



24 March 2015

Ms Tanya Vogt  
Chief Executive Officer  
Nursing and Midwifery Board of Australia

Via email: [Tanya.vogt@ahpra.gov.au](mailto:Tanya.vogt@ahpra.gov.au)

Dear Ms Vogt

### **Nursing and Midwifery Board of Australia: Safety and quality guidelines for privately practising midwives**

Thank you for the opportunity for the Australian Nursing and Midwifery Federation (ANMF) to provide advice to the targeted consultation with key midwifery stakeholders, on the draft revised *Safety and quality guideline for privately practising midwives* (PPMs).

As the largest professional and industrial organisation for nurses and midwives, the ANMF represents the greatest number of midwives in the country, with over 19,000 members registered as midwives. This is more than half of all practising midwives in Australia, according to the total number of 32,638 shown in the September 2014 statistics for the Nursing and Midwifery Board of Australia (NMBA).

While the proposed guidelines are specific to PPMs, the ANMF contends this is a document of relevance to all midwives, given the potential for any midwife to take up private practice, and the existence of many midwives who provide midwifery care in private practice concurrently with being an employed midwife. Accordingly, we consider the revised document clearly articulates up front the requirements for PPMs, and at the same time highlights the importance of the Professional Practice Framework (PPF) elements for all midwives (as per the draft Guidelines Appendices).

The ANMF is aware the NMBA *Eligible Midwife Registration Standard* is currently under review. We draw the Board's attention to the need to ensure consistency in language used in this Guideline and the final Registration Standard.

Our comments to follow address the four issues listed in your letter, which are, in brief:

- a) Endorsement by NMBA of Australian College of Midwives guidelines
- b) Criteria for homebirth
- c) Attendance at birth
- d) Travel distance and time

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#### **ANMF Journals**

**Australian Nursing and  
Midwifery Journal**

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**Australian Journal of  
Advanced Nursing**

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ABN 41 816 898 298

*NMBA point a).*

*Endorsement by the NMBA of the Australian College of Midwives (ACM) National guidelines for consultation and referral*

The ANMF maintains that any document endorsed by the NMBA and cited as required reference material to their safety and quality guideline for PPMs must have undergone the normal consultation processes for any other Board approved document. That is, NMBA documents must adhere to the following:

Clause 40 of the National Law which states:

- (1) If a National Board develops a registration standard or code or guideline, it must ensure there is wide-ranging consultation about its content.*
- (3) The following must be published on a National Board's website-*
  - a) a registration standard developed by the Board and approved by the Ministerial Council;*
  - b) a code or guideline approved by the National Board.*

Clause 41 of the National Law which states:

*An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.*

Australian Health Practitioner Regulatory Agency (AHPRA) policies and procedures:

- *Procedures for the development of registration standards, codes and guidelines*
- *Consultation process*

In addition to having undergone consultation as per the National Law and the AHPRA/NMBA policies and procedures, it is required that any document endorsed by the NMBA must be available on their website for downloading. This can then be accessed and printed by any midwife, student of midwifery, registered nurse, enrolled nurse, academic, medical practitioner, government bureaucrat, politician, or member of the public (particularly consumers of midwifery services), as an element of the *Safety and quality guidelines for privately practising midwives*.

The ANMF would be pleased to participate in the consultation, required under the National Law, on the *ACM National guidelines for consultation and referral*, when this is undertaken by the NMBA.

*NMBA point b).*

*Only women who are low risk be considered appropriate for a homebirth ie.*

- i. singleton pregnancy;*
- ii. cephalic presentation;*
- iii. at term and no evidence of significant pre-existing medical or pregnancy complications)*

The ANMF considers, as we have stated previously, that it is incumbent on the midwife to ensure all decisions, recommendations and options of care are focused on the needs and safety of the woman and her infant(s), and the midwife's own professional obligations. Taking this approach allows for more flexibility than is allowable under the proposed criteria outlined at point 2, but within a risk assessment and safety framework.

*NMBA point c)  
Two midwives in attendance at birth*

As is the NMBA's stated preference the ANMF also supports Option B) as a minimum requirement for staffing at all homebirths. However, if the second person is not a midwife, then a health practitioner registered under the National Law, and educated to provide maternal and newborn care, must be at each homebirth. The ANMF requests the following amendment to the wording for Option B:

*In addition to the PPM, a second health practitioner, registered under the National Law, for example, a midwife, medical practitioner, registered nurse, enrolled nurse, or Aboriginal and Torres Strait Islander Health Practitioner, with appropriate education and experience in maternal and newborn care, must be at each homebirth.*

We foresee that in many instances, particularly rural and remote settings, this second person will be a registered nurse with appropriate education in maternal and newborn care.

*NMBA point d)  
Consideration of safe distance and time to travel to an appropriately staffed maternity hospital service*

The following evidence statement needs strengthening: *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.* We suggest additional words are needed to a) re-insert the word 'maternity' before 'hospital service' and b) require the documented evidence of an agreed plan of action for retrieval or rapid transfer should an emergency situation arise.

*Additional comment*

We note the NMBA has changed the title of the document from 'Framework' to 'Guideline'. We support this change as it aligns with the language used in the draft *Eligible Midwife Registration Standard*. It is important the language in this document remains consistent with the Registration Standard.

We refer to Table 2 *Audit of practice for PPMs*: we argue the fourth category does not need to provide demonstration of compliance with the ongoing requirements of the *Registration standard for endorsement as an eligible midwife*, until such time as they are, in fact, endorsed as an eligible midwife.

Please do not hesitate to contact Julianne Bryce, Senior Federal Professional Officer, ANMF Federal Office, Melbourne on 03 96028500 or [julianne@anmf.org.au](mailto:julianne@anmf.org.au) should you wish to discuss these matters further.

Yours sincerely



Lee Thomas  
Federal Secretary