

Safety and quality guidelines for privately practising midwives

Effective from 1 January 2017 (updated November 2021)

Introduction

The Nursing and Midwifery Board of Australia (NMBA) undertakes 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 NMBA carried out a comprehensive review of the *Safety and quality framework for privately practising midwives providing homebirth* (31 March 2011) which encompasses the legislative and regulatory requirements for safe and professional private practice midwifery practice. Through its governance approach of providing evidence-based structures, systems and process reviews, the NMBA continues its quality improvement work to ensure its accountability and protection of the public.

About the safety and quality guidelines

The *Safety and quality guidelines for privately practising midwives* (the guidelines) are intended to protect the public through a robust regulatory framework for privately practising midwives (PPMs). The guidelines provide PPMs with clarity and support to practise their role with safety and quality, while facilitating workforce flexibility and access to services.

PPMs practise in a range of settings that can include providing midwifery services in the woman's home. This practice is outside the routine clinical governance arrangements of a health service provider. These guidelines describe the regulatory requirements with which a PPM is expected to comply in order to be eligible for an exemption from requiring professional indemnity insurance (PII) for providing intrapartum care for homebirths (under section 284 of the National Law), and the requirements for PPMs who provide care in discrete areas such as postnatal care, antenatal care and/or specialist lactation services.

Definition and scope of practice of a midwife

The NMBA has endorsed the [International Confederation of Midwives](#) (ICM) definition of a midwife (that includes the statement below on scope of practice) and has applied it to the Australian context.

The [ICM](#) defines a midwife as follows:

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 practise midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.

Scope of practice¹

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care.

A midwife may practise in any setting including the home, community, hospitals, clinics or health units

How we regulate midwives in Australia

Midwives in Australia are educationally prepared to practise across the full scope of midwifery practice. In Australia, care may be provided by midwives in a number of settings, including in a health service, private practice and in both paid employment and voluntary capacity. All midwives in Australia are accountable for the care that they provide to women and their infant(s) regardless of setting. It is therefore the responsibility of the midwife to ensure that all decisions, recommendations and options of care are focused on the needs and safety of the woman and her infant(s). Further information on the role of the NMBA in the regulation of midwives can be found in Appendix A.

Endorsement for scheduled medicines for midwives

The NMBA, under section 94 of the National Law, has developed the [Registration standard: Endorsement for scheduled medicines for midwives](#) (the standard). The standard sets the necessary skills, knowledge, and experience required for endorsement for scheduled medicines for midwives in Australia.

An endorsement under section 94 of the National Law indicates that the midwife is qualified to prescribe schedule 2, 3, 4, or 8 medicines appropriate for midwifery practice.

Midwives who are endorsed for scheduled medicines have eligibility to access the Pharmaceutical Benefits Scheme (PBS).

Professional indemnity insurance (PII)

Under section 129(1) of the National Law, midwives must have appropriate PII arrangements for midwifery practice. This provision states:

A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.

The NMBA has developed the [Registration standard: Professional indemnity insurance \(PII\) arrangements](#) that details the requirements relating to PII arrangements for midwives.

PII exemption

The National Law provides an exemption to PII for PPMs delivering intrapartum services in the home providing the following requirements described in section 284 of the National Law are met:

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

¹ Scope of practice forms a part of the ICM definition of a midwife. See www.internationalmidwives.org

- (a) *the practice 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 practice 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 practice 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.*

The current transition period for the exemption is 31 December 2021.² The exemption to PII does not extend to any antenatal and postnatal care provided by the PPM. PII for antenatal and postnatal care remains the responsibility of the PPM to the standard required by the NMBA's *Registration standard: Professional indemnity insurance arrangements*. Table 1 sets out the regulatory requirements relating to the safety and quality of the practice of private midwifery as specified in section 284(1)(ii) of the National Law and the evidence required to demonstrate the requirements.

Specific elements of the safety and quality guidelines

Evidentiary requirements for privately practising midwives

All PPMs must comply with the guidelines and demonstrate that they meet the requirements with supported evidence as described in Table 1.

Table 1 – Evidentiary requirements for PPMs

Requirement	Evidence
Informed consent	<p>Informed consent must be obtained from women in the care of a PPM.</p> <p>Additionally, if the PPM is providing homebirth services the consent must be in accordance with section 284 of the National Law, that states:</p> <p><i>written consent given by a woman after she received a written statement by the midwife that includes a statement that appropriate PII arrangements will not be in force in relation to</i></p>

² Health Ministers have agreed to approve an extension to the transition period to 31 December 2023. However, amendments to the regulations are still in progress.

Requirement	Evidence
	<i>the midwife's practice of private midwifery in attending homebirth.</i>
Risk assessment	<p>Documented process for identification and evaluation of clinical risk and evidence of correcting, eliminating or reducing these risks. This assessment should be completed with reference to the Australian College of Midwives (ACM) National midwifery guidelines for consultation and referral.</p> <p>There should be two registered health professionals, educated to provide maternal and newborn care and skilled and current in maternity emergency management and maternal/neonatal resuscitation, one of whom is a midwife, present at a homebirth³.</p> <p>Consideration of the distance and time to travel to an appropriately staffed hospital service, in case of the need for transfer must be incorporated into the plan of care.</p>
Referral pathways	Clearly articulated referral pathways for consultation and/or referral in line with the ACM <i>National midwifery guidelines for consultation and referral</i> must be documented and followed.
Collaborative arrangements	Demonstrate practice according to the requirements outlined by the Commonwealth Department of Health including comprehensive documentation.
Submission of reports and data	Evidence of submission of the required data of all births attended as per each state and territory and national perinatal data collection.
Clinical audit	<p>Comprehensive clinical notes including consent forms, management plans, pregnancy record, labour and birth records and postnatal care plan/notes.</p> <p>These should enable data collection in accordance with the Australian Institute of Health and Welfare (AIHW) National core maternity indicators where applicable as well as peer and reflective practice review/evaluation.</p>
Adverse event management	<p>Where appropriate, documented processes for notifying and reporting of incidents and adverse events, or the more serious category of sentinel events such as those endorsed by the Australian Commission on Safety and Quality in Healthcare.</p> <p>Reporting should be in accordance with the relevant state or territory health department requirements.</p>
Privately practising midwife portfolio	<p>Completion of a minimum of a professional practice review program (PPRP).</p> <p>Demonstration of annual competencies in adult basic life support and neonatal resuscitation and training in accordance with the NMBA's Registration standard: Continuing professional development.</p>

³ This may include a paramedic who is skilled and current in maternity emergency management and maternal/neonatal resuscitation.

Context of practice

The NMBA recognises that not all PPMs provide intrapartum care in the home; for example, there are PPMs who provide care in discrete areas such as postnatal care, antenatal care and/or specialist lactation services. The National Law exemption to PII does not extend to any antenatal and postnatal care provided by the PPM. Professional indemnity insurance is required for antenatal and postnatal care to the standard required by the NMBA's *Registration standard: Professional indemnity insurance arrangements*. In addition, many, although not all, PPMs may be endorsed to prescribe scheduled medicines under section 94 of the National Law.

Audit of practice

Depending on their context of practice, PPMs need to provide evidence of compliance with relevant requirements from Table 1 above to the NMBA. These requirements will be subject to audit. The requirements of evidence are detailed below in Table 2.

Table 2 – Audit of practice for PPMs

Registration status and context of practice of PPM	Annual requirement of evidence
PPM providing homebirth services seeking an exemption from PII for intrapartum care.	Evidence of meeting all the requirements described in Table 1 provided to the NMBA on a three-yearly basis or more frequently as determined by the NMBA . <i>Note:</i> PPMs with an endorsement for scheduled medicines will also need to demonstrate compliance with the <i>Registration standard: Endorsement for scheduled medicines for midwives</i> .
PPM with or without endorsement for scheduled medicines <u>not</u> providing intrapartum care in the home, <u>not</u> seeking an exemption from PII for intrapartum care.	Evidence of meeting the following requirements from Table 1 provided to the NMBA on a three-yearly basis : <ul style="list-style-type: none">• referral pathways• collaborative arrangements• clinical audit, and• privately practising midwife portfolio. <i>Note:</i> PPMs with an endorsement for scheduled medicines will also need to demonstrate compliance with the <i>Registration standard: Endorsement for scheduled medicines for midwives</i> .

Other elements of the safety and quality guidelines

The other elements of these guidelines outline those registration standards, professional codes, guidelines and legislative requirements within which all midwives must practise, thereby facilitating ongoing competence and safe practice. These are set out in Appendix B.

Compliance

Failure to comply with this guideline is likely to result in disciplinary action by the NMBA.

Under Part 8 of the National Law, the NMBA has a range of powers when dealing with breaches, including the power to take immediate action:

- section 157 of the National Law requires the NMBA to engage in a show cause process with the registrant before taking immediate action, and
- section 155 of the National Law defines immediate action as suspension or imposition of a condition on the health practitioner's registration; or accepting an undertaking from the health practitioner; or accepting the surrender of the registration of the health practitioner.

The NMBA and the Australian Health Practitioner Regulation Agency (AHPRA) operate in a co-regulatory model in some jurisdictions and may not be the only entities involved in completing assessment related to a notification.

Review

These guidelines will be reviewed from time to time as required. This will generally be at least every five years.

Last reviewed and approved by the NMBA: July 2015

These guidelines replace the *Safety and quality framework for privately practising midwives providing homebirth* dated 31 March 2011.

Appendix A – The role of the NMBA in the regulation of midwives

The NMBA regulates midwives and students of midwifery in the following ways:

- approval of accreditation standards for programs of study leading to registration as a midwife and endorsement for scheduled medicines
- development of registration standards for initial and ongoing registration:
 - English language skills
 - Criminal history
 - Professional indemnity insurance
 - Recency of practice
 - Continuing professional development
- development of registration standards for endorsement for scheduled medicines
- professional practice framework for midwifery including professional codes, standards and guidelines
- audit of midwives' compliance with NMBA registration standards, and
- management of notifications made about a midwife's health, and/or performance and/or conduct and a student of midwifery's health or criminal history.

Midwives who are registered in another health profession are also required to fulfil their regulatory obligations in relation to that profession.

In Australia, midwives are guided by the NMBA's [Midwife standards for practice](#).

The NMBA sets the national standards, codes and guidelines that midwives must meet to be registered in Australia. The standards include five core registration standards, required under the National Law and other profession specific registration standards. These standards, codes and guidelines provide midwives, employers and the public with information about the minimum standards required to practise as a midwife in Australia.

Appendix B: Other elements of the SQG

Other elements of the SQG	
Midwife standards for practice	<p>Competence is the combination of knowledge, skills, attitudes and values and midwives must meet national competency standards.</p> <p>The Midwife standards for practice (2018) are the core practice standards that provide the framework for midwifery practice. The standards:</p> <ul style="list-style-type: none"> • communicate to the general public the standards that can be expected of midwives • determine the eligibility for registration of people who have completed a midwifery program of study in Australia • determine the eligibility for registration of midwives who wish to practise in Australia but have completed courses elsewhere • assess midwives who wish to return to work after being out of the workforce for a defined period, and • assess midwives who need to show that they are competent to practise.
Scope of practice	<p>The NMBA expects all midwives to practise within their own scope of practice, recognising that an individual midwife's scope of practice is that which the midwife is educated, competent and authorised to perform in practice. The scope of practice of an individual midwife may be more specifically defined than the scope of practice of the midwifery profession. To practise in the full scope of practice of the midwifery profession may require individual midwives to update or increase their knowledge, skills or competence.</p> <p>Refer to the following:</p> <ul style="list-style-type: none"> • section on scope of practice of a midwife outlined under 'Definition and scope of practice of a midwife' in these guidelines • Decision-making framework for nursing and midwifery
Code of professional conduct	<p>The Code of conduct for midwives sets the minimum standards that NMBA expects all midwives to uphold.</p> <p>This document provides a framework for legally and professionally accountable and responsible midwifery practice in Australia.</p>
Recency of practice	<p>The NMBA's Registration standard: Recency of practice requires that a midwife must be able to demonstrate that they have maintained adequate connection with the profession, and recent practice, since qualifying or obtaining registration.</p>
Continuing professional development	<p>The NMBA's Registration standard: Continuing professional development (CPD) specifies the annual requirement of CPD for midwives per registration year. CPD is the means by which midwives maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives. The CPD cycle involves reviewing practice, identifying learning needs, planning and participating in relevant learning activities and reflecting on the value of those activities.</p>

Decision-making framework	<p>The NMBA's National decision-making framework for nursing and midwifery (DMF) assists midwives to provide safe care that is in the public's best interest by helping them make decisions about accepting and making delegations. The DMF assists decision-making about practice and practice change. Practice change is dynamic and driven by a number of factors, including the need for safety and quality in the provision of care.</p>
Medicare and Pharmaceutical Benefits Scheme arrangements for midwives	<p>A midwife who is endorsed by the NMBA for scheduled medicines has eligibility to apply to the Commonwealth Health Minister as a 'participating midwife' under section 16 (a) and 16(b) of the <i>Health Insurance Act 1973</i> (Cth), which allows access to the Australian Government Medicare Benefits Schedule (MBS).</p> <p>An endorsed midwife is qualified to prescribe schedule 2, 3, 4, or 8 medicines appropriate for midwifery practice. Endorsed midwives have eligibility to access the Pharmaceutical Benefits Scheme (PBS).</p> <p>These arrangements enable patients of endorsed midwives who are approved by MBS and/or PBS, to access certain MBS rebates and PBS prescriptions respectively.</p>
Prescribing authority and compliance with state and territory legislation	<p>An endorsed midwife is qualified to prescribe schedule 2, 3, 4, or 8 medicines appropriate for midwifery practice.</p> <p>However, prescribing authority is conferred under the relevant drugs and poisons legislation of the Australian state or territory in which the endorsed midwife practises. The conditions under which each authority is granted, and the scope of that authority depends on the requirements of the specific legislation in each state or territory. These may range from a blanket authority limited by the midwife's scope of practice to a prescribing authority based on a formulary or protocol or related to a specific context of practice. In addition, an endorsed midwife's prescribing scope may also be linked to the endorsed midwife's employment conditions.</p> <p>An endorsed midwife who does not comply with any requirements associated with prescribing may be the subject of a notification.</p>
Collaborative arrangements	<p>Endorsed midwives who have a Medicare provider number or Pharmaceutical Benefits Scheme prescriber number, have requirements for collaboration as described in sections 5–7 of the Australian Government National Health (Collaborative arrangements for midwives) Determination, 2010</p> <p>Under this legislation, collaborative arrangements are required when women want to access Medicare rebates for the services provided by midwives. The determination allows midwives to enter a collaborative arrangement with an entire health service team or a 'named medical practitioner'.</p>
Guidelines for advertising of regulated health services	<p>PPMs intending to provide information to the public about the services they provide need to be aware of the NMBA's Guidelines for advertising of regulated health services.</p>
Notification and management of performance, conduct or health matters	<p>Sections 156 and 157 of the National Law outline the NMBA's responsibilities with regard to conduct, performance and health matters related to midwives. The NMBA has a range of powers, including the power to take immediate action to protect the</p>

	<p>public. Read about immediate action under the 'Compliance' section of these guidelines.</p> <p>The NMBA and the Australian Health Practitioner Regulation Agency (Ahpra) operate in a co-regulatory model in some jurisdictions and may not be the only entities involved in completing assessment related to a notification.</p>
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Glossary

Context of practice means the conditions that define an individual's midwifery practice. These include midwives working across the continuum of care and midwives who work in a specific area of practice including: antenatal care, postnatal care and specialist lactation support.

Endorsed midwife means a midwife who after successful completion of an approved program of study is endorsed to prescribe schedule 2, 3, 4 and 8 medicines appropriate for midwifery practice. The endorsement is entered on the register of midwives.

Homebirth means a birth in which the mother gives birth at her own home or another person's home (as defined under section 284 of the National Law).

National Law means the Health Practitioner Regulation National Law, as in force in all states and territories.

National Scheme means the National Registration and Accreditation Scheme for health professions. More information about the National Scheme is available at www.ahpra.gov.au

Nursing and Midwifery Board of Australia (NMBA) means the national body responsible for the regulation of nurses and midwives in Australia.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

Privately practising midwives (PPMs) means a midwife who is working as sole practitioner, in partnership or in self-employed models and working on their own account. Midwives may also be deemed to be working in a private capacity when they provide midwifery services in a voluntary capacity as an individual or as part of a program run by a welfare, aid or charitable organisation where the organisation is not formally an employer.

Professional practice review program (PPRP) means a formal peer or case review that may include maternal morbidity and mortality meetings, quality assurance and clinical audit or other meetings dealing with issues of practice review or clinical risk management.

Scope of midwifery practice means that which the midwife is educated, competent and authorised to perform.

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