

## Policy

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Updated March 2015

### Midwives in private practice

#### **Role of the midwife in private practice when the woman is admitted to a health service as a public patient**

##### **Introduction**

This policy sets out the requirements for midwives in private practice, when the women they are caring for are admitted to a health service as public patients.

The Nursing and Midwifery Board of Australia's (the National Board/NMBA) primary role is to ensure all midwives, including midwives in private practice who provide care for women having planned births at home, are practising safely and to a professional standard that protects the health and safety of the public.

To this end, the NMBA has developed professional midwifery practice standards, codes, guidelines and position statements that are based on the best available evidence and informed by wide-ranging stakeholder consultation, to guide all midwives in their professional practice. These documents are available on the NMBA website at [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au)

##### **Scope of policy**

This policy applies to midwives in private practice when the woman in their care requires admission to a health service.

##### **The role of the midwife in private practice**

In situations when a woman is receiving care from a midwife in private practice and requires admission to a health service, the midwife's primary responsibility is to ensure the safe transfer of the woman to the health service, and to provide a comprehensive handover to the facility's health care professionals.

A comprehensive handover of the woman's history and care is a critical risk management strategy to ensure the woman's on-going care is well informed and managed safely and effectively. It is also a formal handing over of responsibility for her ongoing care to the health service.

Once a woman is admitted to a health service as a public patient, the current professional indemnity insurance (PII) arrangements for the privately practising midwife cease.

Unless the midwife has specific arrangements with the admitting health service, including appropriate PII arrangements to provide midwifery services in the health facility, (s)he should not provide midwifery services as (s)he will not have PII cover and will be in breach of the NMBA's PII registration standard.

##### **A midwife as support person**

The midwife may choose to withdraw when the care of the woman is assigned to the health facility's health care professionals. However, should the woman request it, the midwife may choose to remain as a support person to the woman either as paid or unpaid as agreed between them. The midwife has no obligation to stay with the woman and that it is an individual decision for the midwife.

If the midwife chooses to stay with the woman - and therefore take on a support person role - the midwife must articulate the change in role to the woman, who should then consent to the midwife's involvement as a support person only. The midwife should also clarify her change in role from midwife to support person with the health service.

In these circumstances, the role of a support person would be to provide the type of emotional and practical support reasonably expected by any lay person.

The decision by the midwife to remain as a support person is linked to the woman's right to choose the person(s) whom she wishes to be with her during birth.

### **A midwife's professional boundaries as a support person**

In accepting the role of a support person and providing the type of emotional and practical support to a woman that one could reasonably expect of any lay person, it is the midwife's responsibility to be mindful at all times of her/his professional boundaries as outlined in the NMBA's *Professional boundaries for midwives*. This important professional practice guideline is a companion document to the Board-approved *Code of ethics for midwives in Australia* and the *Code of professional conduct for midwives in Australia*. These documents are available under [Codes and Guidelines](#) on the NMBA website.

Should the midwife choose to remain as a lay support person in the circumstances described above, the NMBA would not consider the midwife to be in breach of the PII registration standard. However, should the midwife accept the role of a lay support person and subsequently resume the role of a midwife while the woman is in the care of the health service, the midwife will be considered to be in breach of the registration standard.

The NMBA would also consider it a breach of professional practice standards for any registered midwife working for the health service to expect a woman's support person to assume the role and responsibilities of a midwife.

To avoid any misunderstandings and ensure clarity of intent, it is important for the midwife to discuss in advance with the woman the possibility that she may require transfer to a health service. As part of this discussion, the midwife must explain that (s)he will be unable to provide midwifery care in the inpatient environment as (s)he will be uninsured. The midwife should also confirm that (s)he could only provide a support role and not midwifery care in this situation.

### **NMBA commitment**

The NMBA is aware of the complexity of the issues involved in the existing professional indemnity insurance arrangements for privately practising midwives and the apparent 'gaps' between the exemption and the insurance cover provided through the Commonwealth brokered indemnity arrangements.

The NMBA is committed to working with key stakeholders to identify effective short term and long term solutions that ensure continuity of safe, quality midwifery care for women who choose a planned homebirth and subsequently require admission to a health service as a public patient.