to positive outcomes for mothers and babies.

PPMs are required to document advice provided to women in their care about midwifery scope of practice, risks and escalation processes.

In addition they will enlist the services of another registered maternity care professional to provide a second opinion in situations where the woman chooses not to follow clinical advice about the need for interventions or transfer. A written record of these processes is essential to verify adherence to the framework in the event of any adverse outcome and /or subsequent legal action or professional investigation.

## **Governance**

The Nursing and Midwifery Board of Australia (NMBA), the principal regulatory body for the midwifery profession, is the appropriate authority to hold the governance of this framework. While significant consultation has occurred, the decision to accept or use this framework in whole or in part is a matter for the NMBA to decide.

This framework is not a legal requirement for a PPM who is exempt, until it is approved in a code or guideline by the NMBA under s39 of the Health Practitioner Regulation National Law (the National Law). The NMBA will hold responsibility for regulating compliance with the code or guideline based on this framework. The NMBA will determine the processes and procedures for monitoring compliance.

## Evidence of Compliance

In addition to holding current registration in their State or Territory, or with the Nursing and Midwifery Board of Australia after 1 July 2010, to comply with the exemption from the insurance requirement of the National Registration and Accreditation Scheme midwives need to be able to provide evidence outlined in the table below:

<b>Principle</b>	<b>Requirement</b>	<b>Evidence</b>
<b>Consumer Value</b>	Consumer friendly consent template	Templates
	Written information detailing evidence informed materials	Consumer information package
	Process for complaint management	Documented process, including complaint escalation information
	Consumer participation	Women involved in case and peer review
	Consumer satisfaction	Templates
<b>Clinical performance &amp; evaluation</b>	Clinical standards	Documented evidence informed clinical guidelines on which practice is based e.g. NHMRC, NICE, or state & territory guidelines
	Referral pathways	Clearly articulated referral pathways for referral and /or consultation in accordance with ACM Consultation and Referral Guidelines  Comprehensive clinical notes to share with other health professionals engaged in the woman's care
	Clinical indicators/KPI	Reporting of all births as per each state & territory requirement
	Clinical audit	Comprehensive clinical notes to guide reflective practice and enable review and evaluation of care provided
	<b>Clinical Risk</b>	Incident & adverse event reporting
Sentinel event reporting		Documented process in accordance with state and territory requirements  Documented involvement in case investigation.
Risk profile analysis		Documented process for identification and evaluation of clinical risk and evidence of correcting, eliminating or reducing these risks

<b>Principle</b>	<b>Requirement</b>	<b>Evidence</b>
<b>Professional Development</b>	Maintenance of professional standards	Complies with NMBA minimum standards
	Awareness and monitoring of new procedures and practices	Involvement in professional organisation/s and documented schedule for formal practice review and mentoring processes
	Competency standards- ensures appropriate skills and experience	Demonstrates practice in accordance with ANMC national competency standards for the Midwife
	Continuing professional development	Documented evidence of attendance at ongoing and regular education and research activities determined by the NMBA standard relating to CPD Maintenance of professional portfolio

## Key Principles

"*Primary Maternity Services in Australia – A Framework for Implementation* (AHMAC 2008)" articulated the following principles which underpin the range of models of maternity care available to women in Australia. These principles involve:

- ensuring services enable women to make informed and timely choices regarding their maternity care and to feel in control of their birthing experience
- ensuring that maternity services and care are provided in a culturally appropriate and responsive manner according to the individual needs of each woman
- maximising the potential of midwives, obstetricians, general practitioners and where appropriate other health professionals such as paediatricians and Aboriginal health workers specific knowledge, skills and attributes to provide a collaborative, coordinated multidisciplinary approach to maternity service delivery
- offering continuity of care, and wherever possible continuity of carer, as a key element of quality care
- ensuring that maternity services are of a high quality, safe, sustainable and provided within an environment of evidence based best practice care
- ensuring continued access to best practice maternity services and care at the local level, while recognising that the benefits of local access must be considered within a quality and safety framework
- providing the right balance between primary level care and access to appropriate levels of medical expertise as clinically required
- working to reduce the health inequalities faced by Aboriginal and Torres Strait Islander mothers and babies and other disadvantaged populations.