

Draft revised *Safety and quality framework for midwives*

April 2014

The National Registration and Accreditation Scheme ([the National Scheme](#)) for health professionals in Australia commenced on 1 July 2010 (18 October 2010 in Western Australia) under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

Under the National Law, the Nursing and Midwifery Board of Australia (National Board or NMBA) is responsible for regulating midwives, registered nurses and enrolled nurses and is supported in this role by the Australian Health Practitioner Regulation Agency (AHPRA).

The National Board approves registration standards, professional codes, guidelines and competency standards which together form the NMBA Professional practice framework (PPF) for midwives designed to guide professional, safe practice and ensure protection of the public.

About this safety and quality framework

The National Board has undertaken a comprehensive review of its *Safety and quality framework (SQF) for privately practising midwives providing homebirth* to support regulatory accountability for safe and professional midwifery practice. Through its governance approach of providing evidence based structures, systems and process reviews, the National Board continues its quality improvement work to ensure its accountability.

The draft revised *Safety and quality framework* encompasses the legislative and regulatory requirements for midwifery practice. It extends to all midwives regardless of place of practice and is a comprehensive approach designed to assist midwives shape their professional practice so they can provide safe, accountable, woman-centred care.

The draft revised framework is the core document for safe midwifery practice and to protect the public. It is the responsibility of all midwives, irrespective of how they work, to be cognisant of and engaged with this framework and ensure that the care they provide to women and their infant(s) is of the highest possible standard. This standard of care needs to reflect the National Board's PPF and SQF which together guide professional practice. Different jurisdictions may build on this framework.

The National Board recognises that privately practising midwives (PPM) can experience a level of professional isolation. Additional requirements to guide PPMs professional midwifery practice and ensure the safety of the public have been included in the draft revised SQF including requirements about education and reporting. These requirements are outlined further in this document.

How we regulate midwives in Australia

The National Board recognises the profession of midwifery and regulates midwives and students of midwifery in the following ways:

- development and approval of accreditation standards for approval of programs of study leading to registration as a midwife or notation and/or endorsement of an eligible midwife
- registration standards for initial registration and yearly renewal of registration and eligible midwives' notation and endorsement
- Professional practice framework for midwifery including professional codes, standards and guidelines
- audit of midwives' compliance with National Board registration standards, and
- management of notifications of 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 profession, such as nursing are also required to fulfil their regulatory obligations in relation to that profession.

Definition of a midwife

Modern midwifery facilitates the optimal experience of birth for pregnant women and their babies. Woman-centred care is the foundation of midwifery practice.

Intrinsic factors of a woman-centred approach recognise the right of the woman to self determination, being treated with dignity and respect and the importance of being able to develop supportive relationships with the carer. Woman-centred care optimises women's satisfaction by focusing on the woman's individual, unique needs, expectations and aspirations (AHMAC 2008).

Woman-centred care occurs in an environment that facilitates a partnership approach between the woman and the midwife in order to achieve the best possible health outcomes.

The principles inherent in the woman-midwife partnership are:

- informed choice and consent
- individual negotiation
- equality
- shared responsibility
- empowerment

The [International Confederation of Midwives \(ICM\)](#) defines a midwife as follows:

A midwife is a person who has successfully completed a midwifery education programme that is duly recognized 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 practice 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 (ICM international definition of the midwife 2012). www.internationalmidwives.org

The National Board has endorsed the ICM definition of a midwife and applied it to the Australian context.

Midwives in Australia are educationally prepared to practise across the full scope of midwifery practice as described in the definition of a midwife. Regardless of whether care is provided in paid employment, private practice or in a voluntary capacity, all midwives in Australia are accountable for the care that they provide to women and their infant(s). It is therefore incumbent on 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).

¹ Scope of practice forms a part of the ICM definition of a midwife.

Elements of the safety and quality framework

In Australia midwives practise in a variety of settings and are governed by the *National competency standards for midwives* available under [Codes and guidelines](#) on the National Board website. These competency standards are informed by the *ICM Competency standards for basic midwifery care* available on the [ICM website](#) and in turn form an integral part of the SQF for midwives.

The *National competency standards for midwives* provide the benchmark by which performance is assessed in order for a person to attain and retain the right to practise as a midwife in Australia.

There are a number of registration standards on the National Board website that set the benchmark, together with policies, codes and guidelines that guide midwifery practice. The requirements and guidelines of relevant state and territory legislation, professional associations, employers and the community also guide midwifery practice. The National Board acknowledges that midwives in paid employment also work within the parameters of the clinical governance of the employing organisation.

To provide a robust regulatory framework, and to ensure that midwives have clarity and support to practise in their roles with safety and quality, the National Board has approved this *Safety and quality framework*.

Core elements of the framework

The primary purpose of the SQF is to ensure the protection of the public.

The SQF outlines those registration standards, professional codes, guidelines and legislative requirements within which midwives must practise, thereby facilitating ongoing competence and safe practice.

The National Board requires midwives to practise in accordance with the SQF. Proven failure to comply with the SQF will incur disciplinary action by the National Board and may have significant consequences.

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

- Section 157 of the National Law requires the National Board to engage in a show cause process with the registrant before taking immediate action.
- 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.

While the National Board requires all midwives to practise in accordance with the SQF, there are also elements in this framework that specifically relate to eligible midwives*.

The elements of the SQF are as follows:

1. National competency standards
2. Scope of practice
3. Codes of professional conduct and ethics
4. Guide to professional boundaries
5. Recency of practice
6. Professional indemnity insurance
7. Continuing professional development
8. Decision making framework
9. Annual declaration
10. Audit of compliance with registration standards
11. Co-regulatory requirements of Medicare and the National Board*
12. Prescribing authority and compliance with state and territory legislation*

13. Collaborative arrangements*
14. Consultation and referral.
15. Guidelines for advertising of regulated health services
16. Mandatory reporting, and
17. Notification and management of performance, conduct or health matters, and
18. Clinical risk management.

1. National competency standards

Competence is the combination of knowledge, skills, attitudes and values and midwives must meet national competency standards.

The *National competency standards for midwives* (2006) are the core competency standards by which performance is assessed in order to obtain and retain the right to practise as a midwife in Australia. They form an integral part of the regulatory framework designed to assist midwives to deliver safe and competent care and are used by the National Board to assess midwives who are:

- educated overseas and seeking to register and practice in Australia
- previously registered and want to gain registration and return to practice after an absence;
- involved in notifications relating to health and/or performance and/or conduct matters.

These *National competency standards for midwives* are available under [Codes and guidelines](#) on the National Board website.

2. Scope of practice

The National Board has undertaken significant work in developing a range of regulatory documents many identified in this SQF to guide the determination of a midwife's scope of practice. The National Board 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 within the full scope of practice of the midwifery profession may require individual midwives to update or increase their knowledge, skills or competence.

Refer to the following:

- section on scope of practice of a midwife outlined under *Definition of a midwife* in this framework
- [Fact sheet on scope of practice for registered nurses and midwives](#).

3. Codes of professional conduct and ethics

The National Board has approved the *Code of professional conduct for midwives in Australia* and the *Code of ethics for midwives in Australia* as components of the SQF with which midwives must comply. Together they set the minimum standards that National Board expects all midwives to uphold. These codes are under [Codes and guidelines](#) on the National Board website.

4. Guide to professional boundaries

The National Board expects midwives to practise in a manner consistent with the *Code of ethics for midwives in Australia* and the *Code of professional conduct for midwives in Australia*, and other relevant professional standards. These documents provide a framework for legally and professionally accountable and responsible midwifery practice in Australia.

A midwife's *guide to professional boundaries* is available under [Codes and guidelines](#) on the National Board website. When read in conjunction with the codes of professional conduct and ethics, this guide to professional boundaries will assist the midwife to identify and differentiate the boundaries between professional and personal relationships with women and their families. This document may be particularly helpful to midwives in situations where there is concern about the extent of the midwife's

responsibility in times of conflict. The aim of this guide is to protect the community, stimulate reflection, generate discussion and guide decision making in all aspects of the partnership between midwives and women, their infants and families, in all practice settings.

5. Recency of practice

A midwife must be able to demonstrate that they have maintained adequate connection with the profession, and recent practice, since qualifying or obtaining registration. Midwives renewing their registration will fulfil this requirement if they can demonstrate one or more of the following:

- practice in midwifery within the past five years for a minimum period equivalent to three months full time
- successful completion of a program or assessment approved by the National Board
- successful completion of a supervised practice experience approved by the National Board.

The Board-approved Recency of practice registration standard is available under [Registration standards](#) on the National Board website.

6. Professional indemnity insurance (PII)

Under section 129 (1) of the National Law, midwives must have appropriate professional indemnity insurance (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 approved PII registration standard is available under [Registration standards](#) on the National Board website.

PII exemption

The National Law provides an exemption for PII to privately practising midwives providing intrapartum services in the home providing the following conditions are met. These conditions are outlined in section 284 of the National Law:

- woman must give informed consent
- midwife must comply with any requirements set out in a code or guideline approved by the Board included any reports to be provided, and
- midwife must comply with the requirements relating to the safety and quality of the midwife's practice.

The exemption to PII does not extend to any antenatal and postnatal care that may be provided. PII for antenatal and postnatal care remains the responsibility of the privately practising midwife and continues to be part of the approved registration standard for PII.

To be considered eligible for PII exemption from the insurance requirement of the National Scheme, all PPMs who provide homebirth services are required to comply with this Board-approved *Safety and quality framework (SQF)* and to be able to demonstrate the requirements with supported evidence as outlined in the table below:

Requirement	Evidence
Informed consent	Written consent given by a woman after she has been given a written statement by the midwife that includes <ol style="list-style-type: none"> 1. a statement that appropriate PII arrangements will not be in force in relation to the midwife's practice of private midwifery in attending homebirth and 2. any other information required by the National Board.
Practising in accordance with the SQF	The elements articulated throughout the SQF relevant to the midwife's registration are demonstrated and documented for peer review.
Submission of reports and data	Submission of the required data of all births as per each state & territory national perinatal data collection.
Referral pathways	Clearly articulated referral pathways for consultation and / or referral in accordance with <i>The National midwifery guidelines for consultation and referral</i> . Comprehensive clinical notes and referral letter to share with other health professionals engaged in the woman's care.
Collaborative arrangements	Demonstrate practice according to the requirements outlined in the <i>National guidance on collaborative maternity care</i> including comprehensive documentation.
Clinical audit	Comprehensive clinical notes to enable data collection, practise review and evaluation and guide reflective practice.
Peer Review	Successful completion of a Board-approved professional practice review program

Table 1. Legislative and policy requirements for PPMs claiming exemption for PII under S.284

Evidentiary requirements to claim exemption under S.284

Section 284 of the National Law enables PPMs to claim an exemption from requiring professional indemnity insurance for the intrapartum care provided when a baby is born at home.

This exemption must be claimed at the time of annual renewal of registration.

A PPM wishing to claim the exemption under S.284 must be able to demonstrate their compliance with both the SQF and the additional requirements set out in Table 1. when they make their annual renewal. This may be achieved in a number of ways, depending on how the PPM wishes to practise and what access they require to MBS and PBS. These options are outlined in Table 2.

Midwife	Midwife	PPM not providing homebirth services	PPM seeking S284 exemption for PII (providing homebirth services)	PPM working towards eligible midwife notation seeking S284 exemption for PII (providing homebirth services)	PPM with notation as eligible midwife seeking S.284 exemption	PPM with notation as eligible midwife & endorsement for scheduled medicines seeking S.284 exemption
Annual Requirement	Must comply with <ul style="list-style-type: none"> • SQF • Must ensure appropriate PII arrangements in place prior to practising. 		Must comply with <ul style="list-style-type: none"> • SQF • PII antenatal & postnatal care • Legislative and policy requirements in Table 1. 	Must comply with <ul style="list-style-type: none"> • SQF • PII antenatal & postnatal care • Legislative and policy requirements in Table 1. 	<ul style="list-style-type: none"> • SQF • PII antenatal & postnatal care • Legislative and policy requirements in Table 1. • Notation as eligible midwife 	<ul style="list-style-type: none"> • SQF • PII antenatal & postnatal care • Legislative and policy requirements in Table 1. • Notation as eligible midwife • Endorsement to prescribe scheduled medicines under S.94
Annual Evidence for PII exemption	Will not claim PII exemption.		Provide evidence of <ol style="list-style-type: none"> 1. Collaborative arrangements, 2. Clinical audit 3. Peer Review 	Provide evidence of supervision from an eligible midwife or medical practitioner	Demonstrate compliance as part of the Board-approved Professional practice review program which is undertaken every three years to maintain notation	

Table 2. Evidentiary requirements to claim PII exemption under S.284

Privately practising midwives wishing to claim an exemption under S.284 will be identified at renewal and will be required to provide evidence that they meet the specifications above. If they choose to be notated as an eligible midwife then there are evidentiary requirements that form part of the application for notation and ongoing compliance with the registration standard that will address these specifications in part.

In the event that a PPM does not yet meet, but is working towards the higher level criteria for notation as an eligible midwife, they must be practising under the supervision of an EM or medical practitioner. This is to occur until they attain the required competencies to be endorsed under the National Law as an eligible midwife.

A PPM who chooses / elects / decides not to practise with the notation as an EM, must be able to meet the S.284 evidentiary requirements outlined in Table 2 and provide annual evidence of compliance with those requirements. All PPMs who are not notated as EMs will be audited to ensure compliance with S.284 and policy requirements.

Eligible midwives

The National Board has identified the necessary skills, knowledge and experience required for qualification and notation as an eligible midwife in Australia. Notation as an eligible midwife applies to a class of registered midwives and not to all midwives. This notation under section 98 of the National Law provides potential for access to MBS in accordance with the requirements of Medicare. Recognition as an 'eligible midwife' under section 38(2) of the National Law enables a midwife whose scope of practice:

- is across the continuum of midwifery care (antenatal, labour, birth and postnatal care), and
- has the necessary competence and post-registration experience.

The Guidelines and assessment framework for the registration standard for eligible midwives is available under [Codes and guidelines](#) on the National Board website.

Eligible midwives with endorsement for scheduled medicines

The endorsement for scheduled medicines is a discrete and separate authorisation *in addition* to notation as an eligible midwife under the National Law. An endorsement for scheduled medicines allows an eligible midwife to prescribe medicines in accordance with the respective state and/or territory drugs and poisons legislation and other associated requirements.

The National Board has identified the necessary skills, knowledge and experience required for endorsement for scheduled medicines for eligible midwives in Australia. Under section 94 of the National Law, endorsement for scheduled medicines is gained through meeting the requirements of the *Registration standard for endorsement for scheduled medicines for eligible midwives*.

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 across the continuum of midwifery care.

7. Continuing professional development

Continuing professional development (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.

The approved CPD registration standard specifies an annual requirement of CPD per registration year that all registered midwives are required to complete and is available under [Registration standards](#) on the National Board website.

8. Decision making framework

The *National decision making framework* (DMF) developed in consultation with the profession forms part of the SQF. It 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.

The DMF for midwifery practice is available under [Codes and guidelines](#) on the National Board website.

9. Annual statement

Section 109 of the National Law requires that an applicant for renewal of registration includes a statement that a midwife makes and declares to be true when renewing their registration.

To maintain registration as a midwife, the midwife must declare that they have complied with all the standards, codes, guidelines and legislation governing midwifery practice.

Important elements of the annual declaration are:

1. Recency of practice
2. Continuing professional development (CPD), and
3. Professional indemnity insurance (PII) arrangements.
4. PII arrangements
5. Criminal history

10. Audit of compliance with registration standards

The National Law provides for an audit of compliance with registration standards at the discretion of the National Boards. The systematic gathering of evidence in relation to recency of practice, CPD and PII and helps validate the annual declaration that a midwife makes. Individuals who are audited are required to provide evidence that supports their declaration.

An audit may occur:

- at renewal of registration, in relation to the annual declaration
- during the National Board's audit of compliance to registration standards
- on application to the register from an applicant who was previously registered as a midwife, or
- on application for notation as an eligible midwife and/or endorsement of an EM to prescribe.

Any PPM claiming an exemption under Section 284 of the National Law, if audited will be required to provide the documentary evidence that supports their declaration. However, if the midwife claiming an exemption from PII is an eligible midwife, the requirements are specifically addressed through that notation.

11. Eligible midwives and Medicare

Eligibility and/or endorsement as a midwife with the National Board confers eligibility to apply for approval by the Health Minister as a 'participating midwife' under section 16 (a) and 16(b) of the *Health Insurance Act 1973* (Cth).

An eligible midwife has access to the Australian Government Medicare Benefits Schedule (MBS) and, where the eligible midwife is endorsed and has an authority to prescribe, the Pharmaceutical Benefits Scheme (PBS). These arrangements will enable patients of eligible and/or endorsed eligible midwives who are approved MBS and/or PBS participants, to access certain MBS rebates and PBS prescriptions.

12. Prescribing authority and compliance with state and/or territory legislation

Prescribing authority is conferred under the relevant drugs and poisons legislation of the Australian state or territory in which the endorsed eligible 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.

The National Board has approved a [Prescribing formulary for endorsed midwives with a scheduled medicines endorsement](#); however, the prescribing requirements are related to an endorsed eligible midwife's employment conditions and the drugs and poisons legislation within each state or territory.

An endorsed eligible midwife who does not comply with any requirements associated with prescribing may be the subject of a notification.

13. Collaborative arrangements

The *National guidance on collaborative maternity care* from the National Health and Medical Research Council website defines collaboration in maternity care as a dynamic process of facilitating communication, trust and pathways that enable health professionals to provide safe, woman-centred care. Eligible midwives who are assigned a Medicare provider number or Pharmaceutical Benefits Scheme prescriber number, have requirements for collaboration as described in sections 5 – 7 of the *National health (collaborative arrangements for midwives) determination, 2010* (Commonwealth). These specific collaborative arrangements are available online from the Commonwealth of Australia Law website.

Under this legislation, collaborative arrangements are required when women want to access Medicare rebates for the services provided by eligible midwives. The determination, allows midwives to enter a collaborative arrangement with an entire health service team, rather than a 'named medical practitioner'.

14. Consultation and referral

The *National midwifery guidelines for consultation and referral (guidelines)* published by the Australian College of Midwives aims to improve the quality and safety of health care and to meet national policy priorities. The *guidelines* provide individual midwives an evidence informed framework for the consultation and referral of care. The consultation and integration of care between midwives, doctors, other care providers and the woman instils confidence in provider, women and their families. The *guidelines* are structured around a set of core beliefs informed by international standards and best practice, and are structured to optimise the quality and efficiency of the care provided (ACM, 2013).

The *National midwifery guidelines for consultation and referral* are available on the Australian College of Midwives website.

15. Guidelines for advertising of regulated health services

Privately practising midwives intending to provide information to the public about the services they provide need to be aware of the National Board approved *Guidelines for advertising of regulated health services*. The purpose of the guidelines is to provide guidance about the interpretation of the provisions of the National Law that apply to advertising of regulated health services. Under the National Law, a regulated health service means 'a service provided by, or usually provided by a registered health practitioner'. These guidelines for midwifery practice are available under [Codes and guidelines](#) on the National Board website.

16. Mandatory reporting

Division 2 of the National Law requires health practitioners, employers and education providers to report *notifiable conduct* to AHPRA. The definition of notifiable conduct means the practitioner has:

- (a) practised the practitioner's profession while intoxicated by alcohol or drugs; or
- (b) engaged in sexual misconduct in connection with the practice of the practitioner's profession; or
- (c) placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment; or
- (d) placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.

Under section 39 of the National Law, the National Boards have approved guidelines for all health practitioners regarding mandatory reporting.

The National Board approved Guidelines for mandatory reporting are available under Professional practice guidelines in [Codes and guidelines](#) on the National Board website.

17. Notification and management of performance, conduct or health matters

Sections 156 and 157 of the National Law outline the National Board's responsibilities with regard to conduct, performance and health matters related to midwives. The National Board has a range of powers, including the power to take immediate action to protect the public. Read about immediate action in *Core principles of the framework* within this framework.

18. Clinical risk management

Notifying and reporting of incident and adverse events, or the more serious category of sentinel events aims to identify contributing factors and act upon them to better manage hazards and risks to improve systems of care and prevent reoccurrence of similar events. Reporting is a documented process in accordance with state and territory requirements which leads to appropriate investigation and action to prevent the problem reoccurring.

Policy and legislative requirements of the SQF

Elements of the SQF are divided into policy and legislative requirements for midwives as follows:

Policy	Legislative
NMBA Guidelines for professional indemnity insurance arrangements for midwives	NMBA registration standards: Eligible midwives Endorsement for scheduled medicines Recency of practice Continuing professional development Professional indemnity insurance Criminal history
Code of professional conduct for midwives	National Board audit of midwives
Code of ethics for midwives	Annual renewal of registration including declaration
Midwifery competency standards	NMBA Guidelines for mandatory reporting
Decision making framework	Notification and management of performance, conduct or health matters
Professional boundaries for midwives	Co-regulatory requirements between Medicare and the National Board
Australian College of Midwives consultation and referral guidelines	Medicare prescribing authority and compliance
NMBA Position statement on midwives in private practice	The National Health (Collaborative arrangements for midwives) Determination 2010 The Health Insurance Amendment Regulations 2010 (No. 1).
NMBA Explanatory note on home birth	NMBA Guidelines for advertising of regulated health services
National framework for the development of decision-making tools for nursing and midwifery practice	State and Territory Drugs and Poisons legislation
NMBA Guidelines and assessment framework for registration standard for eligible midwives Registration standard for endorsement for scheduled medicines for eligible midwives	
NMBA Prescribing formulary for endorsed eligible midwives	

Table 3. Policy and legislative requirements of the SQF

Glossary and abbreviations

Term or abbreviation	Definition
ANMAC	Australian Nursing and Midwifery Accreditation Council
AHWMC	Australian Health Workforce Ministerial Council
ACM	Australian College of Midwives
ICM	International Confederation of Midwives
MBS	Medicare Benefits Schedule
Homebirth	Section 284 of the National Law states “homebirth means a birth in which the mother gives birth at her own home or another person’s home.”
Eligible midwife	A midwife who satisfies the requirements of the <i>Registration standard for eligible midwives</i> and is identified by notation on the register of midwives as an eligible midwife.
Endorsed eligible midwife	An eligible 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.
Midwife	Section 113 of the National Law states the protected title is “Midwife” meaning a person whose name is included in the Register of Midwives kept by the National Board. The title Registered Midwife is not a protected title.
Privately practicing midwife	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.
PBS	Pharmaceutical Benefits Scheme
PII	Professional indemnity insurance
PPF	Professional practice framework
Practice	Any role, whether remunerated or not, in which the individual uses their skills and knowledge as a nurse or midwife. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/ or use their professional skills.
Scope of midwifery practice	That which the midwife is educated, competent and authorised to perform.
SQF	<i>Safety and quality framework</i> approved by the National Board
National Board or NMBA	Nursing and Midwifery Board of Australia

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- National Patient Safety Agency; *Making Childbirth Safer*. www.patientsafetyfirst.nhs.uk
- National Patient Safety Agency, National Health Service (NHS): *Seven Steps to Patient Safety; An overview guide for NHS staff*. www.npsa.nhs.uk/sevensteps

New Zealand College of Midwives (NZCOM) *Midwifery Standards Review Handbook*
www.midwife.org.nz

Nursing and Midwifery Board of Australia: *Guidelines on endorsement as a nurse practitioner.*
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