



Collaborative Midwifery Partnerships:

Introducing Endorsed Credentialled 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 <u>Eucharius Rößlin</u> <u>1470-1526</u>



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

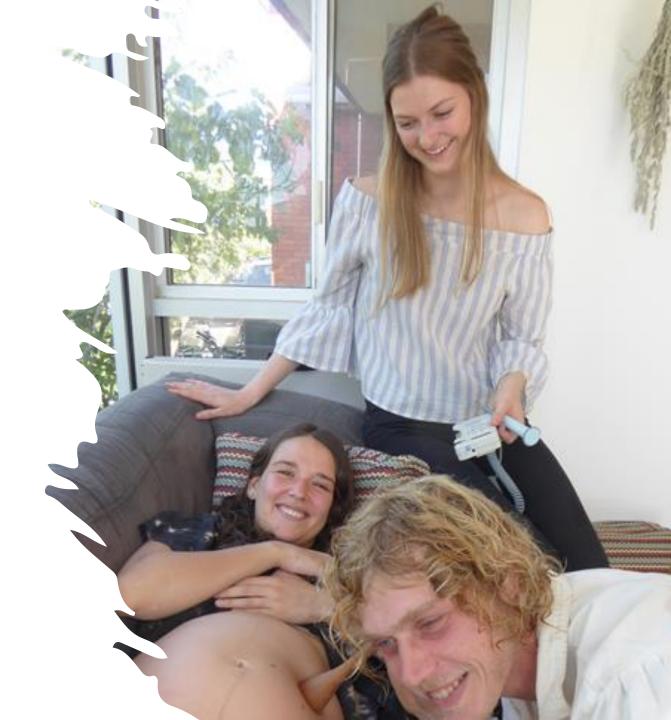


Purpose of Endorsement

• 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 NMBAapproved 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.



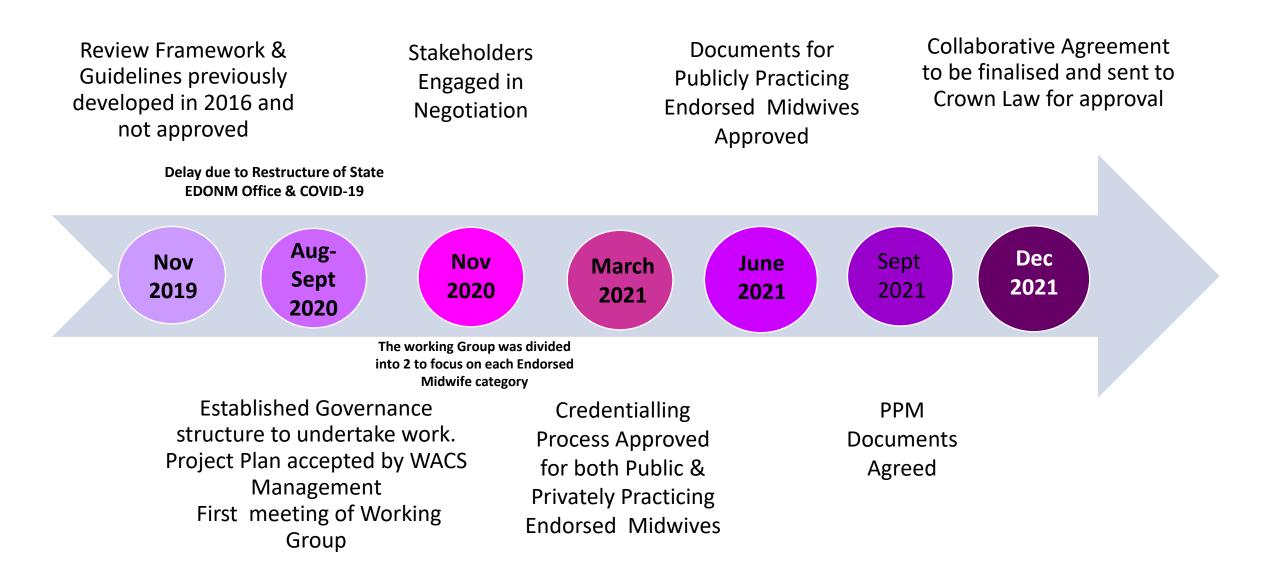
Privately practising midwives are required to demonstrate compliance with the NMBA's Safety and quality guidelines for privately practising midwives.

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



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



service, please contact the following: Bither Director of Nursing and Midwifery

Hours: Monday to Friday 8.30am – 4.30am Felephone: 03.6166.6792

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To find and contact a private midwife go to indmymidwife.org.au



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TASMANIAN HEALTH SERVICE



Women's and Children's Clinical Services

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STRATIC REPORT



The Tasmanian Health Service

Women's & Children's Services-Hospitals South

Welcome Endorsed Midwives



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