Role of the Endorsed Privately Practicing Midwife for Private Patients at WACHS Maternity Sites Procedure

1. Guiding Principles

The practice of the Endorsed Privately Practicing Midwife (EPPM), WA Country Health Service (WACHS) medical practitioners, midwives and other health professionals is to be based on mutual respect, cooperation and shared principles, to promote safe maternity care for any woman engaging an EPPM and giving birth at a WACHS Maternity site

The shared principles, that underpin this, are:

(a) care is woman centred

(b) care is provided within a cooperative, collaborative and efficient framework

(c) all communication between individuals is courteous, respectful, culturally sensitive and documented

(d) there is a high level of transparency between all care providers and the women

(e) **Midwifery care is provided in accordance with the Australian College of Midwives (ACM) National Midwifery Guidelines for Consultation and Referral** (the ACM Guidelines) and any relevant WA Health, WACHS, regional or site specific guidance.

This purpose of this document is to:

- provide guidance to WACHS maternity staff as to the EPPM scope of practice when credentialed to admit and provide care to their private patients within WACHS maternity services
- confirm that the clinical governance and support for EPPMs are consistent with the health service's existing policies and processes
- provide definition around the roles and responsibilities of the collaborating parties, including responsibilities for care planning and provision, documentation and reporting of information.

2. Procedure

2.1 Credentialing of the EPPM occurs in accordance with the:

- WA Health Credentialing and defining Scope of Clinical Practice for Health Professionals (Nursing and Midwifery) in WA Health Services – A Policy Handbook
- WA Health Resources to support Health Services facilitate Access and Credentialing for Eligible Midwives
- WACHS Credentialing of Nurse Practitioners and Eligible Midwives Policy

There is a quick reference guide for maternity managers which steps out the credentialing process for EPPMs (see Appendix 2 – WACHS EPPM Credentialing Process Summary Flow Chart).

2.2 Collaborative arrangements for the EPPM

Under the *National Health (Collaborative arrangements for midwives) Determination 2010* (the Determination), there are a number of options available for collaborative arrangements with the EPPM.

EPPMs are required to collaborate with doctors in order to offer Medicare rebatable services to women.

What is a collaborative arrangement?

A collaborative arrangement is an arrangement between an Endorsed midwife and a specified medical practitioner / or a health service that employs obstetric doctors which must provide for:

- consultation with an obstetric specified medical practitioner, or health service that employs obstetric doctors
- referral of a patient to a specified medical practitioner / or health service that employs obstetric doctors
- transfer of the patients care to an obstetric specified medical practitioner or health service that employs obstetric doctors, as clinically relevant to ensure safe, high quality maternity care.

There are five ways in which collaborative arrangements can be established under the Determination.

The following two methods are acceptable for EPPMs working within WACHS maternity service units:

1. **Collaboration with a named doctor**
    a. The EPPM has a signed agreement with a named obstetric doctor or doctors with admitting rights to that health service, and
    b. A signed letter by the named doctor/s indicating willingness to collaborate with the EPPM is provided with the EPPM credentialing application to the WACHS health service.

2. **Collaboration with the health service**
    a. The EPPM is credentialed at your maternity site and has a defined scope of practice for your site.
    b. This is predicated on the requirement for each Health Service Executive team to work with their local obstetric, paediatric and anaesthetic doctors (providing public hospital maternity services) to develop care pathways for women in the ACM Guidelines for women in Category B and C who require medical input at any stage in the continuum of maternity care (antenatal, intrapartum and postnatal). The details of the health service collaborative care pathways must then be included in the credentialing letter to the individual EPPM.

2.3 The Scope of Practice for Endorsed Midwives

Collaborative Arrangements	Scope of practice for private patients
With specified medical practitioner/s AND/OR With the Health Service	**Provision of midwifery care and lead carer for:** · women with no known risk factors · women identified with conditions in Category A of the ACM Guidelines. **Provision of midwifery care when the lead carer is identified and documented** (either the Obstetric medical practitioner or the Health service or the EPPM) **for:** · women identified with conditions in Category B of the ACM Guidelines. **Provision of midwifery care when the lead carer is either the Obstetric medical practitioner or the health service for:** · women identified with conditions in Category C of the ACM Guidelines. **Prescribing medication as per the WA formulary** (if notated as Endorsed on AHPRA registration). **Ordering of diagnostics as per the Medicare Benefit Schedule** (if notated as Endorsed on AHPRA registration). **Intravenous cannulation** (Maternal). **Perineal suturing** **Water birth**

Women with an ACM category of C condition can only be booked for care at WACHS regional hospitals where there is access to consultant obstetrician services.

The scope of practice for EPPMs booking women at non-regional maternity hospitals will be confined to:

- women with ACM category A or B conditions, and/or
- any relevant WACHS regional or site specific policies, and/or
- site specific resource constraints that may occur from time to time.

Exchange of information
The EPPM and WACHS staff are to exchange information in relation to the care of a woman accessing private midwifery care with the EPPM, which may involve information that is confidential and /or subject to privacy laws. It is acknowledged, that all clinicians are bound by their respective confidentiality and privacy law obligations.

2.4 Antenatal Care

Women who choose private midwifery care for all or part of their care with an EPPM are to be booked into the WACHS maternity site by their EPPM. The plan for care will depend on the women's health risks as per the most current version of the ACMNMGCR and any relevant WACHS policies, or regional / site procedures.

Booking women under EPPM

Referral for booking of patients under care of the EPPM is to be as per the process for all maternity bookings at that site. The EPPM is to complete and submit the usual midwifery booking paperwork required for that WACHS maternity site (including copies of the National Woman Held Pregnancy Record (NWHPR) and results of all diagnostics tests).

The EPPM is to submit a referral letter to the maternity manager for each booking which is to include an assessment of the woman's current ACM risk category and advise of the collaborative arrangements for that woman. An acknowledgement letter of booking by the maternity manager is to be provided back to the EPPM.

Upon booking in to the hospital, women should be provided with the consumer information pamphlet which outlines the fees incurred by being admitted as a private patient.

Women need a clear and unambiguous explanation of the consequences of private patient election including:

- the charges at the prevailing single and shared accommodation rate; medical and diagnostic services and any other relevant services
- that costs may not be fully covered by their private health insurance and that they should seek advice from their EPPM / doctor and health fund regarding the extent to which these costs are covered
- the option to choose their doctor(s), providing the doctors have private practice rights with the hospital and are available to care for the woman at the time of need for private medical care.

Women who have care provided by EPPMs, and who are booked at that WACHS maternity site, are able to access all relevant health services i.e. childbirth education, classes, Newborn Hearing Screening, mental health support, Social Work etc. Where applicable, the EPPM is to provide a relevant referral for the service, unless the woman is able to self-refer.

Process when Consultation, Referral or Transfer of Care is Required by the EPPM

At any time during the course of providing midwifery care, if the need arises for obstetric consultation and/or referral, the following requirements are to be met:

- The EPPM is to ensure that a timely consultation occurs when required with the woman's consent (as per the current ACM Guidelines).
- If any problems arise achieving an antenatal review appointment where the collaborative arrangement is with the Health Service, contact the relevant Maternity Unit Manager. In urgent circumstances, review can be arranged via Birth Suite or a health service Emergency Department.
- The consultation and/ or referral is to be to either the woman's collaborating named doctor, or the collaborating health service nominated obstetric team / doctor as per the health service/EPPM collaborative agreement.
- Recommendations for care, the woman's response and the agreed plan of care must be documented in the WACHS medical record. The consultation process is to be outlined along with a rationale for the decisions made and agreed.
- Following a consultation or referral, the lead carer must be clearly identified and documented as either the EPPM, the named collaborating doctor or the health service doctor.
- When a transfer of maternity care is indicated, a plan of care is made in consultation with the woman and her family, the EPPM and the attending Obstetric Consultant/Registrar/General Practitioner (GP).

See Appendix 1: EPPM Care Pathways Flow Chart

Women choosing care outside guidelines

- When a woman chooses care outside the recommendations provided in the ACM Guidelines, or any relevant WACHS policies, regional / site procedures, the EPPM must attempt to discuss with the woman (and with any hospital staff where applicable) the risks and benefits of the woman's decisions. It is important to explore available options and possible resolutions to address the woman's needs.
- Consultation with another midwife, the collaborating doctor or health service nominated obstetric team/doctor, should include discussion of the appropriate next steps if the woman continues to choose care outside the recommended guideline.
- To ensure informed consent, if the woman is in labour, it would then be usual for hospital staff to discuss their concerns directly with the woman.
- Document the advice, process and outcomes of discussions with date, time, name and status of all people involved.

Woman requires inpatient admission

When the woman of an EPPM requires antenatal or postnatal admission, the following pathways are available following consultation with the named collaborating doctor or health service nominated obstetric team /doctor:

1. **If the woman is privately insured, or is able to self-fund, the woman may be admitted as a private patient under:**
   - the EPPM for women in Category A, or Category B where the care plan identifies that the EPPM remains the lead carer, **or**
   - the named collaborating doctor for Category B or C women, **or**
   - the health service nominated obstetric team/doctor (if this option is available as per your maternity site's collaborative arrangement with the EPPM)/

EPPM patient billing is as per as per the normal private patient billing practice in each WACHS health service unit.

2. **If the woman is not insured and unable to self-fund, or there is not an agreed private medical care option, the woman's admission status may need to be changed to public.**
   - The EPPM can no longer provide midwifery care to public patients in her private capacity, as this would breach requirements of her professional indemnity insurance
   - The woman's election status is changed to public, which should be clearly identified in the WACHS medical record and provision made to ensure the change is recorded on the Patient Administration System (PAS).

2.5 Intrapartum Care

Commencement of labour

- Women are advised to contact their EPPM when labour begins to seek confirmation of labour, reassurance, and advice regarding maternal and fetal well being
- The EPPM will make an assessment of the woman's labour progress and plan ongoing care with the woman
- Where appropriate, and with time permitting, the EPPM contacts the Birth Suite with a summary of the woman's pregnancy, labour and time of possible admission

Presentation to hospital for labour and birth care

- Women will present to the Birth Suite for intrapartum care following consultation and advice from their EPPM.
- The EPPM is to liaise with the shift coordinator of the Birth Suite / maternity ward and inform them of admission, plan of care and ongoing progress. The shift coordinator is to provide staff to cover breaks when needed.
- The EPPM is to access / record information in the National Women Held Pregnancy Record (NWHPR) and the patient's hospital medical record.

- EPPM is to organise the woman to be admitted onto the hospital patient administration systems (PAS). PAS must reflect private status and the EPPM is to be named as the admitting midwife. Some uninsured women of the EPPM may elect to self-fund as private patients

In the event that the woman arrives before her EPPM the following applies:

- If the woman is not in established labour, she may be asked to wait in the waiting area provided until her midwife arrives, or
- If the woman presents prior to the arrival of the EPPM, and is assessed to be in established labour and/or requiring immediate attention, the core Birth Suite midwife is to provide midwifery care until the EPPM arrives.

Labour care communication

- Women are admitted to WACHS maternity services under the care of the EPPM as private patients unless a transfer of care has taken place.
- The lead carer is the EPPM unless otherwise stated.
- The shift coordinator /Team Leader is to be kept informed of the woman's progress by the EPPM on a regular basis.
- The labouring woman is cared for by their known EPPM, with ongoing assessment of the maternal and fetal wellbeing, progress of labour recorded on hospital medical records (partogram etc.).
- Health service employed midwives will not need to become involved with the woman's admission to Birth Suite unless consulted by the EPPM, or in any situation where the woman requires immediate/emergency attention.
- The EPPM is to advise the shift coordinator in advance if she/he requires relief for toilet or meal breaks.
- The EPPM is to call their back-up midwife to be the second attendant during the birth. The EPPM is to liaise with the shift coordinator if a hospital midwife is required to be in attendance during the birth.

Management of normal labour

Women and EPPM work in partnership and as such, their labour care has been discussed and planned throughout pregnancy and tailored to meet the woman's individual needs. Documenting the woman's specific needs, desires and preferences is encouraged.

- The EPPM works across the full scope of midwifery practice.
- The EPPM is responsible for all aspects of the woman's intrapartum care.
- Observation, assessment and care of the woman throughout each stage of labour should be in accordance with WA Health and WACHS endorsed maternity and neonatal clinical policies.
- All inpatient documentation is in the patient's WACHS medical record (including the partogram and progress notes).
- With reference to the WACHS endorsed KEMH clinical guidelines and any relevant WACHS policies, regional or site procedures, the EPPM's clinical judgement and the woman's informed wishes are utilised to determine care.

- As the labour progresses, it is beholden of all clinicians to ensure communication patterns are open and respectful.
- Any procedure, intervention, or deviation from the woman's initial plan of care must occur within the context of a discussion with the woman, her EPPM and the appropriate collaborating obstetric doctor. Informed consent is an essential principle of care, and documentation needs to reflect these discussions.

Labour care when consultation or referral indicated:

- If any deviation from the normal process of labour occurs, the EPPM consults and refers as per the most current ACM Guidelines and any relevant WACHS policies, regional or site procedures.
- In consultation with the woman, her EPPM and the named collaborating doctor, or health service nominated obstetric team / doctor, discuss and document an appropriate care plan which may or may not include a change of lead carer to the nominated obstetric team / doctor or collaborating obstetric doctor.
- Any conflict of clinical opinion between the shift coordinator or the collaborating doctor and the EPPM as to the need for consultation or referral of an EPPM client is to be escalated following the WACHS Maternity Care Clinical Conflict Escalation Pathway Policy.

Options for the role of the EPPM when the labouring woman requires admission as a public patient

1. If EPPM is employed as a casual employee of the health service, they can transfer to employee status and continue to provide midwifery care within their scope of practice, in collaboration with the obstetric team.
    - This option allows for continuity of carer and continuity of support for the woman.
    - Health services need to be mindful of safe working hours for the EPPM should care continue.
    - Health services further need to consider the necessity to engage as a casual within the unit's Nursing Hours per Patient Day.

2. If the EPPM is not currently employed as a casual of the health service, the EPPM can no longer provide private inpatient midwifery care (insurance does not currently cover EPPM for public patients)
    - The EPPM can remain as a support person only (if the woman chooses this support).

Fourth stage management

- The EPPM continues to provide care of the woman and her new baby during the immediate postpartum period.
- The EPPM is responsible for completing Stork, the birth registration and all relevant documentation required by the health service. The baby is registered as a public patient on PAS (all babies are initially registered as public regardless of health fund).

Note: All admitted eligible patients will be given a choice regarding the use of their Private Health Insurance and in the case of babies the choice will be determined by the parents/guardian. The expectation is that on admission if it is identified that the baby might be covered with private health insurance then the parents would be interviewed by the Private Patient Liaison Officer if available.

- The woman and her baby stay on Birth Suite for a minimum of two hours and if both are assessed to be well, can be discharged home within four to six hours of the birth unless there is indication for inpatient care.
- The EPPM performs maternal and neonatal discharge checks. The EPPM uses the most recent ACM Guidelines and any relevant WACHS, regional or site specific guidance
- The EPPM is responsible for providing their women with postpartum care in the home as required (up to six weeks).

2.6 Safe Working Hours For The EPPM

- It is generally accepted that EPPMs can work up to 12 continuous hours and need at least 8 hours within any 24 hour period continuously free of duty other than on call or recall
- In the case of an intrapartum woman where birth is not imminent, the primary EPPM should hand over care to another named EPPM after 12 hours, or earlier if deemed necessary by the EPPM
- If there is no private EPPM available to take over care, the care of the woman will then be handed over to the hospital midwives where:
    - the EPPM is collaborating with a named doctor, with private admitting rights, the woman can **remain as a private patient**
    - there is no collaborating private doctor or private health service doctor, the woman will be required to **become a public patient**.

2.7 Postnatal Inpatient – Responsibility for Midwifery Care

If a woman requires inpatient care in the postnatal ward she is to either be admitted:

a) privately under the name of the EPPM (Cat A or B with named lead carer) **or**
b) privately under the name of the collaborating doctor or the Health Service nominated obstetric team/doctor (if an option) **or**
c) admitted publically, if she is uninsured and unable to self-fund or requires medical admission when the health service has no doctor able to admit privately.

Women admitted as a public postnatal inpatient

- All inpatient postnatal midwifery care is to be provided by the hospital midwives as for all other inpatients.
- The postnatal ward midwife is to notify the EPPM of the woman being discharged and a discharge summary is to be provided to the women to give to her EPPM.
- Hospital early discharge home visiting services / postnatal follow-ups are not required as once discharged, care transfers back to the EPPM.
- Postnatal care is to be formally referred, and handed over, back to the EPPM for community care. It is the responsibility of the discharging hospital midwife to confirm acceptance of postnatal care with the EPPM.

Women admitted as a private postnatal inpatient

- The ward midwives are to be allocated to care for the woman and provide all the inpatient midwifery care (as for the woman admitted publicly above) and:
  - the EPPM is to aim to visit the woman and her baby daily (unless baby is admitted to Special Care Nursery). The EPPM is to communicate the timing of that visit to the maternity coordinator as soon as it is known
  - when the EPPM visits the woman/baby, a clinical handover is to occur with the ward midwife allocated to the woman/baby prior to, and at completion of each EPPM visit
  - the EPPM is to document in the relevant WACHS medical records, a plan of care specifying how they are to be contacted, when the next EPPM visit to the woman will be, and the plan for discharge.
  - any variances from normal during the woman's stay are to be communicated to the EPPM.

  It is important that postnatal ward staff and EPPM work together to provide the best care for the woman.

Neonatal cephalo-caudal checks

- The EPPM is to conduct the cephalo-caudal assessment at birth and refer any concerns / abnormalities identified as per the ACM Guidelines.
- The EPPM is to advise the woman to take her baby for a full physical assessment by the GP within seven to ten days of birth.
- If the collaborating doctor is required to attend the birth, or the woman post-natally, the medical cephalo-caudal assessment can be conducted at that time/

2.8 When the baby requires admission under the specialist paediatrician or neonatologist

- If the baby requires inpatient care as a qualified newborn / admitted to the Special Care Nursery, then following discussion with the parents, the baby is to be admitted as a public patient (unless the parents have suitable private health insurance cover and the doctor caring for the baby has private admitting rights).
- If the woman is well, she can be admitted as a private patient under the EPPM care. The role of the EPPM is then to be as above (see Women admitted as a private postnatal inpatient).
- The paediatrician will complete the neonatal cephalocaudal assessment for these babies.

3. Definitions

ACM	Australian College of Midwives
The ACM Guidelines	ACM National Midwifery Guidelines for Consultation & Referral
EPPM	Endorsed Privately Practising Midwife (this includes reference to the previous NMBA term of 'Eligible' midwife)
PAS	Patient Administration System
SCN	Special Care Nursery

4. Roles and Responsibilities

All staff including, the EPPM, are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

It is a requirement of the WA Health Code of Conduct that employees "comply with all applicable WA Health policy frameworks."

A breach of the Code may result in Improvement Action or Disciplinary Action in accordance with the WA Health Misconduct Policy or Breach of Discipline under Part 5 of the Public Sector Management Act.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

Monitoring of compliance with this document is to be carried out by the Maternity manager via seeking staff and EPPM feedback on a regular basis

7. References

Australian Government Department of Health - Eligible Midwives Questions and Answers
National Health (Eligible Midwives) Determination 2010
National Health (Collaborative arrangements for midwives) Amendment Determination 2013
National Health (Collaborative arrangements for midwives) Determination 2010

8. Related Documents

National Midwifery Guidelines for Consultation and Referral, Australian College of Midwives 3rd Edition 2013

The following documents to support sites with the credentialing process can be found via this link WACHS Intranet: Eligible Privately Practicing Midwives Credentialing:

- The WACHS EPPM Credentialing Application Form
- WACHS template EPPM Collaborative Care Arrangement with a Health Service
- WACHS template EPPM Collaborative Agreement with a Named Doctor(s)
- WACHS template EPPM Access Agreement with the Health Service
- WACHS template EPPM Credentialing Letter from the Regional Director

9. Related Policy Documents

WACHS Maternity Care Clinical Conflict Escalation Pathway Policy

WACHS Credentialing of Nurse Practitioners and Eligible Midwives Policy

10. Related Policies

WA Health Credentialing and defining Scope of Clinical Practice for Health Professionals (Nursing and Midwifery) in WA Health Services – A Policy Handbook

WA Health Resources to support Health Services facilitate Access and Credentialing for Eligible Midwives

11. Appendices

Appendix 1: EPPM care pathways as per ACM National Midwifery Guidelines for Consultation and Referral
Appendix 2: EPPM Credentialing Process Summary Flow Chart

This document can be made available in alternative formats on request for a person with a disability

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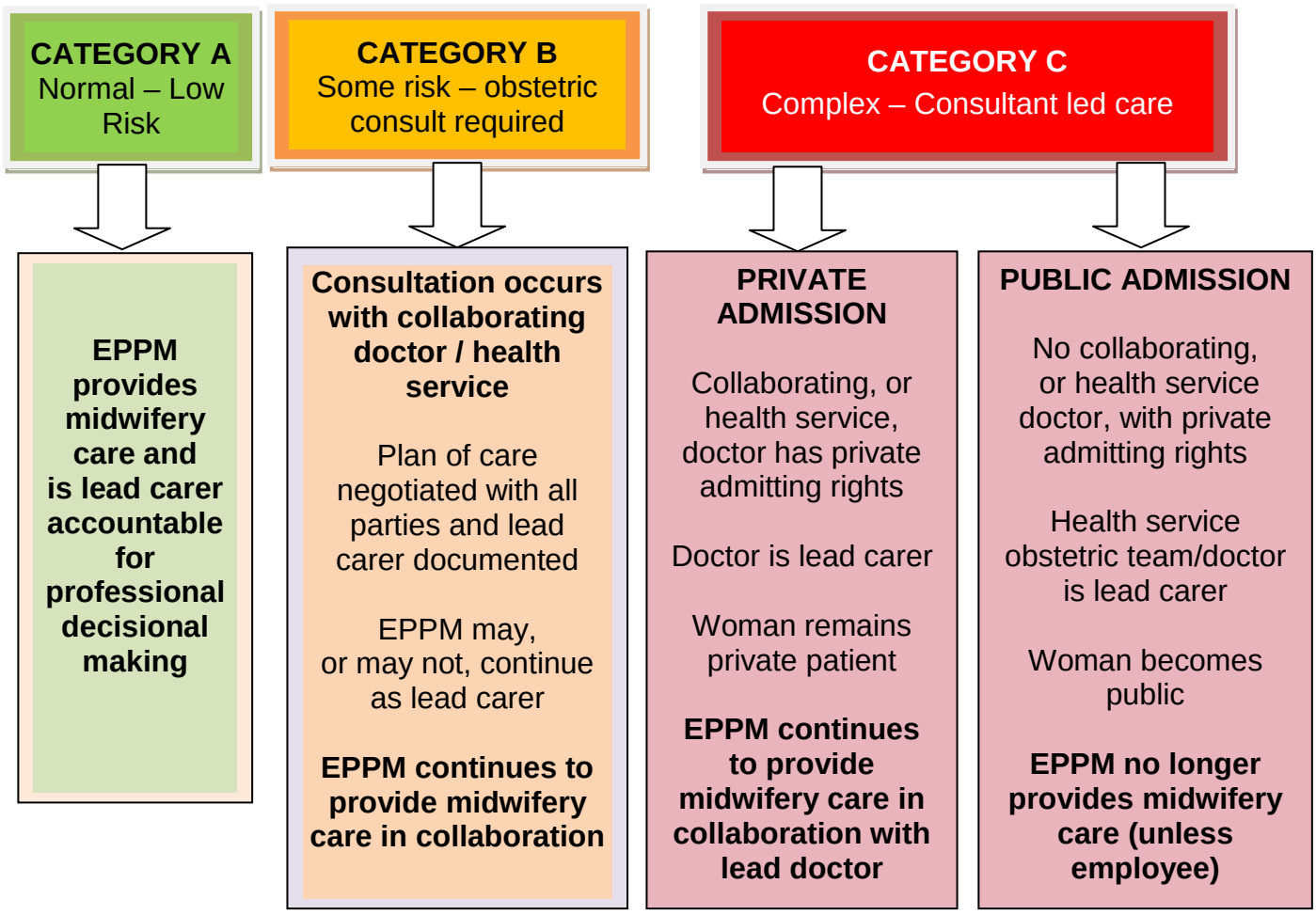
Appendix 1: EPPM care pathways as per ACM National Midwifery Guidelines for Consultation and Referral



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