

## Guidelines

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Effective from 1 July 2023

### Safety and quality guidelines for privately practising midwives

#### Introduction

The Nursing and Midwifery Board of Australia (NMBA) undertakes functions as set by the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). The NMBA regulates the practice of nursing and midwifery in Australia, and one of its key roles is to protect the public. The NMBA does this by developing registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of nurses and midwives in Australia.

#### About the Safety and quality guidelines for privately practising midwives

The *Safety and quality guidelines for privately practising midwives* (the guidelines) protect the public by articulating a robust regulatory framework to support the safe, professional practice of privately practising midwives (PPMs). The guidelines provide PPMs with current, evidence-informed regulatory information to enhance the provision of safe, high-quality care, facilitate workforce flexibility and improve access to midwifery services.

PPMs practise in a range of settings which are usually outside the routine governance arrangements of a health service. These guidelines describe the regulatory and clinical governance requirements that PPMs must comply.

Compliance with the guidelines is a requirement for all PPMs including PPMs seeking an exemption from holding professional indemnity insurance (PII) for the provision of intrapartum care during the course of a homebirth. Compliance is monitored through regular practitioner auditing.

Please note that these guidelines consistently uses the terms 'woman', 'maternity', 'she' and 'mother'. This is for clarity and is not intended to exclude pregnant people who do not identify as women.

#### What is a privately practising midwife?

PPMs are midwives who practise<sup>1</sup> the midwifery profession in a private capacity. PPMs can be sole practitioners, work in partnership models, operate their own business and/or attend homebirths as the second health practitioner. They can also be employed by a private midwifery business, contracted by a private business or practise in a voluntary capacity. PPMs who are credentialed with a health service can also provide private midwifery care to a woman that is admitted to the health service. Whilst providing private midwifery services in this capacity they are not employees of the health service.

Midwives who are employed by, or contracted to a private health service, a private obstetrician, obstetric group practice or Aboriginal Community Controlled Health Organisation (ACCHO); provide non-clinical midwifery services on behalf of a government, agency, authority or deliver policy, research, academic services or consulting are not considered PPMs for the purpose of these guidelines. If these midwives also offer private midwifery services i.e. they practise as the primary midwife during the course of a homebirth, practise as the second health practitioner during the course of a homebirth or provide non-

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<sup>1</sup> Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession.

intrapartum clinical care, education and/or midwifery advice to women and their families in a private capacity (whether paid or unpaid), they are considered PPMs for this aspect of their practice. This means compliance with the requirements of these guidelines, for this part of their practice, is mandatory.

## Context of practice

PPMs practise in a range of contexts that includes, but is not limited to:

- midwifery services in a woman's home (including antenatal care, homebirth, postnatal services and newborn care / sleep support),
- preparation for parenthood care, education and/or advice in a clinic or via technology-based consultations,
- antenatal care or antenatal education and/or advice in the home, in a clinic or via technology-based consultations,
- postnatal care (including newborn sleep support services) in a woman's home, clinic or via technology-based consultations, and
- perinatal services (including mental health support, pelvic floor/continence services, lactation consultancy) in a clinic, via technology-based consultations or in the home.

All PPMs in Australia are accountable for the care that they provide to women and their families regardless of their context of practice, type of remuneration or services provided.

## Who are the Safety and quality guidelines for privately practising midwives for?

The guidelines apply to PPMs who provide direct clinical care, education and/or midwifery advice to women and their families in a private capacity, whether paid or unpaid. This includes:

- PPMs who hold the Endorsement for scheduled medicines for midwives (the Endorsement) or who are working towards the endorsement,
- PPMs, endorsed or not endorsed, who provide clinical care, education and/or midwifery advice in all or some discrete areas such as preparation for parenthood, antenatal care, postnatal care and/or specialist lactation or newborn services, and/or
- PPMs, endorsed or not endorsed, who require an exemption from holding professional indemnity insurance (PII) for providing intrapartum care for homebirths (under section 284 of the National Law).

Midwives who practise in multiple roles i.e. as an employee of a health service (including ACCHOs) and as a PPM, must comply with the requirements of these guidelines for all aspects of their PPM practice.

## Compliance with the Safety and quality guidelines for privately practising midwives

To optimise safe, professional private midwifery practice, compliance with the requirements of the guidelines is mandatory for all PPMs who provide direct clinical care, education and/or midwifery advice to women and their families in a private capacity, whether remunerated or voluntary. This includes PPMs who practise via technology-based consultations and electronically e.g. via social media, digital health and so on.

## Private practice midwives as second health practitioners

PPMs who practise as the second health practitioner during a homebirth must comply with all requirements of the guidelines to be eligible for the PII exemption for delivering intrapartum services in the home.

To comply with the guidelines, PPMs who practise as a second health practitioner must meet each requirement relevant to the role of the second health practitioner and take all reasonable steps to ensure the primary PPM satisfies, or will satisfy, the full requirements of the guidelines.

## Registration standard: Endorsement for scheduled medicines for midwives

The NMBA, under section 94 of the National Law, has developed the [Registration standard: Endorsement for scheduled medicines for midwives](#) (the Endorsement). The Endorsement sets out the necessary skills, knowledge, and experience required for midwives to prescribe schedule 2, 3, 4 and 8 medicines and to provide associated services required for midwifery practice in accordance with relevant state and territory legislation. Midwives who hold the Endorsement are commonly referred to as 'endorsed midwives'.

Endorsed midwives are eligible to apply to access the Australian Government Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) so that women and their families can receive benefits for services or subsidies towards prescribed medications.

### Professional indemnity insurance

Under section 129(1) of the National Law, all midwives must have appropriate professional indemnity insurance (PII) arrangements for midwifery practice. Practising the midwifery profession without appropriate PII is a breach of the National Law.

*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 NMBA has developed the [Registration standard: Professional indemnity insurance \(PII\) arrangements](#) that details the requirements relating to PII arrangements for all nurses and midwives.

Under section 284 of the National Law, an exemption from holding PII only exists for midwives who practise as a PPM and provide homebirth services if they meet the eight requirements described in Table 1 below.

### Professional indemnity insurance exemption

The National Law provides an exemption to PII for PPMs delivering intrapartum services in the home providing the following requirements described in section 284 of the National Law are met:

- (1) *During the transition period, a midwife does not contravene section 129(1) merely because the midwife practises private midwifery if —*
  - (a) *the practice occurs in a participating jurisdiction in which, immediately before the participation day for that jurisdiction, a person was not prohibited from attending homebirths in the course of practising midwifery unless professional indemnity insurance arrangements were in place; and*
  - (b) *informed consent has been given by the woman in relation to whom the midwife is practising private midwifery; and*
  - (c) *the midwife complies with any requirements set out in a code or guideline approved by the National Board under section 39 about the practice of private midwifery, including—*
    - (i) *any requirement in a code or guideline about reports to be provided by midwives practising private midwifery; and*
    - (ii) *any requirement in a code or guideline relating to the safety and quality of the practice of private midwifery.*
- (2) *A midwife who practises private midwifery under this section is not required to include in an annual statement under section 109 a declaration required by subsection (1)(a)(iv) and (v) of that section in relation to the midwife's practise of private midwifery during a period of registration that is within the transition period.*
- (3) *For the purposes of this section, the transition period—*
  - (a) *starts on 1 July 2010; and*
  - (b) *ends on the prescribed day.*

The current transition period for the exemption has been extended to 1 July 2025.

PII is required for all other aspects of midwifery practice. The exemption to PII does not extend to any preparation for parenthood, antenatal, postnatal or newborn services care provided by the PPM, including midwifery advice and/or education delivered via telehealth. PII for any form of preparation for parenthood, antenatal and postnatal services remains the responsibility of the PPM to the standard required by the NMBA's [Registration standard: Professional indemnity insurance arrangements](#).

### Requirements of the Safety and quality guidelines for private practice midwives

This section sets out the regulatory requirements for all PPMs who provide direct clinical care, education and/or advice to women and their families in a private capacity, whether paid or unpaid. Compliance with these guidelines is mandatory, irrespective of context of practice, type of remuneration or services provided.

PPMs must be able to evidence that they meet each requirement described in Table 1 in full.

**Table 1: Mandatory requirements for privately practising midwives**

No.	Description	Requirements
1	Informed consent	<p>The PPM must obtain informed consent from the woman in their care.</p> <p><b>If the PPM is providing homebirth services:</b></p> <p>Consent must be in accordance with section 284 of the National Law which states that:</p> <p><b><i>informed consent</i></b> means written consent given by a woman after she has been given a written statement by a midwife that includes a statement that appropriate PII arrangements will not be in force in relation to the midwife's practise of private midwifery.</p>
2	Risk management	<p>The PPM must have a documented process for identifying, assessing, treating, monitoring and evaluating clinical and environmental risks.</p> <p>Clinical risk management resources and risk assessments should be developed and completed in accordance with the most recent / current edition of the Australian College of Midwives (ACM) <a href="#">National Midwifery Guidelines for Consultation and Referral</a>. PPMs who practise in a broader organisational context must comply with the risk management resources of the organisation or practice.</p> <p>PPMs who do not provide homebirth services must be skilled and current in obstetric emergency management, adult basic life support and neonatal resuscitation relevant to their scope and context of practice.<sup>2</sup></p> <p><b>If the PPM is providing homebirth services:</b></p> <p>The PPM must be skilled<sup>3</sup> and current<sup>4</sup> in obstetric emergency management, adult basic life support and newborn resuscitation.</p>

<sup>2</sup> PPMs who do not provide intrapartum homebirth services including but not limited to preparation for parenthood, antenatal education and/or care, postnatal education and/or care or lactation services must be skilled and current in emergency management skills relevant to their scope and context of practice. For example, a PPM who practises in a newborn sleep school or offers lactation consultancy must be skilled and current in adult Basic Life Support (BLS) and neonatal resuscitation. A PPM who only offers antenatal education must be skilled and current in at minimum, adult BLS.

<sup>3</sup> A PPM will be considered *skilled* in obstetric emergency management, adult BLS and newborn resuscitation if the practitioner has successfully completed the following:

- education and/or training in obstetric emergency management that is not part of a NMBA-approved, entry to practice program of midwifery study,
- an adult BLS course consistent with the Australian and New Zealand Committee on Resuscitation's (ANZCOR) resuscitation guidelines, and
- a basic or advanced newborn resuscitation course consistent with the Australian and New Zealand Committee on Resuscitation's (ANZCOR) newborn resuscitation guidelines.

<sup>4</sup> A PPM will be considered *current* in obstetric emergency management, adult BLS and/or newborn resuscitation if the practitioner has successfully completed relevant education and/or training within two years of each episode of care provided.

No.	Description	Requirements
		<p>Prior to a planned homebirth, the PPM must engage a second health practitioner registered under the National Law who is educated to provide maternal and newborn care, skilled and current<sup>5</sup> in obstetric emergency management, adult basic life support and newborn resuscitation, and ensure the registered health practitioner is present as the second health practitioner for the birth of the baby.<sup>6</sup></p> <p>When making decisions to accept or continue a woman's care, PPMs must consider and document the distance and time to travel from the woman's planned place of birth to an appropriate hospital. PPMs must understand the capability of local hospitals (including whether maternity services and anaesthetics/theatre are provided) should escalation of care be required.</p>
3	Referral pathways	<p>The PPM must hold, maintain and comply with a documented referral pathway/s to support timely and appropriate consultation and/or referral in line with the most recent/current edition of the ACM <a href="#">National Midwifery Guidelines for Consultation and Referral</a>.</p>
4	Clinical governance and reporting	<p>The PPM must contemporaneously document, collect and submit required data regarding clinical care and/or outcomes for women in their care as per state and territory and national perinatal data collection requirements.</p> <p>The PPM must have local processes in place to collect, analyse and reflect on their own data (and practice) to facilitate early identification of trends and/or issues, enable structured peer review/feedback and ensure continuous improvement. This may include but is not limited to audit measures such as intrapartum/postpartum transfer from homebirth to hospital rates and/or feedback from women and families regarding their experiences.</p> <p>If the PPM is an employee or in an employment-like relationship, the PPM must comply with the organisation's governance frameworks, policies, processes and reporting requirements.</p>
5	Documentation	<p>The PPM must document all episodes of care contemporaneously within designated clinical notes and/or pro forma documents, whether electronically or by hand. Documentation must be stored in an identifiable and complete health record.</p> <p>This includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• recording the provision of informed consent in accordance with section 284 of the National Law,</li> <li>• documenting management plans and escalation of care in accordance with the most recent edition of the ACM <a href="#">National Midwifery Guidelines for Consultation and Referral</a>,</li> <li>• recording all assessments, actions taken, investigations i.e., obstetric ultrasounds and pathology results, outcomes and reassessment processes (if necessary), risks, complications and changes to care plans (where relevant to the type of service provided), and</li> <li>• if providing home birthing services, developing comprehensive labour and birth records that contain relevant, complete and up to date information that correctly reflects the event being documented.</li> </ul>

<sup>5</sup> A health practitioner registered under the National Law will be considered skilled and current in obstetric emergency management, adult life support and neonatal resuscitation if the practitioner has successfully completed all relevant education and/or training as described in the previous footnote within two years of each attendance at a homebirth.

<sup>6</sup> In the event the second health practitioner is unexpectedly unable to attend the homebirth, the PPM must take all reasonable steps to ensure another health practitioner who meets the definition of *second health practitioner* is present for the birth. This may include engaging a paramedic or consideration to transferring care.

No.	Description	Requirements
		Health records / clinical notes must be maintained and stored securely in a way that preserves a woman's confidentiality in accordance with relevant Commonwealth, state and territory legislation.
6	Incident management	<p>The PPM must hold, maintain and comply with a documented incident management process that is consistent with the Australian Commission on Safety and Quality in Health Care's <a href="#">Incident Management Guide 2021</a> that:</p> <ul style="list-style-type: none"> <li>• supports women, their families and other health practitioners (where relevant) to communicate concerns or incidents via an established complaints management process,</li> <li>• enables open disclosure that is consistent with the <a href="#">Australian Open Disclosure Framework</a> to a woman (including her family, with consent) after an incident,</li> <li>• creates a log or record of all incidents,</li> <li>• includes a clear process that describes how an incident will be investigated to identify why and how an incident occurred and what will be done to ensure the incident does not reoccur and</li> <li>• includes a process for notifying and reporting incidents including sentinel events to the relevant state or territory health department, council or equivalent agency or authority, within the required timeframes.</li> </ul> <p>Incident reporting to relevant state and territory health departments and/or safety and quality agencies must be in accordance with authority requirements and legislative frameworks.</p>
7	Privately practising midwife portfolio	<p>The PPM must develop and maintain a privately practising midwife portfolio (PPMP). This must include but is not limited to a record of:</p> <ul style="list-style-type: none"> <li>• biennial (at minimum) participation in and contribution to a professional practice review program (PPRP),</li> <li>• completion of competencies, continuing education and/or training in obstetric emergency management, adult life support and neonatal resuscitation (where relevant to context of practice) in accordance with the NMBA's <i>Registration standard: Continuing professional development</i>,</li> <li>• evidence of compliance with the most recent edition of the ACM <a href="#">National Midwifery Guidelines for Consultation and Referral</a>.</li> <li>• evidence of compliance against each requirement in the <i>Safety and quality guidelines for private practising midwives</i>.</li> </ul>

### Audit of compliance

Depending on their context of practice, PPMs need to provide evidence of compliance with relevant requirements from Table 1 above to the NMBA. These requirements will be subject to audit. The audit scope is detailed below in Table 2.

An audit of compliance against the guidelines will usually be undertaken on a **three-yearly basis** or more frequently as determined by the NMBA.

**Table 2: Audit of private practice midwives**

Context of practice	Audit scope
PPM practising during a homebirth seeking an exemption from PII.	Evidence of meeting all requirements described in Table 1.
PPM practising as the <i>second health practitioner</i> during a homebirth seeking an exemption from PII.	Evidence of meeting all requirements described in Table 1 relevant to the role of the second health practitioner. Evidence of steps taken to ensure the primary PPM satisfied all requirements described in Table 1.
PPM with or without the Endorsement for scheduled medicines not practising during a homebirth and not seeking an exemption from PII	Evidence of meeting all requirements described in Table 1 relevant to the type of care provided.

### Failure to comply with the Safety and quality guidelines for privately practising midwives

Failure to comply with the guideline is likely to result in disciplinary action by the NMBA. Under Part 8 of the National Law, the NMBA has a range of powers when dealing with breaches, including the power to take immediate action:

- section 157 of the National Law requires the NMBA to engage in a show cause process with the registrant before taking immediate action, and
- 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.

The NMBA and the Australian Health Practitioner Regulation Agency (Ahpra) operate in a co-regulatory model in some jurisdictions i.e. New South Wales and Queensland and may not be the only entities involved in completing an assessment related to a notification that a PPM has failed to comply with the guidelines.

### Review of the Safety and quality guidelines for privately practising midwives

The guidelines will be reviewed as required. This will generally be at least every five years.

The guidelines were last reviewed and approved by the NMBA in February 2023.

## Appendix A: How the NMBA regulate midwives in Australia

The NMBA sets the standards, codes and guidelines that midwives (including PPMs) must meet to be registered in Australia. The standards include five core registration standards which are required under the National Law and other midwifery specific registration standards, practice standards, codes and guidelines. These standards, codes and guidelines provide midwives, employers and the public with information about the minimum standards required to practise safely and professionally as a midwife in Australia.

The NMBA regulates midwives and students of NMBA-approved programs of midwifery study in the following ways:

- developing, reviewing and monitoring compliance with registration standards for initial and ongoing registration under the National Law. The five registration standards are:
  - English language skills
  - Criminal history
  - Professional indemnity insurance
  - Recency of practice
  - Continuing professional development.
- developing, reviewing and monitoring the NMBA's professional practice framework for midwifery including the guiding Midwife standards for practice.
- approving accreditation standards for programs of study leading to registration as a midwife
- developing and reviewing registration standards for endorsement including endorsing midwives who hold additional qualifications and specific expertise
- auditing midwives' compliance with NMBA registration standards and guidelines, and
- managing complaints (notifications) made about a midwife's health, performance and/or conduct and midwifery students' health or criminal history.

Midwives who are registered in another health profession are also required to fulfil their regulatory obligations in relation to that profession.



## Appendix B: NMBA resources for midwives

**Table 2: NMBA resources for midwives, including privately practising midwives**

Resources	
Code of conduct for midwives	Midwives (including PPMs) must understand and comply with the <a href="#">Code of conduct for midwives</a> which sets out the legal requirements, professional behaviour and conduct expectations for midwives in all practice settings, in Australia.
Continuing professional development	Midwives (including PPMs) must understand and comply with the <a href="#">Registration standard: Continuing professional development</a> (CPD) which specifies the annual requirement of CPD for midwives per registration year. 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.
Criminal history	<p>Midwives (including PPMs) must understand and comply with the <a href="#">Criminal history registration standard</a> which specifies that all registered health practitioners must inform the NMBA if they are:</p> <ul style="list-style-type: none"> <li>• charged with an offence punishable by 12 months' imprisonment or more, or</li> <li>• convicted or found guilty of an offence punishable by imprisonment in Australia and/or overseas.</li> </ul> <p>When any midwife renews their registration with the NMBA they must disclose any changes to their criminal history.</p>
Decision-making framework for nursing and midwifery	Midwives (including PPMs) should use the <a href="#">National decision-making framework for nursing and midwifery</a> (DMF) to assist them to make decisions about accepting and making delegations. It also assists decision-making about practice and practice change.
Endorsement for scheduled medicines for midwives	<p>Midwives (including PPMs) who hold the Endorsement for scheduled medicines for midwives must understand and comply with the <a href="#">Registration standard: Endorsement for scheduled medicines for midwives</a> which describes the necessary qualifications that a midwife must demonstrate when applying for and maintaining the Endorsement for scheduled medicines for midwives.</p> <p>The <i>Registration standard: Endorsement for scheduled medicines for midwives</i> states that those who hold the endorsement are qualified to prescribe schedule 2, 3, 4 or 8 medicines appropriate for midwifery practice and to provide associated services required for midwifery practice in accordance with relevant state and territory legislation.</p>
Guidelines for advertising of regulated health services	Midwives (including PPMs) who provide information to the public about the services they provide must understand and comply with the NMBA's <a href="#">Guidelines for advertising a regulated health service</a> .

Mandatory notifications	<p>Midwives (including PPMs) must understand and comply with their responsibilities under the National Law regarding <a href="#">mandatory notifications</a>. There are four concerns that may trigger a mandatory notification. Depending on the type of concern, practitioners must assess the risk of harm to the public when deciding whether to make a mandatory notification.</p> <p>The four concerns are:</p> <ul style="list-style-type: none"> <li>• impairment</li> <li>• intoxication while practising</li> <li>• significant departure from accepted professional standards, and</li> <li>• sexual misconduct.</li> </ul>
Midwife standards for practice	<p>The <a href="#">Midwife standards for practice</a> are the core practice standards that provide the framework for safe, professional midwifery practice. The standards:</p> <ul style="list-style-type: none"> <li>• communicate to the general public the standards that can be expected of midwives (including PPMs)</li> <li>• determine the eligibility for registration of people who have completed a midwifery program of study in Australia</li> <li>• determine the eligibility for registration of midwives who wish to practise in Australia but have completed courses elsewhere</li> <li>• assess midwives who wish to return to work after being out of the workforce for a defined period, and</li> <li>• assess midwives who need to show that they are competent to practise.</li> </ul>
Recency of practice	<p>Midwives (including PPMs) must understand and comply with the <a href="#">Registration standard: Recency of practice</a> which requires that a midwife must be able to demonstrate that they have maintained adequate connection with the profession, and recent practice, since qualifying or obtaining registration.</p>
Scope of practice	<p>Midwives (including PPMs) must work within their scope of practice. The <a href="#">Midwife standards for practice</a> define scope of practice as the boundaries within which the midwifery profession is educated, competent and permitted to perform by law.</p> <p>The scope of the individual PPM's practice will vary depending on the context in which the PPM works, the health needs of women and baby/s, the level of competence and confidence of the PPM and where relevant, the policy requirements of the service provider.</p>

## Appendix C: Other resources for midwives

**Table 3: Other resources for midwives, including privately practising midwives**

Resources	
National Safety and Quality Primary and Community Healthcare Standards	<p>The Australian Commission on Safety and Quality in Health Care's <a href="#">National Safety and Quality Primary and Community Healthcare Standards 2021</a> can be used as a safety and quality framework for PPMs in their practice. These are an important resource for PPMs in their practice and should be well understood and where appropriate, applied.</p> <p>There are three primary and community healthcare standards that cover clinical governance, partnering with consumers and clinical safety. These include critical, evidence-based information on infection prevention and control, including implementable actions and lessons learned from the response to the SARS-Cov-2 (COVID-19) pandemic.</p>
Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS)	<p>Midwives (including PPMs) who hold the Endorsement for scheduled medicines for midwives are eligible to apply to the Commonwealth Health Minister as a 'participating midwife' under section 16 (a) and 16(b) of the <a href="#">Health Insurance Act 1973</a> (Cth) to access the Australian Government <a href="#">Medicare Benefits Schedule</a> (MBS). They are also eligible to access the <a href="#">Pharmaceutical Benefits Scheme</a> (PBS). Midwives (including PPMs) who are approved by the MBS and PBS must understand and comply with all related requirements.</p> <p>These arrangements enable women and their families to access certain MBS rebates and PBS subsidised prescriptions.</p>
Prescribing authority and compliance with state and territory legislation	<p>Midwives (including PPMs) must understand and comply with the conditions under which their prescribing authority is granted, including that 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.</p> <p>The prescribing scope of PPMs who hold the Endorsement for scheduled medicines for midwives may also be linked to the PPMs employment conditions.</p>
Restricted birthing practices	<p>Midwives (including PPMs) practising in South Australia and Western Australia must understand section 123A of the <a href="#">Health Practitioner Regulation National Law (South Australia) Act 2010</a> and the <a href="#">Health Practitioner Regulation National Law (WA) Act 2010</a> which states it is an offence for any person in South Australia and Western Australia, other than a midwife or medical practitioner registered under the National Law to carry out a restricted birthing practice.</p> <p>This restriction on birthing practices ensures that only practitioners registered under the National Law that hold the necessary education and training and that practice within accepted professional standards can provide these services.</p>

## Glossary

**Biennial** means every second/other year.

**Context of practice** means the conditions that define an individual's midwifery practice. These include midwives working across the continuum of care and midwives who work in a specific area of practice including preparation for parenthood, sexual and reproductive health, antenatal care, postnatal care and specialist lactation support.

**Direct clinical care** is when the PPM is directly involved in providing clinical care or providing oversight and/or supervision of other PPMs during the provision of clinical care to women and their families.

**Endorsed midwife** means a midwife who is endorsed by the NMBA via the *Registration standard: Endorsement for scheduled medicines for midwives* to prescribe schedule 2, 3, 4 and 8 medicines appropriate for midwifery practice. The midwife's endorsement is entered onto the NMBA Register of Midwives.

**Health service** includes the following services, whether provided as public or private services

- a) hospital services;
- b) mental health services;
- c) pharmaceutical services;
- d) ambulance services;
- e) community health services;
- f) health education services;
- g) welfare services necessary to implement any services referred to in paragraphs (a) to (f);

**Homebirth** means a birth in which the woman gives birth at her own home or another person's home (as defined under section 284 of the National Law). This may include locations hired, borrowed or otherwise engaged for the purposes of a birth i.e., Airbnb and hotels.

**Incident** means an event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a woman, her family or consumer; or a complaint, loss or damage. An incident may be a near miss. Incidents may also be associated with omissions where women and their families are not provided with a medical intervention from which they would have likely benefited.

**Medicare Benefits Schedule (MBS)** is a component of the Australian Medicare program that (as of 1 August 2020) lists more than 6,000 eligible private medical services for which subsidies are provided to health consumers. Subsidies for clinically relevant services provided by MBS-eligible health professionals including PPMs who hold the Endorsement, take the form of 'Medicare benefits' paid to the woman.

**Midwife** means a person whose name is included in the Register of Midwives kept by the NMBA.

The [ICM](#) defines a midwife as follows:

A midwife is a person who has successfully completed a midwifery education programme that is duly recognised 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<sup>7</sup>; who has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery and use the title 'midwife' and who demonstrates competency in the practice of midwifery.

A 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.

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<sup>7</sup> To become a midwife in Australia, an individual must first complete a program of study that has been accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and then approved by the NMBA. Programs of study leading to registration as a midwife in Australia are accredited according to the ANMAC *Midwife Accreditation Standards 2021*.

A 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 care of the child.

A midwife may practise in any setting including the home, community, hospitals, clinics or health units.<sup>8</sup>

**National Midwifery Guidelines for Consultation and Referral** means the most recent edition of the Australian College of Midwives resource framework for midwives caring for women at the commencement of care, during the antenatal period; throughout labour and birth; and in the postnatal period.

**National Law** means the Health Practitioner Regulation National Law, as in force in all Australian states and territories.

**National Scheme** means the National Registration and Accreditation Scheme for health professions. More information about the National Scheme is available at [www.ahpra.gov.au](http://www.ahpra.gov.au)

**Nursing and Midwifery Board of Australia (NMBA)** means the national body responsible for the regulation of nurses and midwives in Australia.

**Open disclosure** is the open discussion of adverse events that result in harm to a woman or her family while receiving health care with the woman, her family and/or carers. The elements of open disclosure are:

- an apology or expression of regret, which should include the words 'I am sorry' or 'we are sorry'
- a factual explanation of what happened
- an opportunity for the woman, their family and carers to relate their experience
- discussion of the potential consequences of the adverse event
- an explanation of the steps being taken to manage the adverse event and prevent recurrence.

**Pharmaceutical Benefits Scheme (PBS)** is an Australian Government program that creates a schedule of all the medicines available to be dispensed to health consumers at a Government-subsidised price. Midwives endorsed by the NMBA can apply for approval as PBS prescribers and may also be referred to as 'authorised midwives', that is, they are authorised to prescribe PBS subsidised medications.

**Practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a midwife. For the purpose of these guidelines, practice is restricted to the provision of direct clinical care, education and/or advice to women and their families only. It does not include working in management, administration, education, research, advisory, regulatory or policy development roles.

**Private capacity** means, without being exhaustive, practising the midwifery profession either in sole practice, as a partner in a partnership, or as an associate in an association with other practitioners i.e. as a director of a company or as an employee or contracted midwife of one of the aforementioned parties.

**Privately practising midwife (PPM)** is a midwife who practises the profession in a private capacity.

**Professional practice review program (PPRP)** means a formal peer or case review that may include maternal morbidity and mortality meetings, quality assurance and clinical audit or other meetings dealing with issues of practice review or clinical risk management.

Restricted birthing practice is defined under the National Law as an act that involves undertaking the care of a woman by managing the three stages (or any part of these stages) of labour or birth.

**Scope of midwifery practice** means that which the midwife is educated, competent and authorised to perform.

**Second health practitioner** is a health practitioner registered under the National Law who is who is educated to provide maternal and newborn care, skilled and current in obstetric emergency management, adult life support and neonatal resuscitation and demonstrates recency of practice relevant to their profession and endorsement (where applicable).

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<sup>8</sup> The NMBA has endorsed the [International Confederation of Midwives](http://www.icm.org.au) (ICM) definition of a midwife and has applied it to the Australian context.

**Social media** describes the online and mobile tools that people use to share opinions, information, experiences, images, and video or audio clips, and includes websites and applications used for social networking. Common sources of social media include, but are not limited to, social networking sites such as Facebook, Instagram and LinkedIn, blogs (personal, professional and those published anonymously), business search and review sites such as Word of Mouth and True Local, microblogs such as Twitter, content-sharing websites such as YouTube and TikTok, and discussion forums and message boards. For the purposes of this code, practice is not restricted to the provision of direct clinical care. For more information see [Social media: How to meet your obligations under the National Law](#).

**Technology-based consultations** are consultations that use any form of technology, including, but not restricted to videoconferencing, internet and telephone, as an alternative to face-to-face consultations.

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## Document history

**Approved by:** Nursing and Midwifery Board of Australia

**Date approved:** February 2023

**Date to commence:** July 2023

**Next review due:** July 2028

**Policy history:** Is this a new policy? **N**  
Does this policy amend or update an existing policy? **Y v2.2**  
Does this policy replace another policy with a different title? **N**

Approval date	Version	Reason for change
November 2024	v2.3	Removal of 'collaborative arrangements' references as this is no longer a requirement for endorsed midwives to access PBS from 1 November 2024.
December 2023	v2.2	Extension to s284 National Law exemption from professional indemnity insurance arrangements for privately practising midwives providing intrapartum care for homebirths to 1 July 2025.
June 2023	v2.1	Removal of advance copy watermark – date of effect 1 July 2023
February 2023	v2.0	Advance copy (2023) released Full review of previous <i>Safety and quality guidelines for privately practising midwives</i> .
October 2021	v1.2	Extension to s284 National Law exemption from professional indemnity insurance arrangements for privately practising midwives providing intrapartum care for homebirths to 31 December 2023.
June 2021	v1.1	Extension to s284 National Law exemption from professional indemnity insurance arrangements for privately practising midwives providing intrapartum care for homebirths to 31 December 2021. Updates to links within Table 1. Evidentiary requirements for privately practising midwives
February 2016	v1.0	Initial publication – date of effect 1 January 2017