

Fact sheet

Updated July 2023

Safety and quality guidelines for privately practising midwives

Introduction

The Nursing and Midwifery Board of Australia (NMBA) carries out functions as set by the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). The NMBA regulates the practice of nursing and midwifery in Australia, and one of its key roles is to protect the public. The NMBA does this by developing registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of nurses and midwives in Australia.

The *Safety and quality guidelines for privately practising midwives* (the guidelines) protect the public by articulating a robust regulatory framework to support the safe, professional practice of privately practising midwives (PPMs). The guidelines provide PPMs with current, evidence-informed regulatory information to enhance the provision of safe, high-quality care, facilitate workforce flexibility and improve access to midwifery services.

This fact sheet provides information on the interpretation and application of the *Safety and quality guidelines for privately practising midwives*.

Background

In Australia, all regulated health practitioners are required to hold professional indemnity insurance (PII) to practice their profession.¹ However, midwives who practise private midwifery are exempt from the requirements to hold PII when providing intrapartum care for homebirths² if they comply with requirements set out in a code or guideline approved by the National Board³.

To enable this exemption, the National Law⁴ states:

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

The *Safety and quality guidelines for privately practising midwives* describe the regulatory requirements that PPMs must comply with in order to be eligible for this exemption. Compliance with the guidelines is a requirement for all PPMs irrespective of their context of practice and is monitored through regular practitioner auditing.

Who does this fact sheet apply to?

¹ Health Practitioner Regulation National Law Act 2009 (Cth) s 129.

² Health Practitioner Regulation National Law Act 2009 (Cth) s 284.

³ Health Practitioner Regulation National Law Act 2009 (Cth) s 284(1)(c).

⁴ Health Practitioner Regulation National Law Act 2009 (Cth) s 284(c)(ii).

This fact sheet applies to all midwives who provide direct clinical care, education and/or midwifery advice to women and their families in a private capacity, whether paid or unpaid. These midwives are PPMs.

This includes PPMs who provide homebirth services as the primary care provider, PPMs who practise as the second health practitioner during the course of a homebirth and/or PPMs who only provide clinical care, education and/or midwifery advice in discrete areas such as preparation for parenthood, antenatal care, postnatal care and/or specialist lactation or newborn services.

What key features do I need to be aware of?

Key features of the updated guidelines include:

- greater detail on how to understand if a midwife is practising as a PPM, including new information on who is not a PPM for the purposes of the guideline,
- strengthened wording to clarify that compliance with the guidelines is a requirement for **all** PPMs including for midwives who practise as a second health practitioner during the course of a homebirth and PPMs who do not offer homebirth services, and
- as the scope of private midwifery practice has expanded since the guidelines were last reviewed, new information that acknowledges that PPMs may be practising in a broader range of areas including preparation for parenthood, perinatal mental health and pelvic floor/continence services, and via telehealth and social media.

How are these guidelines different from the *Safety and quality guidelines for privately practising midwives published in 2016*?

The *Safety and quality guidelines for privately practising midwives (2023)* replace the previous guidelines and articulate minor updates only. The updated *Safety and quality guidelines for privately practising midwives (2023)* clarify that:

- PPMs must continue to have a documented risk management process or framework. As some PPMs may be entering private residences or unfamiliar practice locations, this must now include a process for identifying and managing environmental risks, if relevant to the PPM's practice.
- the requirement for PPMs who provide homebirth services to be skilled and current in obstetric emergency management, adult basic life support and neonatal resuscitation remains. To support the interpretation of skilled and current, the updated guidelines provide additional guidance to clarify that:
 - o *skilled* means the midwife has successfully completed the following:
 - education and/or training in obstetric emergency management that is not part of a NMBA-approved, entry to practice program of midwifery study,
 - an adult Basic Life Support (BLS) course consistent with the Australian and New Zealand Committee on Resuscitation's (ANZCOR) resuscitation guidelines, and
 - a basic or advanced newborn resuscitation course consistent with the Australian and New Zealand Committee on Resuscitation's (ANZCOR) newborn resuscitation guidelines.
 - o *current* means the midwife has successfully completed the relevant education and/or training (see above) within two years of each episode of care provided.
- PPMs who only provide private midwifery services in a discreet practice area, for example, providing private antenatal education or postnatal care in the home, only need to be skilled and current in obstetric emergency management, adult basic life support and neonatal resuscitation *where it is relevant to their scope and context of practice*. For example, a PPM who practices solely in a newborn sleep school would only, at minimum, need to be skilled and current in adult BLS and neonatal resuscitation. A PPM who only offers face to face antenatal education must be skilled and current in at minimum, adult BLS.
- the requirement for a second health practitioner to be present for the birth of the baby remains. To meet this requirement, prior to a planned homebirth PPMs must still continue to engage a second

health practitioner who has been educated to provide maternal and newborn care, is skilled and current in obstetric emergency management, adult basic life support and newborn resuscitation, and ensure this practitioner is present for the birth of the baby.

- to support PPMs in their professional practice continuous improvement, the guidelines now articulate that PPMs must have local processes in place to collect, analyse and reflect on their own data (and practice) to facilitate early identification of trends and/or issues, enable structured peer review/feedback and ensure continuous improvement. This requirement is deliberately broad to ensure that PPMs can tailor their data collection, analysis and management to their context of practice and ensure they are engaging with the requirement for continuous improvement in a meaningful, growth focused way.
- informed by the Australian Commission on Safety and Quality in Health Care's *Incident Management Guide 2021*, the guidelines consolidate best practice approaches in incident management (based on literature reviews and the Australian states' and territories' incident management policies) to require a more comprehensive approach to incident management.
- clarification that PPMs need to participate and contribute to a professional practice review program (PPRP), at minimum, biennially.

What does this mean for me?

If you are a PPM who provides direct clinical care, education and/or midwifery advice to women and their families in a private capacity (whether remunerated or voluntary), you must comply with the requirements of the guidelines.

You may need to update or change your practice (including how you document your compliance with the guidelines) to demonstrate that you have met the requirements of the guidelines.

What documentation will I need to provide as evidence to demonstrate I meet the guidelines?

The NMBA has the discretion to select a random number of midwives to be audited at any time. If you are selected for audit, you will need to provide evidence that you have met each of the requirements of the *Safety and quality guidelines for privately practising midwives*. The 'Audit of practice' section of the guidelines describes the evidence needed to meet the requirements relevant to a PPM's context of practice.

Frequently asked questions

I practise as a second health practitioner for homebirths. Do I need to comply with the guidelines?

Yes. Midwives who practise during the course of a non-publicly funded homebirth are PPMs. As midwives (including PPMs) must not practise midwifery unless they hold appropriate PII, second health practitioners must comply with all requirements of the guidelines to be eligible for the PII exemption for delivering intrapartum services in the home.

To comply with the guidelines, PPMs who practise as a second health practitioner must meet each requirement relevant to the role of the second health practitioner and take all reasonable steps to ensure the primary PPM satisfies, or will satisfy, the full requirements of the guidelines.

PPMs who practise as a second health practitioner must be able to demonstrate that they have successfully completed relevant education and/or training in obstetric emergency management, adult basic life support and newborn resuscitation within two years of each episode of care provided.

I practise as a private lactation consultant. Do I need to comply with the guidelines?

Yes. Midwives who practise as a private lactation consultant are also a PPM if they provide direct clinical care, education and/or midwifery advice to women and their families in a private capacity, whether paid or unpaid. This means PPMs who practise as a private lactation consultant, for this part of their practice, must comply with all requirements of the guidelines.

I have a social media and/or a digital health platform where I share my knowledge and skills as a midwife. Do I need to comply with the guidelines?

Yes. PPMs who practise via social media (or similar platform) or provide private technology-based consultations and so on must comply with all requirements of the guidelines, for this part of their practice.

I am employed as a midwife at my local hospital, but I also have my own business delivering online and face-to-face antenatal, birth and postnatal education. Do I need to comply with the guidelines?

Midwives who provide private midwifery services through their own business (whether paid or unpaid) are considered PPMs. This means compliance with the requirements of the guidelines, for this part of their practice, is mandatory.

I am a PPM who has admitting rights at a hospital(s). Do I need to comply with the guidelines?

Yes. PPMs who have admitting rights to a hospital must comply with the guidelines, including during the provision of midwifery care at hospitals.

For more information

- [Safety and quality guidelines for privately practising midwives](#)
- [Audit](#) information on the NMBA website
- Visit www.nursingmidwiferyboard.gov.au under *Contact us* to lodge an online enquiry form
- For registration enquiries: 1300 419 495 (in Australia) +61 3 9275 9009 (overseas callers)

Document history

Approved by: Nursing and Midwifery Board of Australia

Date approved: February 2023

Date to commence: July 2023

Next review due: July 2028

Policy history

Is this a new policy? N

Does this policy amend or update an existing policy? Y

Does this policy replace another policy with a different title? N

Date updated	Version	Reason for change
June 2023	v2.1	Removal of advance copy watermark – date of effect 1 July 2023
February 2023	v2.0	Advance copy (2023) released Full review of previous <i>Safety and quality guidelines for privately practising midwives</i> .
October 2021	v1.4	Extension to s284 National Law exemption from professional indemnity insurance arrangements for privately practising midwives providing intrapartum care for homebirths to 31 December 2023.
June 2019	v1.3	Removal of transition references to previous <i>Safety and quality framework for privately practising midwives attending homebirths</i> . Extension to s284 National Law exemption from professional indemnity insurance arrangements for privately practising midwives providing intrapartum care for homebirths to 31 December 2021.
May 2019	v1.2	Updated link to Australian College of Midwives (ACM) <i>National midwifery guidelines for consultation and referral</i> .
January 2017	v1.1	Extension to s284 National Law exemption from professional indemnity insurance arrangements for privately practising midwives providing intrapartum care for homebirths to 31 December 2019.
February 2016	v1.0	Advance copy