

# Collaborative Midwifery Partnerships:

Introducing Endorsed Credentialed Midwives into  
the Tasmanian Health Service

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# Background

- 1803 in Tasmania most babies were delivered at home by midwives
- No registration of midwives
- 1856 Coroner stated that some women 'were utterly unfit to deliver babies'
- 1880's charitable lying in hospitals provided for indigent and unmarried mothers
- 1897 Queen Victoria Hospital & in 1908 Hobarts Queen Alexandra Hospital were established
- Most babies were still delivered at home
- 1902 Midwives had to be trained and registered
- 1950's most births occurred in hospital
- 1970's alternative birthing practices were introduced- extended midwife care.



A woman giving birth on a birth chair, from a work by German physician [Eucharius Rößlin](#) 1470-1526



# The Contemporary Midwife

## DEFINITION OF THE MIDWIFE

A midwife is a person who has successfully completed a midwifery education program that is based on the ICM Essential Competencies for Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is recognized in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.

## SCOPE OF PRACTICE OF THE MIDWIFE

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.



# Continuity of Care

**Midwifery-led care has effects including the following:**

- a reduction in the use of epidurals, with fewer episiotomies or instrumental births.
- a longer mean length of labour as measured in hours
- increased chances of being cared for in labour by a midwife known by the childbearing woman
- increased chances of having a spontaneous vaginal birth
- decreased length of stay for hospital births



# Purpose of Endorsement

- Enables Midwives to have an expanded scope of practice. This includes:
  - \*Prescribing medications and ordering diagnostic testing.
- Provides women with further options for birthing.
- Improves access to health services
- Provides role satisfaction for the midwife.



# What is an Endorsed Midwife

An Endorsed Midwife is a Registered Midwife with Endorsement for Scheduled Medicines who provides autonomous and collaborative midwifery care. This role includes assessment and management of women throughout their pregnancy, birthing and postnatal period. Endorsed Midwives are able to refer women and their babies to health care professionals if indicated and can prescribe medications and order diagnostic investigations.

- across the continuum of care,
- or
- in a specified context of practice



# How to become an Endorsed Midwife

**Endorsement for scheduled medicines for midwives' states that a midwife seeking endorsement must be able to demonstrate all of the following:**

- Current registration with the NMBA as a midwife
- Registration as a midwife constituting the equivalent of three (3) years full time (5000) hours within the past six (6) years.
  - across the continuum of care,
  - or
  - in a specified context of practice

**Successful completion of:**

- an NMBA-approved program of study leading to endorsement for scheduled medicines, or
- a program that is substantially equivalent to an NMBA-approved program of study leading to endorsement for scheduled medicines as determined by the NMBA.



# Registration Standard- Requirements

## Once endorsed the midwife can apply for:

- a Medicare Provider number if Privately Practicing.
- a Pharmaceutical Benefits Scheme (PBS) prescriber number.
- Professional Indemnity Insurance to an amount of not less than \$20 million.
- Collaborative Agreement of a kind specified in the *National Health (Collaborative Arrangements for Midwives) Determination 2010 (Cth)* with a medical practitioner or Organisation.



**Privately practising midwives** are required to demonstrate compliance with the NMBA's Safety and quality guidelines for privately practising midwives.



# Drivers for Change

- Midwives have been lobbying the Tasmanian Government to provide endorsed and privately practicing midwifery service in the public sector for several years.
- Tasmania is the only jurisdiction that does not enable the practice of Endorsed and Privately Practicing Midwives in public hospitals
- Meeting the needs of the community which results in more birthing options for women and family centred care.
- Endorsed midwives, whether working in public or private practice have a pathway to provide care for their women that uses their full scope of practice and provide continuity of care.



# Timeline of Significant Project Achievements

Review Framework & Guidelines previously developed in 2016 and not approved

Stakeholders Engaged in Negotiation

Documents for Publicly Practicing Endorsed Midwives Approved

Collaborative Agreement to be finalised and sent to Crown Law for approval

Delay due to Restructure of State EDONM Office & COVID-19

Nov  
2019

Aug-  
Sept  
2020

Nov  
2020

March  
2021

June  
2021

Sept  
2021

Dec  
2021

The working Group was divided into 2 to focus on each Endorsed Midwife category

Established Governance structure to undertake work. Project Plan accepted by WACS Management  
First meeting of Working Group

Credentialling Process Approved for both Public & Privately Practicing Endorsed Midwives

PPM Documents Agreed

# Challenges

- ❖ Time out for staff to work together in the Working Group
- ❖ Getting key stakeholders together to discuss how this may work
- ❖ Meeting staff expectations. Working through issues
- ❖ Whose accountable?/Gaining trust
- ❖ Negotiation between Obstetricians and Privately Practicing Midwives on roles and responsibilities
- ❖ Negotiating processes with different THS Services/fee for service
- ❖ Researching other Jurisdictions and gaining permission to utilise their ideas
- ❖ Loosing focus on the project as other issues arose during negotiations that required addressing.
- ❖ Writing Documents
- ❖ Addressing legal concerns



# Enablers

## Working with the following stakeholders:

- THS Hospitals South Executive Director of Nursing
- RHH WACS Director of Nursing and Midwifery
- Chief Nurse and Midwifery Office
- Chief Pharmacist and Southern Region Pharmacist
- Nursing Director - Critical Care, Clinical Support and Investigations
- Director of Medical Imaging
- Director of Pathology
- Director of Pharmacy
- Obstetricians
- Senior Midwives and Managers
- DoH/THS Medico legal Advisors
- THS Revenue Management Finance and Business Support
- Privately Practicing Midwives
- THS Legal Compliance & Policy Committee



# Outputs



## Publicly Practising Endorsed Midwives

- Separate Identifier Number on the E-form Credentialling data base
- Process for Credentialling approved
- Information about the Endorsed Midwife working in the public for sector
- Clinical Practice Framework

## Privately Practicing Midwives

- Separate Identifier Number on the E-form Credentialling data base
- Process for Credentialling approved
- Information Brochure for Women
- Information about the Endorsed Midwife working in the public for sector
- Ways of Working Framework
- Collaborative Agreement

# Next Steps

## Publicly Practicing Endorsed Midwives

- Encourage Midwives especially in the Midwifery Group Practice and other models of Midwifery to consider becoming Endorsed to support and expand their practice.
- Publicise and market the Endorsed Midwife scope of practice to all Midwives.

## Privately Practicing Midwives

- Submit the Collaborative Agreement to Crown Law for approval
- Once approved, inform Privately Practicing Midwives of the new model of care available to them and their women.
- Inform Public Hospital staff of the new model of care and collaborative arrangements.






# Samples of Documents Developed

**TASMANIAN HEALTH SERVICE**  
 Endorsed Midwife Collaborative Agreement for Private  
 Midwifery Services  
 Between  
 (Name of Midwife)  
 and  
 Tasmanian Health Services- South  
 Women's and Children's Clinical Services  
 Obstetric/Medical Services

**TASMANIAN HEALTH SERVICE**  
**Women's and Children's Clinical Services (WACS)**  
**MATERNITY SERVICES**  
 The Privately Practising Midwife Collaborative working Partnership with the Obstetricians and Midwives when providing Midwifery Care to their Women in Maternity Services, Tasmanian Health Services - Hospitals South

**Ways of Working**



**TASMANIAN HEALTH SERVICE**  
**Women's and Children's Clinical Services (WACS)**  
**MATERNITY SERVICES**  
 Midwife with endorsement for scheduled medications (Endorsed Midwife) employed by Tasmanian Health Services South

**Clinical Practice Framework**

History, Assessment and Clinical Care (written notes)

Information Sheet- DRAFT

Endorsed Midwife employed within the Hospital South Maternity services will work to their full scope of practice.

**Women's, Adolescents & Children's Clinical Services (WACS)**  
 Tasmania South  
**DRAFT**  
 Privately Practising Midwives Agreement to Public Maternity Services South in State

Private Practice Midwives will be employed by the Tasmanian Health Services (TASHS) to provide midwifery care to women in the public maternity services in the State of Tasmania.

**Objectives:**

- To ensure that the Tasmanian Health Services (TASHS) provides a safe, high quality, evidence based, patient centred maternity service to women in the State of Tasmania.
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**Information Sheet- DRAFT**

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**We hope you have a wonderful birthing experience**

If you require any further information about this service, please contact the following:

**Director of Nursing and Midwifery**  
 Women's, Adolescents and Children's Clinical Services (WACS)  
 Telephone: 03 6166 6792

Or  
 To find and contact a private midwife go to:  
[findmymidwife.org.au](http://findmymidwife.org.au)  
 and  
 Friends of homebirth Tasmania via Facebook

**Contact Details**  
**Director of Nursing and Midwifery**  
 Women's, Adolescents and Children's Clinical Services (WACS)  
 Royal Hobart Hospital, Liverpool Street.  
 Hours: Monday to Friday 8:30am - 4:30pm  
 Telephone: 03 6166 6792

The Royal Hobart Hospital (RHH) is Tasmania's largest hospital and provides a number of specialist services including cardiothoracic surgery, neurosurgery, burns, transplant and diving medicine, trauma and paediatric intensive care and high-risk obstetrics.

Royal is also Tasmania's major teaching and research hospital and works closely with the University of Tasmania.

Many health care professions are taught within Royal - an important part of medicine is learnt about obstetrics and interventional patients.

We ask for your cooperation with our teaching and research activities. Your permission is required for photography.



Royal welcomes feedback from patients and visitors to help us better understand our needs and improve care. Contact the Consumer Liaison Service on 03 6200 2111.

**the RHH is a smoke-free site.**

**iii Esy**  
 From April 2022 - Patient Survey April 2022  
 Draft 6

**Privately Practising Midwives**  
 Provide continuous midwifery care, with access to Tasmanian Services in THE HOSPITAL SOUTH

**Consumer Information**  
 DRAFT 6



The Tasmanian Health Service

Women's & Children's Services-  
Hospitals South

Welcome Endorsed Midwives





Thank you for Listening.



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