



Department of Health

INTERIM REPORT OF
REFERENCE COMMITTEE TO REVIEW
RECOMMENDATIONS FROM NHMRC 1998 REPORT
"REVIEW OF SERVICES OFFERED BY MIDWIVES"

Enhanced Role Midwife Project

Enhanced Role Midwife Project

Professor Bryant Stokes AM
A/Commissioner of Health
Department of Health
189 Royal Street
EAST PERTH WA 6004

Dear Professor Stokes

On behalf of the Reference Committee which was established to review the recommendations from the National Health and Medical Research Council (NHMRC) report 1998 "Review of services offered by midwives", I am pleased to present this interim report to you.

The Reference Committee was formed as a result of a recommendation that was made to the Departmental Executive Committee of the Department of Health (DOH) (previously known as Health Department of Western Australia) in 1999, to review two particular recommendations from the NHMRC report. These recommendations relate to the ordering and interpreting of routine diagnostic tests, and the initiation and administration of certain pharmacological substances during uncomplicated pregnancy, labour, birth and the postnatal period.

Implementation of these recommendations would broaden the scope of midwifery practice by legitimising the enhanced role of the midwife that has developed over recent years. The mandate of this committee was to determine an operational framework for the implementation of this enhanced role in Western Australia.

The Committee was very conscious of its responsibility to you in the preparation of this interim report, and was aware of the interest which its recommendations would generate, not only by the nursing profession but also by the whole health industry of Western Australia. The Committee acknowledges the work of Dr Leanne Monterosso who drafted the initial Interim Report.

On behalf of the Reference Committee members I am happy to commend the report to you.

Yours sincerely

Professor Robin Watts
CHAIRPERSON

September 2001

ACKNOWLEDGEMENTS

Many thanks to the following members of the Reference Committee who contributed to the review of the recommendations from the NHMRC Report 1998 "Review of services offered by midwives".

Professor Robin Watts: Chairperson, Director of Policy & Planning, Curtin University of Technology

Robyn Collins: Director of Midwifery, King Edward Memorial Hospital

Karen Coyle: Australian College of Midwives Inc. (ACMI)

Phillip Della: Principal Nursing Adviser, Department of Health

Cathie Gallagher: Project Officer Nursing, Department of Health

Cath Graham-Smith: Practising midwife, North Metropolitan Health Service

Dr Joanne Ludlow: Consultant Obstetrician, King Edward Memorial Hospital

Athalie Pugh: Clinical Nurse Manager, North Metropolitan Health Service, practising midwife

Carol Thorogood: Coordinator, School of Midwifery, Edith Cowan University

Deputies

Janice Butt: Deputy for Robyn Collins, Nursing and Midwifery Educator, King Edward Memorial Hospital

Jennifer Wood: Deputy for Karen Coyle (ACMI), practising midwife

The members of the Reference Committee wish to acknowledge, with gratitude, the many people who have contributed to the information for this interim report.

The representatives on the various Special Content Groups, have all displayed considerable knowledge, willingness and commitment to their task. Their time, work and effort are much appreciated. Special thanks to Dr Helen Chambers, Chief Pathologist, King Edward Memorial Hospital for her advice regarding this review.

EXECUTIVE SUMMARY

The 1998 National Health and Medical Research Council Report (NHMRC) "Review of services offered by midwives" confirmed that the trend of increased responsibility in midwifery practice is occurring in all States and Territories of Australia. In January 1999 a recommendation was made to the Departmental Executive Committee of the Department of Health (DOH) to form a Reference Committee to review two particular recommendations from the NHMRC report. These two recommendations related specifically to the initiation and administration of pharmacological substances and the ordering and interpreting of routine tests by midwives. Both recommendations only apply during uncomplicated pregnancy, labour, birth and the postnatal period. Implementation of these recommendations would broaden the scope of midwifery practice by legitimising the additional responsibilities midwives have incorporated in their clinical practice in recent years. Due to the complexity of the issues involved, the Reference Committee limited the scope of this initiative to midwives employed within the Western Australian Government Health Industry (GHI). The beneficiaries of this initiative will be the women and babies of Western Australia who are cared for within the Western Australian GHI.

This report was written for the Commissioner of Health and the Departmental Executive Committee of the Department of Health to consider the implementation of the enhanced role midwife within the Western Australian GHI.

The Reference Committee have determined an operational framework for the implementation of the enhanced role midwife. The recommendations of the committee cover the areas of employment, certification, education, legislative changes, Clinical Protocols, and future development of the enhanced role midwife.

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RECOMMENDATIONS

The recommendations of the Reference Committee are the result of discussion and negotiation between the members of the Reference Committee and the special content groups.

1. EMPLOYMENT OF THE REGISTERED ENHANCED ROLE MIDWIFE

It is recommended that:

- 1.1 the enhanced role midwife is certified and practices within the Western Australian GHI;
- 1.2 the enhanced role midwife works in partnership with the healthy woman with an uncomplicated pregnancy and in collaboration with obstetricians, general practitioners and other key health professionals; and
- 1.3 the enhanced role midwife practices within the specified scope of practice, specific policies and guidelines relevant to the role.

2. CERTIFICATION OF THE ENHANCED ROLE MIDWIFE

It is recommended that:

- 2.1 discussion be held with the Nurses Board of Western Australia about certification of the enhanced role midwife; and
- 2.2 the responsibility for certification of the enhanced role midwife be vested with the Nurses Board of Western Australia.

3. EDUCATION

It is recommended that discussion be held with the Nurses Board of Western Australia on the following recommendations:

- 3.2 that the midwifery curriculum reflect the enhanced role midwife;
- 3.2 that certified enhanced role midwives complete the appropriate education components;
- 3.3 that midwifery re-registration curriculum reflect the enhanced role midwife, and that midwives planning to return complete the appropriate education components;
- 3.4 that registered midwives applying for initial registration (e.g. where their original registration is overseas or interstate) who wish to practice as enhanced role midwives complete the appropriate education components; and
- 3.5 that the enhanced role midwife be responsible for maintaining clinical competencies in conjunction with their employer.

4. LEGISLATIVE CHANGES

It is recommended that discussions with the Legal Services of the DOH regarding the enhanced role midwife should continue. These discussions could include but not be limited to the following:

- 4.1 that relevant amendments to the Nurses Act 1992 be made to legitimise the additional responsibilities and scope of clinical practice of the enhanced role midwife; and
- 4.2 that recommended legislative changes be made to the Poisons Regulations 1965 in regards to the Clinical Protocol for initiating and administering pharmacological substances (Refer to appendix A).

5. CLINICAL PROTOCOLS

It is recommended that discussions with the Chief Medical Officer, the Chief Pharmacist of the DOH, Employers and Professional Colleges and Associations occur regarding the following recommendations:

- 5.1 that the enhanced role midwife may initiate and administer a limited range of pharmacological substances restricted to those appropriate for use in uncomplicated pregnancy, labour, birth, delivery and postpartum as endorsed by the Chief Medical Officer and recommended to the Commissioner of Health;
- 5.2 that the enhanced role midwife may order and interpret routine diagnostic laboratory tests for use in uncomplicated pregnancy, labour, birth, delivery and postpartum as endorsed by the Chief Medical Officer (Refer to Appendix B);
- 5.3 that Clinical Protocols be developed and updated in consultation with the employer and the DOH; and
- 5.4 that the enhanced role midwife will appropriately refer women with abnormal test results to a medical officer.

6. FUTURE DEVELOPMENT

It is recommended that:

- 6.2 the Reference Committee continues to develop the operational framework for the implementation of the enhanced role midwife within the Western Australian Government Health Industry (GHI); and
- 6.2 the Reference Committee report its recommendations to the Commissioner of Health.

PART ONE

INTRODUCTION

In the Western Australian GHI, midwives have long provided care to mothers and babies of Western Australia. Demands of women seeking a non-interventionist approach to their pregnancy, labour, birth and postnatal care has led to a change in focus. The changed focus has included the implementation of midwifery-led care and this has resulted in changes to the role the midwife. Midwives now commonly assume additional and varied responsibilities that include the ordering and interpreting of diagnostic tests, as well as the initiating and administering of pharmacological substances. Although midwives perform these additional responsibilities within the boundaries of Clinical Protocols, these practices are not regulated by the legislative boundaries of their scope of practice.

The terms of reference for the Reference Committee were to determine an operational framework for the implementation of the enhanced role midwife in regards to the specific NHMRC recommendations relating to the ordering and interpreting of routine diagnostic tests and the initiation and administration of pharmacological substances during uncomplicated pregnancy, labour, birth and the postnatal period. For details refer to Appendix C.

BACKGROUND

The DOH has long employed midwives to provide midwifery care to mothers and babies within the Western Australian GHI. These midwives may be employed in a number of settings including hospitals, birth centres, community, or outreach settings. In Western Australia, maternity services have been concentrated in obstetric units, most of which are part of a general hospital. There is one free-standing tertiary perinatal referral centre located in Perth, the capital city. This centre provides obstetric, gynaecological, neonatal services and a domiciliary service for a limited period of time postnatally.

Historically, the delivery of maternity care in Western Australia has been based on a medical model of obstetric care [NHMRC, 1996]. Within this model of care, women enter hospital and are cared for by a team headed by a general practitioner obstetrician or specialist obstetrician. Even though the majority of these women have received antepartum care from a medical practitioner, most of the postnatal care of women and their babies whilst in hospital is provided by midwives unless particular medical or obstetric problems arise.

In recent years, the Western Australian GHI has responded to calls from women seeking a non-interventionist approach to their pregnancy and childbirth. This has resulted in the introduction of limited birthing centres and midwifery models of care. The midwifery model of care is based on the premise that pregnancy and childbirth are essentially normal life events, and that a mother has the ability to determine what is best for both her and her baby [Barclay, 1996]. The focus of the midwifery model of care is the provision of continuous care for women and their families throughout pregnancy, birth and the early postpartum period [ACMI, 1998]. The aim of this care is to provide the childbearing woman, her baby and family with as safe an outcome as possible; to offer her informed choices in the type of care she receives, and to ensure she retains control and responsibility during childbirth.

Currently within the Western Australian GHI hospital setting (as with other hospital settings) the midwifery model is often complementary to the standard medical approach, and both models are employed to provide care to women and their families. In a limited number of settings such as free-standing birthing centres, midwifery models are an alternative to the dominant medical approach to maternity care. The emergence of midwifery-led practice has created additional responsibilities for midwives including the ordering and interpreting of routine diagnostic tests, and the initiating of pharmacological substances.

In 1995, the National Health and Medical Research Council (NHMRC) endorsed the report titled "Options for Effective Care in Childbirth". In conferring its endorsement, the NHMRC requested that two recommendations be removed prior to publication, and that the National Health Advisory Committee (NHAC) should further consider the key elements within these recommendations.

These issues related to recommendations that the Australian College of Midwives Inc. (ACMI), in joint collaboration with the Joint Committee on Maternity Services should:

- (1) investigate a mutually agreed education program designed to provide the skill and knowledge necessary for the ordering and interpretation of a limited range of tests required for the assessment for normal pregnancy, and
- (2) investigate the feasibility of obtaining limited prescribing rights for midwives to prescribe a range of substances consistent with the care of normal pregnancy in healthy women.

In 1996, the NHAC established the Working Party to review the services offered by midwives. The NHAC Working Party addressed the issues of safety, cost and the impact on professional practice associated with extended midwifery services (i.e. the extent of practice and circumstances under which midwives prescribe or administer pharmacological substances, order and interpret screening and routine diagnostic tests during pregnancy, labour, birth, and the postnatal period). In view of the complexity of these issues, the review was limited to midwives employed by public maternity services where, in response to community requests, midwifery models of care are being increasingly introduced. The best available evidence was used to guide examination of these issues.

On completion of the review by the NHAC Working Party, a draft report was developed and then subjected to rigorous peer review consultation. As well, the professional opinions of several organisations were sought. The draft report was then released for public consultation. Following careful consideration of each submission, the NHAC Working Party made several amendments to the report.

In 1998 the NHMRC endorsed the NHAC report and released the document titled "Review of services offered by midwives" (NHMRC, 1998). The most compelling findings of the review were that midwives commonly order and interpret routine diagnostic tests during pregnancy, as well as administer pharmacological substances that have not yet been prescribed or ordered by a medical practitioner. As well, when caring for women and babies during uncomplicated pregnancy, labour, birth, and the postnatal period midwives generally work according to clinical guidelines. It was also shown that variation currently exists between States and Territories in the legislative arrangements governing the ordering of tests and 'prescribing' of pharmacological substances by midwives.

Furthermore, it was found that relevant legislation is currently under review in some States, with amendments pending. In view of these variances, the NHAC Working Party decided to restrict its considerations regarding midwives' extended involvement with the ordering of pharmacological substances to 'initiating' their use under agreed protocols, rather than 'prescribing' their use. The NHAC Working Party recommended clarification and resolution of these findings by appropriate hospital committees and, if required, amendments to legislation. The recommendations are detailed in Appendix D.

In January 1999 the Western Australian Commissioner of Health considered the recommendations made in the 1998 NHMRC report "Review of services offered by midwives". The Department of Health (DOH) Departmental Executive Committee endorsed the formation of a Reference Committee to review the recommendations of the 1998 NHMRC report "Review of services offered by midwives". Particular emphasis was placed on two recommendations relating to the ordering and interpreting of routine diagnostic tests and the administration of pharmacological substances by midwives during uncomplicated pregnancy.

In May 1999 the Minister for Health informed the Australian College of Midwives Inc. (ACMI) Western Australia, that a Reference Committee was to be established. The Commissioner then endorsed a recommendation for the Reference Committee to review these two recommendations and determine an operational framework for the implementation of the enhanced role midwife within the Western Australian GHI. An incremental approach to this process was taken.

Professor Robin Watts was invited to chair the Reference Committee and representatives from the following were sought:

- Australian College of Midwives Inc. (Western Australia)
- Department of Health - Principal Nursing Adviser
- Department of Health - Project Officer Nursing
- King Edward Memorial Hospital (KEMH)- Director of Midwifery
- King Edward Memorial Hospital - Consultant Obstetrician
- Practising midwives
- Tertiary sector – Midwifery Educator

Representation on the Reference Committee is outlined in Appendix E.

The scope of the Reference Committee was to determine:

- practice issues relating to the implementation of the enhanced role midwife;
- establish educational requirements relating to the implementation of the enhanced role midwife;
- the development of a request for quotation for the additional educational requirements for the enhanced role midwife in Western Australia.

The Committee worked in accordance with the Terms of Reference and considered issues of safety, cost, and the impact on professional practice. A copy of the 1998 NHMRC report "Review of services offered by midwives" was used as background information and as a reference point. The Reference Committee established a framework to guide the implementation of the enhanced role midwife in Western Australia. This included Clinical Protocols and policy, legislative requirements, and education requirements.

The first meeting of the Reference Committee to review recommendations of the 1998 NHMRC report "Review of services offered by midwives" was held in September 1999. The Reference Committee met on seven occasions and was assisted by three special content groups; Legal, Practice and Education content groups. The Reference Committee also consulted with appropriate speciality areas (e.g. Pharmacy and Microbiology Departments at KEMH).

Enhanced Role Midwife Project

The Practice content group reviewed the enhanced role of the midwife in Western Australia and the associated Clinical Protocols. It also considered the process for referral to medical practitioners and other health service providers and the lines of reporting responsibility and accountability. Two Clinical Protocols were developed:

- (a) the Clinical Protocol for routine laboratory screening tests to be ordered and interpreted by enhanced role midwives in Western Australia (Appendix B); and
- (b) the Clinical Protocol for the initiation and administration of selected pharmacological substances by the enhanced role midwife in Western Australia (Appendix A).

The Legal content group reviewed relevant legislation and acts. The group recommended changes to the Poisons Regulations 1965 to enable the enhanced role midwife to initiate and administer a limited range of pharmacological substances during uncomplicated pregnancy, labour, birth and the postnatal period.

The Education and Evaluation content group performed two functions. Initially, the group reviewed the education requirements for certification of the enhanced role midwife. As well, the group developed the request for the tendering process of the proposed education program (Appendix F). Following implementation of the education program, this group will conduct an evaluation and report its findings to the Reference Committee.

Currently, midwives employed within the Western Australian GHI commonly order and interpret routine laboratory screening tests during pregnancy, labour, childbirth and delivery, as well as administer certain pharmacological substances that have not yet been individually prescribed or ordered by a medical practitioner. Rather than midwives working in accordance with Clinical Protocols for the care of women and babies during uncomplicated pregnancy, labour, birth and the postnatal period. These practices are at variance with current legislative arrangements governing the ordering of laboratory screening tests and the initiation of certain pharmacological substances by midwives in Western Australia.

Formalising the enhanced role midwife in Western Australia, as well as providing an appropriate level of educational preparation would promote maternity care consistent with the care of healthy women having uncomplicated pregnancies. As midwives assume an increasing share of the responsibility for primary care of women during uncomplicated pregnancy and childbirth, medical teams should be able to devote more care and attention to women with potential or established pregnancy problems.

PART TWO

DEVELOPMENT OF THE CLINICAL PROTOCOLS AND A REQUEST FOR QUOTATION FOR DEVELOPMENT AND PROVISION OF AN EDUCATION PROGRAM FOR THE ENHANCED ROLE MIDWIFE IN WESTERN AUSTRALIA

The most important issue addressed by the Reference Committee was to determine the scope of advanced practice for the enhanced role midwife. The Committee consulted widely with key groups including the ACMI, New South Wales Midwifery Association, New Zealand Council of Midwives, Royal College of Nursing London, and the University of South Australia to determine current midwifery practices and experiences relating to the enhanced role midwife. In addition, a questionnaire regarding the current midwifery practice was sent to a number of Western Australian hospitals that offered maternity services (refer to Appendix G). This questionnaire was carried out in order to obtain current information about Clinical Protocols, practice and quality activities undertaken in the hospitals.

Discussion and consideration of significant issues regarding the implementation of the enhanced role midwife in Western Australia was undertaken. The Practice content group developed two Clinical Protocols in accordance with the recommendations:

- (a) the practice of ordering and interpreting a limited range of laboratory screening tests (Appendix B); and
- (b) the practice of initiating and administering, under agreed protocols, use of a limited range of pharmacological substances (Appendix A).

These two Clinical Protocols will be restricted to midwives who meet the following three requirements:

- midwives registered with the Nurses Board of Western Australia;
- registered midwives who are current employees within the Western Australian GHI; and
- only registered midwives who have completed the appropriate education components that have been accredited by the Nurses Board of Western Australia and are certified as an enhanced role midwife may order and interpret a limited range of laboratory screening tests and initiate a limited range of pharmacological substances within the scope of their practice, and in accordance with the Western Australian Poisons Regulations 1965.

Both of these Clinical Protocols should be supported as part of midwifery practice during uncomplicated pregnancy, labour, birth, and postnatal care.

The Education and Evaluation content group developed a request for quotation for development and provision of an education program for the enhanced role midwife. The final drafts of these documents were circulated to the Reference Committee in August 2000 before being sent to the Legal content group.

Enhanced Role Midwife Project

The request for quotation will formulate documentation to be used by DOH when seeking tenders for provision of an education program for the enhanced role midwife in Western Australia. For details on the aim of this project refer to Appendix F.

The Reference Committee agreed that an Advisory Group be formed by the DOH, to oversee the implementation and evaluation of the enhanced role midwife in Western Australia. The assigned role that the Advisory Group will undertake includes:

- implementation and direction of an operational framework for the enhanced role midwife; and
- liaison with the special Content Groups to address aspects of the project requiring knowledge outside the expertise of the Advisory Group. The areas that the Content Groups will address would include, but not be limited to issues such as the scope of practice/accountability, community needs, education, competence to practice, and legal liability.

Specifically the Advisory Group would recommend the process for:

- accreditation of the education program by the Nurses Board of Western Australia;
- amendments of the Poisons Regulations 1965 to legitimise the advanced practice of the enhanced role midwife;
- examining issues that relate to professional indemnity insurance;
- annual review of Clinical Protocols; and
- evaluation of the outcome/s following the role implementation.

Representation on the Advisory Committee has been sought from:

- Department of Health - Legal Services, Principal Nursing Adviser and Project Officer Nursing
- Education facilities – Tertiary Sector and KEMH
- Consultant Obstetrician
- Pharmacy – Chief Pharmacist from KEMH
- Pathology – Director of Pathology KEMH
- Australian College of Midwives Inc. (Western Australia)
- Practising midwife – representative from metropolitan and rural/remote areas
- Royal Australian College of General Practitioners
- Consumer group representative
- Nurses Board of Western Australia
- Chairperson of each content group

Endorsement for implementation of this project will be sought from the Department of Health Departmental Executive Committee.

PART THREE

CONCLUSION

The enhanced role midwife will make a valuable contribution to the care of women and newborn babies within the Western Australian GHI, during uncomplicated pregnancy, labour, birth and the postnatal period. These midwives will be highly skilled and provide advanced midwifery care in collaboration with the medical profession and other key health professionals.

The implementation of the enhanced role midwife will legitimise and support midwives who already function in enhanced practice roles. Maternity care will be delivered by midwives with extended educational preparation and skills designed to facilitate midwifery led practice. The enhanced role midwife will enable the provision of cost effective maternal and newborn health outcomes, increased consumer satisfaction and will offer recognition and support to the enhanced scope of midwifery practice.

The beneficiaries of this initiative will be childbearing women, their babies and families who receive maternity care within the Western Australian GHI. These people will be assured of quality maternity care during uncomplicated pregnancy, labour, birth and the postnatal period.

PART FOUR

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APPENDIX A

A Clinical Protocol for initiating and administering certain pharmacological substances by the enhanced role midwife practicing within the Western Australian Government GHI has been developed.

This Clinical Protocol has been developed in consultation with the Department of Health Reference Committee who reviewed the National Health & Medical Research Council report "Review of services offered by midwives 1998". This Clinical Protocol must be endorsed by the Chief Medical Officer of the DOH and reviewed by the Chief Pharmacist of the DOH on a six monthly basis.

The implementation this Clinical Protocol is subject to auditing, monitoring and quality assurance processes.

The Clinical Protocol is restricted to midwives who meet the following three requirements:

- midwives registered with the Nurses Board of Western Australia;
- registered midwives who are current employees within the Western Australian GHI; and
- only registered midwives who have completed the appropriate education components that have been accredited by the Nurses Board of Western Australia and are certified as an enhanced role midwife may initiate a limited range of pharmacological substances within the scope of their practice, and in accordance with the Western Australian Poisons Act of 1964.

Initiation of a limited range of pharmacological substances is restricted to only those appropriate for use in uncomplicated pregnancy, labour, birth and the postnatal period. This includes initiation of pharmacological substances in an obstetric emergency, e.g. Post Partum Haemorrhage (PPH) as listed on the Clinical Protocol document.

Medications for treatment of underlying conditions such as hypertension and asthma are not included. Medications for treatment of pathological conditions in pregnancy, childbirth and the postnatal period are to be prescribed by a qualified medical officer.

The Reference Committee would like to acknowledge the work done by the members of the Practice Content Group:

Catherine Chamberlain	Clinical Nurse Manager, Derby Regional Hospital
Robyn Collins	Midwifery Director, (KEMH)
Karen Coyle	ACMI
Cath Graham Smith	Practising Midwife, North Metropolitan Health Service (NMHS)
Cathie Gallagher	Project Officer Nursing, DOH
Dr Joanne Ludlow	Obstetrician/Consultant, KEMH
Penny Jackson	Clinical Midwife, KEMH
Sue McDonald	Research Nursing & Midwifery KEMH
Athalie Pugh	Clinical Nurse Manager Midwifery, NHMS
Christine White	Clinical Midwifery Specialist KEMH

APPENDIX B

A Clinical Protocol for laboratory screening tests to be ordered and interpreted by the enhanced role midwife practicing within the Western Australian GHI has been developed.

This Clinical Protocol has been developed in consultation with the Department of Health Reference Committee who reviewed the National Health & Medical Research Council report "Review of services offered by midwives 1998". This Clinical Protocol must be endorsed by the Chief Medical Officer of the DOH and reviewed on a six monthly basis.

Only registered midwives who have completed the appropriate education components that have been accredited by the Nurses Board of Western Australia and are certified as an enhanced role midwife may order and interpret routine laboratory screening tests in relation to uncomplicated pregnancy, labour, birth and the postnatal period for women and their newborn.

Enhanced role midwives practicing in Western Australia will refer women with abnormal test results to their medical officer.

APPENDIX C

Terms of Reference

The terms of reference for the Reference Committee to review the recommendations of the 1998 NHMRC report "Review of services offered by midwives", specifically those relating to the ordering and interpreting of routine diagnostic tests, and the initiation and administration of pharmacological substances during uncomplicated pregnancy, labour, birth and the postnatal period were to:

- 1 determine the operational framework for the implementation of the enhanced role midwife within the Western Australia GHI including but not limited to aspects such as legislation, registration, Clinical Protocols, education and competence to practice, credentialling, and implementation of the midwifery course;
- 2 establish special content groups to address aspects of the review requiring knowledge outside the expertise of the Reference Committee;
- 3 advise and support the special content groups;
- 4 determine the impact of recommended changes in midwifery practice on other aspects of health and medical practice;
- 5 determine and implement valid mechanisms to evaluate the impact of recommended changes in midwifery practice on women and their babies;
- 6 determine and implement valid mechanisms to evaluate the impact of the recommended changes in midwifery practice on other aspects of health and medical practice; and
- 7 report the outcomes and develop the final report, making recommendations for consideration by the Commissioner of Health.

APPENDIX D

Recommendations from 1998 NHMRC report "Review of services offered by midwives" [NHMRC, 1998]

Recommendation 1

Australian public maternity services should formally acknowledge that midwives are already ordering and interpreting a limited range of tests and initiating the use of a limited range of pharmacological substances as part of routine midwifery practice for the care of women and babies during uncomplicated pregnancy, labour, birth and the postnatal period.

Recommendation 2

The practice of midwives ordering and interpreting a limited range of tests and initiating, under agreed protocols, the use of a limited range of pharmacological substances, should be supported as part of midwifery practice in Australian public maternity services for uncomplicated pregnancy, labour, birth, and postnatal care.

Recommendation 3

The ordering and initiating rights of midwives, under agreed protocols, should be limited to tests and pharmacological substances, for which there is evidence of benefit for uncomplicated pregnancy, labour, birth, and postnatal care. Currently, this includes the following tests/substances:

			Evidence of benefit
Pregnancy(antenatal)	Tests	Routine blood tests as specified by the institution Mid-stream urine Cervical (Pap) smear	Levels II, III-2 and III-3 Level I Level III-2
Labour and birth	Tests	Routine cord blood tests as specified by the institution	Level II
	Substances	Narcotic analgesia	Level IV
		Local anaesthetics	Level IV
		Nitrous oxide	Level IV
		Antiemetics	Level IV
	Oxytocics in third stage management	Level I	
Postnatal	Tests	Neonatal screen ('heel prick') Cervical (Pap) smear	Level III-2 Level I
	Substances	Narcotic antagonist Vitamin K	Level IV Level I

Levels of evidence ratings

Level I	Evidence obtained from a systematic review of all relevant randomised controlled trials
Level II	Evidence obtained from at least one properly designed randomised controlled trial
Level III-I	Evidence obtained from well-designed controlled trials without randomisation. III-2 Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one centre or research group. III-3 Evidence obtained from multiple time-series with or without the intervention. Dramatic results from uncontrolled experiments (such as the results of the introduction of penicillin treatment in the 1940s) could also be regarded as this type of evidence.
Level IV	Represents the opinions of respected authorities based on clinical experience, descriptive studies or reports of expert committees.

Recommendation 4

To ensure safe practice in the ordering and interpreting of a limited range of tests and initiating, under agreed protocols, a limited range of pharmacological substances, State/ Territory authorities, in collaboration with relevant professional and educational bodies, should identify the educational preparation and assessment required on a national basis for:

- midwifery students; and
- registered/endorsed midwives wishing to practise in such collaborative models of midwifery care

Consideration should also be given by professional bodies and institutions to the means, whereby ongoing competency will be determined, and the period of time for which midwives' certification should remain current, with due regard to the circumstances of midwives in rural areas.

Recommendation 5

In order to allow midwives to safely assume responsibility for ordering and interpreting a limited range of tests and initiating under agreed protocols, the use of a limited range of pharmacological substances, institutions providing public maternity services, in collaboration with members of the midwifery, medical and pharmacy staff, should develop:

- policies authorising midwives to assume responsibility for ordering/interpreting tests and initiating the use of a specified range of pharmacological substances;
- agreed protocols for these procedures; and
- guidelines for consultation and referral to a medical practitioner, in the event of an abnormal result to any test.

Recommendation 6

Public maternity services, including birthing centres and community and outreach settings, should confirm that professional indemnity insurance covers midwives ordering and interpreting a specified range of tests and the initiation, under agreed protocols, of the use of a specified range of pharmacological substances during uncomplicated pregnancy, labour, birth, and postnatal care of mothers and babies.

Public maternity services should also confirm professional indemnity insurance for other health care providers which could arise from a negligent action of a midwife.

Recommendation 7

Institutions that incorporate midwifery models of care into mainstream maternity services should include audit mechanisms (as for other models of care) to evaluate the health outcomes of mothers and babies. This should include review by quality assurance committees with representation from management, midwifery staff, consumers and medical staff.

APPENDIX E

Reference Committee Representatives and Dates of Meetings Attended

Chairperson	Meetings attended
Professor Robin Watts Director of Policy & Planning, Curtin University of Technology	02/09/99 27/10/99 08/12/99 09/02/00 29/03/00 28/06/00 02/08/00
Department of Health Phillip Della, Principal Nursing Adviser	02/09/99 27/10/99 29/03/00 02/08/00
Cathie Gallagher, Project Officer Nursing	02/09/99 27/10/99 08/12/99 09/02/00 28/06/00 02/08/00
King Edward Memorial Hospital Robyn Collins Director of Midwifery	02/09/99 27/10/99 08/12/99 09/02/00 29/03/00 02/08/00
Deputy for Robyn Collins Janice Butt, Nursing and Midwifery Educator	08/12/00
Dr Joanne Ludlow, Consultant Obstetrician	27/10/99
Dr Helen Chambers, Chief Pathologist, KEMH	29/03/00

Enhanced Role Midwife Project

Curtin University

Carol Thorogood, Coordinator School of Midwifery
27/10/99
09/02/00
29/03/00
28/06/00

Australian College of Midwives Inc.

Karen Coyle
08/12/99
09/02/00
29/03/00
02/08/00
Deputy for Karen Coyle, Jennifer Wood
02/09/00

Practising Midwife

Athalie Pugh
09/02/00
Clinical Nurse Manager, NMHS
28/06/00
02/08/00

Cath Graham-Smith
02/09/00
Practising Midwife, NMHS
27/10/99
08/12/99
29/03/00

APPENDIX F

Request for quotation for development and provision of an education program for the enhanced role midwife in Western Australia.

1. Scope of this Request for Quotation

The Department of Health will be seeking quotations from suitably qualified consultants/educators to develop and provide an education program for the enhanced role midwife in Western Australia. This program will include initiating a limited range of pharmacological substances, ordering and interpreting a limited range of laboratory screening tests and guidelines for consultation and referral to a medical practitioner in the event of an abnormal result from any test.

The aim of the project will be to develop and deliver an education program for student midwives, registered midwives and midwives returning to practice/out of state applicants for registration who provide care to women during uncomplicated pregnancy, labour, birth and the postnatal period through:

- (a) developing learning packages to provide for flexible learning options;
- (b) determining the means of assessing the competencies required by midwives fulfilling these two aspects of the enhanced role midwife during the care of the child bearing woman;
- (c) determining the criteria for assessing recognised prior learning and challenge tests in respect to (b) above;
- (d) recommending strategies for the ongoing education/maintenance of competency in respect to the enhanced role midwife; and determining the means of evaluating process and outcome of the education program; and
- (e) coordinating the provision of the learning packages, and providing resources throughout the life of the program to the health services and educational institutions.

The Reference Committee would like to acknowledge the work done by the members of the Education Content Group:

Janice Butt	Midwifery Educator, KEMH
Cathie Gallagher	Project Officer Nursing, DOH
Hannah Herod	Practising midwife
Carol Pinch	Project Officer Rural Health, DOH
Carol Thorogood	Midwifery Educator
Robin Watts	Director of Policy & Planning, Curtin University

APPENDIX G

Questions regarding current midwifery practice that were distributed to Western Australian maternity service providers who provide care for women and babies during uncomplicated pregnancy, labour, birth and postnatal care.

- 1 What protocols do you have regarding midwives ordering and interpreting a limited range of tests as part of routine midwifery practice?
- 2 What protocols do you have regarding midwives initiating the use of a limited range of medications as part of routine midwifery practice?
- 3 How is the above practice supported by your health service?
- 4 What educational opportunities are available for midwives to upskill in this area?
- 5 What guidelines do you have for midwives to consult/refer to medical practitioners in the event of an abnormal result to any test?
- 6 Does your health service have a quality audit programme that reviews current midwifery practice?

APPENDIX H

Glossary and Acronyms [NHMRC, 1998]

Administer	act of giving a medication to a patient/client
Agreed protocol	written instructions developed by a multidisciplinary team for the administration of a specific medication or medications in particular clinical circumstances in a defined environment and approved by the relevant institutions with whom ultimate responsibility lies; an agreed protocol will not require retrospective signature by a medical practitioner
Analgesia	the relief of pain without causing unconsciousness
Analgesic	a remedy or agent that causes insensibility to pain
Antenatal	existing or occurring before birth (also <i>prenatal</i>)
Augmentation of labour	a medical (e.g., intravenous oxytocin) or surgical (e.g., amniotomy) intervention in an attempt to increase the strength of uterine contractions
Birth centre	a home-like environment where healthy women can give birth within or adjacent to a maternity unit and receive midwifery-based care with continuity of care throughout pregnancy, birth and the early postnatal period; emergency backup, support, and transfer are readily available
Cardiotocography	the electronic monitoring and recording of the fetal heart rate and uterine activity
Cervical smear	see Pap smear
Dispense	to prepare and distribute medicines to those who are to use them
Drug	chemical substance, which can be synthetic or extracted from plant or animal tissue, administered to prevent or cure disease or to alleviate pain
Drug schedule	the lists accompanying States and Territory poisons legislation, listing various drugs and poisons into categories, based on the recommendations of the <i>Standard for the Uniform Scheduling of Drugs and Poisons</i> (see Appendix D), Australian Health Ministers' Advisory Council 1996

Episiotomy	surgical incision into the perineum and vagina to prevent traumatic tearing during childbirth
Group B streptococcus screening	introital and anorectal cultures for the detection of this bacterium
Indemnity	a collateral contract or security to compensate for damage or loss sustained, expense incurred, etc.
Initiate	the activity of determining the need for a non-prescribed medication, or a medication from agreed protocols, based on a nursing/midwifery assessment and making appropriate arrangement for administration of the medication (see also 'prescribe')
Maternal	pertaining to the mother
Medication	a method of treatment by the administration of drugs
Midwife	a person appropriately educated and licensed in a State or Territory to practise midwifery
Midwifery	the theory and practice associated with the care provided by qualified midwives for the care of childbearing women and babies
Narcotic	an agent that relieves pain; the term is applied especially to opioids, i.e. natural or synthetic drugs with morphine-like actions
Neonatal	pertaining to the first 28 days of life
Neonatal screening ('heel prick' test)	a blood test recommended for all babies to detect phenylketonuria, Cystic fibrosis, hypothyroidism, and galactosaemia; performed by State laboratories on a sample of blood taken from a baby's heel at five days of age
Oxytocin	a hormone which is administered intramuscularly or by intravenous infusion to induce active labour; to increase the force of uterine contractions in labour, to contract uterine muscle after birth of the placenta to control postpartum haemorrhage

Papanicolaou ('Pap') smear	a test in which surface cells are gently scraped from the inner surface of the cervix (neck of the uterus) and examined microscopically to screen women for the earliest signs of cervical cancer
Pethidine	a narcotic analgesic drug, used in obstetrics and in preoperative and postoperative medication
Possession	holding or having control over medications for the purpose of initiation or supply
Postnatal	occurring after birth, with reference to the mother or the newborn
Prescribe	the provision in writing by a medical practitioner or other designated professional, after clinical assessment of a patient, of instructions for the dispensing and administration of a drug or remedy. In the context of this report, 'prescribing' means the initiation and supply of drugs by practitioners acting entirely in their own right as professionals, i.e., not acting under any protocols or orders (see also 'initiate')
Psychoactive	affecting the mind or behaviour
Substance	a pharmacological preparation registered for use for mother or baby
Supply	act of providing scheduled medication to a patient/client or a third party for use by the patient/client
Team midwifery	a small group of midwives who provide comprehensive midwifery care for their clients
Ultrasound	a diagnostic test which is performed by using ultrasonic waves to examine the interior organs and structures of the mother and fetus
Visiting midwife	a practising midwife who is appropriately educated and accredited by the Australian College of Midwives Incorporated and also by the institution where she/he has been granted visiting rights (see also 'midwife')

APPENDIX I

References

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