# Midwifery practice decision flowchart

Nursing and Midwifery Board of Australia

## START

Activity to achieve desired/beneficial outcome for the woman/newborn

**YES** → **Scope of practice**
Is this activity within the current/ contemporary scope of midwifery practice?

**YES** → **Level of support/education and supervision**
Does the organisation in which the activity will be performed have a policy, quality and risk management framework, sufficient staffing levels and access to other health professionals to support this activity?

**YES** → **Risk assessment**
Does this activity need to be performed by a midwife because of any one of the following?
- Commonwealth or state legislation
- The woman's or newborn's health status
- The complexity of care required by the woman or newborn
- The knowledge/skill required to perform the activity safely
- Professional standards or evidence
- The model of care or local/organisational policy

**YES** → **Level of support/education and supervision**
Could you (or another midwife) perform the activity with further education, support or supervision by a more experienced midwife?

**YES** → Consult with a more experienced midwife to obtain education, supervision and/or support Perform the activity and evaluate the outcomes

**NO** → Refer the woman/newborn to a more experienced midwife to perform the activity, and collaborate for ongoing care

**YES** → **Level of support/education and supervision**
Could you (or another midwife) perform the activity with further education, support or supervision by a more experienced midwife?

**YES** → Perform the activity and evaluate the outcomes

**NO** → Do not delegate. Have a midwife perform activity or refer to another service/provider and collaborate for ongoing care. Consider further planning and consultation to achieve organisational support or professional consensus

**NO** → **Appropriate person**
- Is it appropriate to delegate this activity to another person?
- Who is best able to perform this activity for this woman/ newborn in this context
- Is such a person available?

**YES** → **Beneficial outcomes**
Are you confident that the outcomes of delegating this activity to a non-midwife will achieve the desired outcomes?

**YES** → **Organisational support**
Do local policies/guidelines/ protocols support the delegation of this activity to a non-midwife?

**YES** → **Professional consensus**
- Does the midwifery profession support delegation of this activity to non-midwives?
- Is there evidence to support the delegation of this activity to non-midwives?

**YES** → **Assessment of competence**
- Does the other person have the education, experience and competence to safely perform this activity for this consumer in this context?
- Was their competence assessed by a midwife?

**YES** → **Readiness to accept delegation & accountability**
- Is the person willing to accept the delegation?
- Do they understand their level of accountability in performing this activity?

**YES** → **Supervision**
Are you or another midwife able to provide the level of supervision required for this person to safely perform the activity?

**YES** → Delegate, supervise and evaluate outcomes

**NO** → Could this or another person perform the activity with midwife support/education/competence assessment?

Are you or another midwife able to provide the support, education, competence assessment and supervision?

**YES** → Delegate, supervise and evaluate outcomes

**NO** → Do not delegate. Have a midwife perform the activity or refer to another service/provider and collaborate for ongoing care

## CONTEXT

**NO** → **Integration**
- Do you wish to integrate this activity into your own midwifery practice or does another midwife wish to do so? OR
- Does your organisation wish to initiate this change?

**YES** → **Lawful authority & professional consensus**
Is the activity:
- Permitted by legislation?
- Supported by professional standards and evidence?

**YES** → **Risk management**
- Have you assessed potential risks and developed strategies to minimise those risks?
- Do you understand your level of accountability?

**YES** → **Organisational support**
- Is there organisational policy tosupport you in performing the activity?
- Have other stakeholders been involved in the planning?

**YES** → **Preparation & experience**
- Have you sought the appropriate education, supervision, and competence assessment by a qualified person to prepare you for the activity?
- Are you confident of your ability to perform the a ctivity sa fely?
- Have you considered the need to maintain competence over time?

**YES** → Perform the activity and evaluate the outcomes

**NO** → Refer to appropriate health practitioner or health care provider and collaborate for ongoing care

**NO** → If no to any – further planning and consultation is needed, and referral may be necessary in the meantime