Australian Nursing & Midwifery Federation

Submission for the Midwifery Practice Scheme - Second Consultation Paper

Including a response to the following papers:

- Requirements for membership of the MPS
- Australian College of Midwives- Birth at home midwifery Practice Standards
- Australian College of Midwives- Transfer from planned birth at home guidelines

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Introduction

Established in 1924, the Australian Nursing and Midwifery Federation (ANMF) is the largest professional and industrial organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia. The core business of the ANMF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership of over 249,000 nurses, midwives and assistants in nursing, our members are employed across all urban, rural and remote locations, in both the public and private health and aged care sectors.

Currently, the Australian Nursing and Midwifery Federation (ANMF) represents the largest number of midwives in the country, with over 19,000 members registered as midwives. This is almost two thirds of all registered midwives in Australia, according to the total number of 33,349 shown in the June 2015 statistics for the Nursing and Midwifery Board of Australia (NMBA)[1].

The ANMF provides professional indemnity insurance to our midwife members who are employed by health services. We have a clear understanding of insurer requirements.

The ANMF wish to thank the Australian College of Midwives (ACM) for enabling us to have an extension in responding to the proposed MPS documents. As you are aware our response to document one- Requirements for membership of the MPS was provided to ACM on 15 October, 2015. The ANMF now provide our complete submission as per the agreed extension, including document two- Australian College of Midwives- Birth at home midwifery Practice Standards and document three- Australian College of Midwives- Transfer from planned birth at home guidelines, for your consideration.

General comments:

In responding to this consultation on the proposed Midwifery Practice Scheme (MPS), the ANMF makes the following points which form the basis of our position. We maintain:

- Safe and competent care for birthing women and their babies in Australia is of paramount importance;
- Our ongoing support for continuity of midwifery care for women;
- Access to a known midwife should be available for all pregnant and birthing women regardless of the woman's location or the presence of clinical risk factors;
- The MPS needs to be accessible and practical;
- The MPS needs to find a balance between providing a service to midwives that enables risk mitigation strategies required by an insurer but does not provide another burdensome and costly bureaucratic layer;
- Where possible the MPS needs to be integrated into the midwives' role and everyday practice so as to not impose another burden on privately practicing midwives, and, it must not duplicate processes which are already in place;
- The scheme needs to provide high-level broad guidelines with clear requirements that will enable any professional or government organisation to implement the scheme, thereby avoiding anticompetitive behaviour. This will also ensure the costs for the scheme are kept to a minimum;

1.http://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx

- The scheme needs to be flexible enough to enable midwives to manage the evidence required for each element of the MPS, similar to the requirements for registration by the Nursing and Midwifery Board of Australia. This flexibility will also reduce costs for midwives.
- The MPS needs to be affordable. Midwives who need to be a part of the MPS could be paying for the following:
    - access to MPS
    - completing the MPS peer review process
    - membership for a professional organisation
    - MPS approved course for maternal emergencies
    - IV cannulation course
    - perineal repair course
    - insurance premiums and,
    - possibly, real time assistance.

If the costs for each of these requirements are high, it is foreseeable that the midwife will need to charge more for their services in order for their practice to be viable. This may be untenable for some midwives and could be a significant barrier in continuing to provide their practice.

The ANMF note the suite of documents are not complete, which makes it difficult to comment on the scheme as a whole.

Document 1: Requirements for membership of the MPS

Question 1 and 2 are not answered here as they relate to organisational details.

Question 3: Should midwives with any conditions, undertakings or reprimands be eligible to enter and remain in the Midwifery Practice Scheme?

ANMF Response:

Midwives who have conditions, undertakings or reprimands should be able to access the MPS. It is the responsibility of the Nursing and Midwifery Board of Australia (NMBA) under the National Law to ensure the public are protected through the National Registration and Accreditation Scheme - this is not the role of the MPS administrator. The NMBA and the Australian Health Practitioner Regulation Agency (AHPRA) are best placed to review and assess any conditions, undertakings or reprimands. They will identify whether or not a midwife should practice and the context under which they can practice.

It would be reasonable for the midwife with conditions, undertakings or reprimands to communicate this to the MPS administrator.

Question 4: Is membership of a peak professional body sufficient evidence of engagement with the midwifery profession?

ANMF Response:

The ANMF understands that it is essential privately practising midwives remain engaged with the profession. The definition of engagement needs to be included to clarify what the MPS would require of the midwife. This element of the MPS needs to be flexible enough to enable the midwife to engage with the profession relevant to their context of practice in a range of ways.

Being a member of a professional association is one way to engage with the profession, however, even with a current professional membership, a midwife should still show how this engagement is undertaken. Examples include reading regular communication/ journals from a professional association or being part of a special interest group or even attending a conference or workshop.

Other ways a midwife could show they are engaged with the profession is by being well connected to their local health service and contributing to, and regularly attending, quality and safety activities, for example. Mentorship and supervision is also another effective way of showing engagement.

A tool or template should be developed to assist midwives in maintaining evidence to highlight ongoing engagement with the profession.

Question 5: Is it essential for midwives to be competent in the assessment and repair of perineal trauma to enter and remain in the scheme?

ANMF Response:

The ANMF is aware that perineal repair is not a core skill, taught and assessed in all undergraduate programs across the country. This means, for some midwives, this skill has to be gained after graduation. The ANMF supports this as a requirement for entry into the scheme, however, we believe to mitigate risk, the most important skill in the first instance, is identification and assessment of perineal trauma and referral requirements.

The ability to suture is important and is part of the scope of practice of a midwife. If a midwife is not competent in this skill on entry to the scheme then they should be working towards achieving this within a reasonable time frame, which is identified in the proposed document as 12 months.

Question 6: How should 'competency' in these skills be evidenced for midwives in private practice?

ANMF Response:

Competency should be evidenced by an annual electronic self-declaration of competence by the midwife.

Evidence at audit should include:

- Education program completion certificate*
- Clinical statistics of perineal assessment and repair, including satisfaction for women and/or
- Any ongoing education and simulation.

*It is important there are guidelines for providing evidence of course completion. If a midwife completed this program a long time ago, they may not have the certificate available. In this case they could show their competence through clinical statistics or ongoing education.

Question 7: How should 'competency' in these skills be evidenced for midwives in private practice?

ANMF Response:

The ANMF supports the importance of cannulation as a core requirement for the MPS and, as with perineal assessment and repair, believes competency should be evidenced by an annual electronic self-declaration of competence by the midwife.

Evidence at audit should include:

- program completion certificate* and/or
- clinical statistics of cannulation.

*It is important that there are guidelines for providing evidence of course completion. If a midwife completed this program a long time ago, they may not have the certificate available. In this case they could show their competence through clinical statistics or ongoing education.

Courses in both perineal assessment and repair, and IV cannulation can be completed in a variety of places, for example in a health service or professional organisation. These programs need to be acknowledged and recognised.

Question 8: Please review all requirements in the draft Requirements for membership of MPS and provide feedback in relation to identified issues, gaps, omissions, duplications or errors.

Introduction

- **1.5:** annual renewal of MPS: the ANMF are unable to comment on this requirement without details of the cost for annual renewal.
- **1.6:** as the Audit and Compliance processes are not presented, it is difficult to understand how this will be undertaken and to provide any commentary. These requirements must be consulted upon as they are complex and have the potential to be problematic.

Entry requirements

- **2.1:** no further comment
- **2.2:** no further comment
- **2.3:** no further comment
- **2.4:** the definition and requirements of peer review needs to be defined further to outline the components and how it is expected they will be undertaken. It is essential that the peer review required under this scheme is transparent, effective and affordable. It is important that whoever delivers peer review programs complete ongoing evaluations.
- **2.5:** the documentation refers to MPS approved providers for courses and assessment. Although it is reasonable for the scheme to expect some level of quality for these education programs it seems excessive for a program to have to go through a process to be MPS approved. Currently these programs are delivered within health organisations and are accepted as appropriate by the profession.

  If the MPS administrator was going to go down the path of approving programs, it is questionable how this would occur. To have a fair and equitable process, standards would need to be developed and a transparent process would need to be used to assess programs. A cost would likely accompany this approval process, which would be passed onto the midwife completing the program.

  It would also be a conflict if the MPS administrator who assesses a program as being approved also conducts the programs.
- **2.6:** It is difficult to comment on this section, as the details of the course requirements have not been included.
- **2.7:** no further comment
- **2.8:** no further comment
- **2.9:** no further comment

Maintenance requirements:

- **3.1:** no further comment
- **3.2:** no further comment
- **3.3:** no further comment
- **3.4:** no further comment
- **3.5:** midwives should maintain portfolio evidence of reflective practice and clinical statistics of perineal assessment and repair, including satisfaction for women.
- **3.6:** no further comment
- **3.7:** no further comment
- **3.8:** no further comment
- **3.9:** no further comment
- **3.10:** refers to the Audit and Compliance Process which is not presented in the documents and the ANMF is therefore unable to comment on this section.
- **3.11:** no further comment
- **3.12:** no further comment
- **3.13:** refers to the ACM scope of practice statement, which has recently been added to the ACM website for consultation. The ANMF will be making a submission to this statement by the closing date of 5 November 2015.
- **3.14:** as the complete MPS clinical risk framework is not presented in this consultation, the ANMF is unable to provide any further comment.

Document 2: Australian College of Midwives

Birth at home Midwifery practice standards – Second consultation paper

Question 1 and 2 are not answered here as they relate to organisational details

Question 3: should there be a requirement for a second health professional to attend the birth?

ANMF Response:

Yes there should be a requirement for a second midwife (or if not available, a second registered health practitioner) to attend the birth. The NMBA Safety and Quality Framework have established this requirement therefore making this question redundant.

Question 4: If yes, do you think the second health professional should be a midwife (please provide a rationale)?

ANMF Response:

As outlined above the NMBA Safety and Quality Framework has established this as a requirement. Ideally the second health professional should be a midwife, however the ANMF supports the second person being a registered health practitioner if a midwife is not available or accessible.

Question 5: (If you answered 'no' to Question 4) if not a midwife, what skills and qualifications should the second health professional have?

ANMF Response:

As above - a registered health practitioner.

Question 6: Is there anything that should be added (please provide rationale)?

ANMF Response:

In reviewing appendix 1 – *Guidance for the midwife when the woman declines professional recommendations* and the accompanying flow chart, the ANMF has concerns regarding the *ACM National Midwifery Guidelines for Consultation and Referral*. As we have previously stated, if these guidelines are going to be used as a basis for national best practice, then consultation needs to occur on a national scale, including the opportunity for all midwives and relevant stakeholders to review and provide comment.

An aspect that is missing in both documents is reference to the importance of building a relationship with the woman in the antenatal period. It is within this relationship that clear communication about care and potential options must occur. This should be the basis for any ongoing conversations in the unlikely event that a woman or her baby's condition changes or abnormalities occur and she declines recommended care. The agreed plan should be documented.

Reference to the NMBA Safety and Quality Framework and the Australian Government, Department of Health, Clinical Practice Guidelines – antenatal care module 1, need to be added to these documents.

Question 7: Can you suggest any further example(s) of 'an established process for accessing real-time support? (please provide rationale)

ANMF Response:

Real-time assistance and support is an important aspect of providing care for an independently practicing midwife. Many midwives working in this context will be able to show evidence of having developed a support network of professionals, preferable local to their service, who they can call on when required.

Question 8: should these standards apply consistently to all midwives?

ANMF Response:

These standards should not apply to all midwives. Although this document could be used as a reference, midwives working in a context other than private practice are required to work within the NMBA Professional Practice Framework and the employing organisation's policies and procedures, which may be incongruent with these documents.

Question 9: Are the current standards workable for midwives working in rural settings?

ANMF Response:

The ANMF suggests the standards could provide additional challenges for midwives working in private practice in a rural or remote setting. There are elements in the proposed documents such as ambulance availability, real time assistance and the availability of a second midwife which may be difficult, and sometimes impossible to achieve in rural or remote settings.

Question 10: Please review all standards and appendices in the draft ACM Birth at Home Midwifery Practice Standards and provide feedback in relation to identified issues, gaps, omissions, duplications or errors.

ANMF Response:

Standard 1: no further comment

Standard 2: no further comment

Standard 3: no further comment

Standard 4: no further comment

Standard 5: reference should be made in this standard to the NMBA Safety and Quality Framework.

Real-time clinical and professional support should be expanded further so midwives understand what is required of them.

Standard 6: no further comment

Appendix 1: no further comment

Appendix 2: no further comment

Document 3: Australian College of Midwives

Transfer from planned birth at home guidelines- Second Consultation Paper

Question 1 and 2 are not answered here as they relate to organisational details

Question 3: Keeping in mind that these guidelines are speaking to the midwife, do you have further suggestions for what can be done by the midwife in the antenatal period to prepare for a potential transfer.

ANMF Response:

Earlier in this submission the ANMF has highlighted the importance of building a professional and trustful relationship with the woman within the antenatal period. This includes transparent and appropriate conversations and resources relating to care and care options. The information that should be included in these conversations includes:

- Care to be provided over the antenatal period
- Access to the midwife and other health professionals as required
- Recommendations for the woman to consider in making contact with the booking hospital and obtaining ambulance cover, if this is not already an option.
- Screening options
- Recommended planning for place of birth
- If home birth is an option, associated risks of giving birth in the home
- Circumstances in which the midwife may recommend a transfer to the booking hospital and the safest way this can occur.
- Action/s of the midwife in the event of the woman declining recommended care.
- Offering women opportunities for a second opinion antenatally if they do not agree with discussed emergency plans.
- Safety requirements for the midwife in accessing a woman's premises.

A communication and engagement strategy should also be included in the document.

It would be useful for both midwives, women and potential insurers for the MPS administrator to develop a tool outlining the above communication requirements. This document could articulate guidelines on criteria for home birth and when transfer is recommended. Best practice principles could also be included around how transfer should occur.

The term 'encouraging' should be replaced with 'recommend'.

Along with effective conversations, quality resources should be provided to the woman through various media. This will enable the woman to revise and consider the information at a suitable time and will aid informed consent.

Question 4: Is this process of transfer safe, practical and appropriate?

ANMF Response:

The ANMF recommends that transfer is done via ambulance, where possible. This is the safest place for the woman to continue to labour and for the midwife to maintain ongoing assessment and care.

The ANMF is concerned about reference what midwives should take in the event of an emergency. If a privately practicing midwife does not have an endorsement for scheduled medicines then it is unclear how they would have access to medicines. A guideline should be developed for each state and territory to ensure this is transparent.

Communication to the receiving hospital needs to occur in a reasonable timeframe, where possible, to ensure the hospital is able to manage their resources appropriately. When the birth deviates from normal then reasonable communication should be provided to the receiving hospital.

Question 5: Can you offer any further guidance for effective maternity carer collaboration in hospital?

ANMF Response:

Effective relationships need to develop early with the woman, midwife and the potential receiving hospital. This will aid communication and quality care.

The midwife should develop a professional relationship with the receiving hospital prior to potentially needing their support. This should include meeting with staff and providing information about themselves and their service. It is also important for the midwife to join any relevant education sessions provided at the health service, wherever possible. This will assist in building relationships and enable the midwife to professionally engage with colleagues.

Respect for professional obligations of all midwives and medical staff in the woman's care, irrespective of the context of practice, should be added into the guidance provided.

Hospital policies and procedures need to be considered by the privately practicing midwife.

Question 6: Is this process workable and practical?

Questions 7: Is this process respectful to the woman?

Question 8: Is this process respectful and safe for the midwife?

ANMF Response:

The issue of a woman declining a transfer to hospital can be avoided if effective communication has occurred between the midwife and the woman. In the exceptional circumstance where a woman makes an informed decision considering the risks of not being transferred to hospital, then the policy provides some guidance. The NMBA Safety and Quality Framework should be added to the process to ensure the midwife is meeting their regulatory responsibilities.

It is essential that the midwife can show a trail of communication between the midwife and the woman through the antenatal period, and during the birth, outlining the possible care options in varying scenarios. All discussions with the woman and her family should also be documented, including resources provided.

As this scenario would be extremely stressful for the midwife, it is recommended that the midwife completes a debrief session after the birth.

Question 9: Are the current guidelines workable for midwives working in rural settings?

ANMF Response:

As stated earlier The ANMF suggests the standards could provide additional challenges for midwives working in private practice in a rural or remote setting. There are elements in the proposed documents such as ambulance availability, real time assistance and the availability of a second midwife that may be difficult, and sometimes impossible to achieve in rural or remote settings.

Question 10: Please review all guidelines and appendices in the Second draft of the transfer from Planned Birth at Home Guidelines and provide feedback in relation to identified issues and gaps, omissions, duplications or errors.

Antenatal preparation for transfer: no further comment

Process of transfer: no further comment

Figure 1: Transfer process flow chart no further comment

Guidance for maternity carer collaboration at the receiving hospital: It should be noted that these can only be a recommendation for the receiving hospital.

Appendix 1- flow chart- recommended process in the event a woman declines transfer to hospital: no further comment

Appendix 2- template for written handover to hospital: handover from the privately practicing midwife and receiving hospital can be problematic and it would be useful if the MPS administrator could develop and provide a tool for midwives to document ongoing care during labour. This document could then be provided to the hospital in the event of a transfer.

The woman's full history should be provided to the hospital on transfer, as well as current vital signs.

If electronic records are used by the midwife, where time allows, these records should be sent to the receiving hospital prior to the woman's arrival. If it is a paper based system then these should be provided on arrival.

Appendix 3- The midwife's role and scope when caring for a women after transfer in hospital: no further comment

Definitions: no further comment

Guiding documents: no further comment

Conclusion

On behalf of our large cohort of midwife and student midwife members, the ANMF appreciates the opportunity to provide comment on the Midwifery Practice Scheme consultation papers including:

- Requirements for membership of the MPS
- Australian College of Midwives- Birth at home midwifery Practice Standards
- Australian College of Midwives- Transfer from planned birth at home guidelines

As the largest professional and industrial body for midwives within Australia, the ANMF has a substantial interest in midwifery practice and how professional indemnity insurance for privately practicing midwife requirements will affect our members.

The ANMF believe that all women regardless of their location or presence of clinical risk factors should have access to a known midwife. In order for this to occur, midwives need to have access to affordable professional indemnity insurance for intrapartum care.

For the MPS to be effective it needs to provide a framework that is accessible, affordable and practical. The scheme needs to find an important balance between providing a service to midwives that enables the required risk mitigation strategies but does not impose excessive requirements that midwives are unable to maintain.

The ANMF looks forward to further participation in the continuing consultation for the MPS.