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# Midwives Caring for General Patients and Nurses Caring for Maternity Patients Policy

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## 1. Purpose

This policy aims to make clear the roles, responsibilities and expectations for midwives (MW) caring for general patients and nurses caring for postnatal mothers and babies.

Nursing and Midwifery are now distinct professions with separate registration pathways with the Nursing and Midwifery Board of Australia (NMBA). This has led to some confusion as to whether:

- midwives can provide care to general patients
- whether nurses can provide care to postnatal mothers and babies.

The policy is supported by the [Nursing and Midwifery Board of Australia \(NMBA\) Decision Making Framework \(DMF\)](#) guidance as to determining scope of practice in any clinical situation (see [Appendix 1](#)).

## 2. Policy

### 2.1 Team allocation

As part of a multidisciplinary team, the Midwife (MW), Registered Nurse (RN) and Enrolled Nurse (EN) must provide clinical and professional expertise within their scope of practice to ensure that comprehensive evidence-based midwifery and /or nursing care is delivered to maternity and general patients. This facilitates quality of care within the [Nursing and Midwifery Board of Australia \(NMBA\) Decision Making Framework \(DMF\)](#) (see [Appendix 1](#)).

The MW required to work in a general setting will not be allocated a patient load but will be allocated tasks within their scope of practice under the **indirect supervision** of the RN within a team allocation of patients. The RN will take responsibility for planning the nursing care required for the patients. The level of supervision will be determined by the task involved and experience of supervisee.

Likewise, the RN or EN, required to work in maternity will not be given a patient allocation and will be allocated to work alongside a midwife within a team allocation of patients. The RN / EN will be delegated tasks within their scope of practice under the **indirect supervision** of the MW and the MW holds responsibility for planning the midwifery care.

### 2.2 Decision making for delegation of tasks

The delegation relationship exists when:

- a Midwife (the delegator) delegates aspects of midwifery practice to an RN / EN (the delegates)
- an RN (the delegator) delegates aspects of nursing practice to either a MW or an EN (the delegates)
- an EN is not able to delegate

- delegation is different from allocation or assignment of tasks.

Delegation of care should only be undertaken after a risk assessment using the NMBA DMF in conjunction with the delegatee to confirm it is within their scope of practice<sup>2</sup>. The delegatee is always responsible for their actions and is accountable for the provision of the delegated care.

Tasks that are likely to be appropriate for midwives in the general ward settings (but not limited to):

- vital signs (temperature, BP, respirations, heart rate, pain score, conscious state and oxygen saturation)
- simple wound care dressings and swabs
- removal of sutures / clips
- selected drug administration (IV antibiotics, analgesia)
- female catheterisation and catheter care
- adult basic life support
- IV insertion, fluid administration and phlebotomy – PIVAS
- skin assessment and falls risk
- hygiene and comfort measures
- fluid balance

Tasks that are likely to be appropriate for the RN / EN in a maternity setting, but not limited to:

- mother's vital signs ((temperature, BP, respirations, heart rate, pain score, conscious state and oxygen saturation)
- assistance to mobilise and shower
- maternal medications (must check with delegator)
- maternal dermatome assessment (if advanced skill RN / EN deemed competent)
- maternal skin assessment
- hygiene and comfort measures
- maternal catheterisation
- adult basic life support
- maternal cannulation, PIVAS and phlebotomy

RN / EN excluded scope in maternity – antenatal care, labour and birth care, postnatal care of mother and baby within six hours of birth.

### 3. Roles and Responsibilities

#### **The delegator:**

- ensures appropriate delegation of task
- supervises the delegatee practice as per the NMBA requirements.

#### **The delegatee:**

- recognises clinical deterioration
- when tasks are beyond own scope of practice escalates care appropriately
- uses a clinical decision-making approach to provide holistic care
- only performs tasks within their scope of practice.

## Supervision guidelines

Supervision requirements are tailored to the purpose of supervision considering the nurse or midwife's circumstances, and their experience and learning needs<sup>1</sup>. There are two levels of supervision, direct and indirect supervision.

- **Direct supervision** (Level 1) is when the supervisor takes direct and principal responsibility for the care provided (e.g., assessment and / or treatment of individual people). The supervisor must be physically present at the workplace and observe the supervisee when they are providing care. Direct supervision is the highest level of supervision.
- **Indirect supervision** (Level 2) is when the supervisor is easily contactable and available to observe and discuss the care the supervisee is delivering.

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

## 4. Monitoring and Evaluation

### 4.1 Monitoring

Monitoring is to be carried out by the relevant ward managers by regular review of staff allocations and outcomes.

### 4.2 Evaluation

Evaluation will be carried out by the Midwifery Advisory Forum by addressing any issues identified by maternity managers monitoring.

## 5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

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

## 6. References

1. AHPRA. [Supervision guidelines](#). 1 February 2022.
2. NMBA. [Decision-making framework for nursing and midwifery](#). 3 February 2020
3. NMBA. [Decision-making framework summary: nursing](#). 3 February 2020
4. NMBA. [Decision-making framework summary: midwifery](#). 3 February 2020
5. NMBA. [Fact sheet: Scope of practice and capabilities of nurses and midwives](#)

## 7. Definitions

Term	Definition
<b>Midwife</b>	A person engaged by WACHS and registered in the Category of Midwife by the NMBA. Other terms included: Bachelor of Midwifery, Direct Entry Midwife, Post Graduate Midwife, Masters of Midwifery or Endorsed Midwife:
<b>Registered Nurse</b>	A person engaged by WACHS and registered in the Category of Registered Nurse by the NMBA. The term also includes Nurse Practitioner.
<b>Enrolled Nurse</b>	A person engaged by WACHS and registered in the Category of Enrolled Nurse by the NMBA.
<b>Risk assessment / risk management</b>	Consists of an effective risk management system, incorporating strategies to identify risks/hazards, assess the likelihood of the risks occurring and the severity of the consequences if the risks do occur, prevent the occurrence of the risks, or minimise their impact.
<b>Scope of practice</b>	Is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform guided by the NMBA DMF.
<b>Delegation</b>	Is the relationship that exists when one member of the multidisciplinary healthcare team delegates aspects of care, which they are competent to perform and which they would normally perform themselves, to another health professional or health care worker.
<b>Direct Supervision</b>	(Level 1) is when the supervisor takes direct and principal responsibility for the nursing or midwifery care provided (e.g. assessment and/or treatment of individual people). The supervisor must be physically present at the workplace, and supervision must include observation of the supervisee when they are providing care. Direct supervision is the highest level of supervision (see Table 1: Levels of supervision).
<b>Indirect supervision</b>	(Level 2) is when the supervisor is easily contactable and available to observe and discuss the nursing or midwifery care the supervisee is delivering.
<b>Nursing and Midwifery Board of Australia</b>	Sets policy and professional standards and the state and territory boards have been delegated to make decisions about nurses, midwives and students.
<b>Decision Making Framework (DMF)</b>	Supports nurses and midwives to make decisions in practice, particularly about scope of practice and delegation.

## 8. Document summary

<b>Coverage</b>	WACHS
<b>Audience</b>	All nurses and midwives
<b>Records Management</b>	Clinical: <a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<a href="#">Health Practitioner Regulation National Law (WA) 2010</a> <a href="#">Health Services Act 2016</a>
<b>Related Mandatory Policies / Frameworks</b>	<a href="#">Clinical Governance, Safety and Quality Policy Framework</a>
<b>Related WACHS Policy Documents</b>	<a href="#">Maternal and Newborn Care Capability Framework Policy</a> <a href="#">Maternity Care Clinical Escalation Policy</a> <a href="#">Safe Midwifery Staffing Policy</a>
<b>Other Related Documents</b>	<a href="#">Nursing and Midwifery Board of Australia (NMBA) Decision Making Framework (DMF)</a>
<b>Related Forms</b>	Nil
<b>Related Training Packages</b>	Nil
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	ISD Record ID: 2032
<b>National Safety and Quality Health Service (NSQHS) Standards</b>	1.01, 1.06, 1.07, 1.10, 6.01
<b>Aged Care Quality Agency Accreditation Standards</b>	Nil
<b>National Standards for Mental Health</b>	Nil

## 9. Document Control

Version	Effective Date	Author	Summary of changes (developer to complete)
1.00	17 April 2023	17 April 2023	New Policy

## 10. Approval

<b>Policy Owner</b>	Executive Director Nursing and Midwifery
<b>Co-approver</b>	Executive Director Clinical Excellence
<b>Contact</b>	Coordinator of Midwifery
<b>Business Unit</b>	Nursing and Midwifery
<b>EDRMS #</b>	ED-CO-23-50382
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**This document can be made available in alternative formats on request.**

Appendix 1:

# Decision-making framework summary: Midwifery



To be read in conjunction with the NMBA Decision-making framework for nursing and midwifery (2020)  
 Note: the order in which these issues are considered may vary according to context

### Identify need/benefit

- Has there been a comprehensive assessment by the midwife to establish the woman or newborn's health and cultural needs?
- Has there been appropriate consultation with, and consent by, the woman?
- Is the activity in the best interests of the woman receiving care?

### Reflect on scope of practice and midwifery practice standards

- Is this activity within the current, contemporary scope of midwifery practice?
- Have Commonwealth or state/territory legislative requirements (e.g. specific qualification needed) been met?
- If authorisation by a regulatory authority is needed to perform the activity, does the midwife or health worker have it or can it be obtained before the activity is performed?
- Will performance comply with midwifery standards for practice, codes and guidelines, as well as best available evidence?
- If other health professionals should assist, supervise or perform the activity, are they available?

### Consider context of practice, governance and identification of risk

- Is this activity/practice/delegation supported by the organisation and/or by the educational institution (for students)?
- Have strategies to avoid or minimise any risk been identified and implemented?
- If organisational authorisation is needed, does the midwife or health worker have it or can it be obtained before performing the activity?
- Is the skill mix, model of care and staffing levels in the organisation adequate for the level of support/supervision needed to safely perform the activity/delegation?
- If this is a new practice:
  - Is there a system for ongoing education and maintenance of competence in place?
  - Have relevant parties and stakeholders been involved in planning for implementation?

### Select appropriate, competent person to perform activities

(Delegation of care is made by a midwife)

- Have the roles and responsibilities of midwives and health workers been considered?
- Does the midwife or health worker have the necessary educational preparation, experience, capacity, competence and confidence to safely perform the activity either autonomously or with education, support and supervision?
- Are they competent and confident in performing the activity and accepting the delegation?
- Do they understand their accountability and reporting responsibilities?
- Is the required level of education, supervision/support available?

### Yes to all

#### Action

- Perform the activity, **or** delegate to a competent person who then reconfirms consent from the woman receiving care, **and**
- document the decision and the actions, **and**
- regular review of the delegation providing guidance, support and clinically-focused supervision, **and**
- evaluate outcome.

### No to any

#### Action

- Reconsider decision about whether to implement practice/activity/delegation, **and**
- consult/seek advice/collaborate, **and/or**
- refer if needed to complete the action, **and**
- if appropriate, plan to enable integration/practice changes (including developing/implementing policies, gaining qualifications as needed), **and**
- document the decisions and the actions, **and**
- evaluate outcome.



# Decision-making framework summary: Nursing



To be read in conjunction with the NMBA Decision-making framework for nursing and midwifery (2020)

Note: the order in which these issues are considered may vary according to context

## Identify need/benefit

- Has there been a comprehensive assessment by a registered nurse to establish the person's health and cultural needs?
- Has there been appropriate consultation with, and consent by, the person receiving care?
- Is the activity in the best interests of the person receiving care?

## Reflect on scope of practice and nursing practice standards

- Is this activity within the current, contemporary scope of nursing practice?
- Have Commonwealth or state/territory legislative requirements (e.g. specific qualification needed) been met?
- If authorisation by a regulatory authority is needed to perform the activity, does the registered nurse, enrolled nurse or health worker have it or can it be obtained before the activity is performed?
- Will performance comply with nursing standards for practice, codes and guidelines, as well as best available evidence?
- If other health professionals should assist, supervise or perform the activity, are they available?

## Consider context of practice, governance and identification of risk

- Is this activity/practice/delegation supported by the organisation and/or by the educational institution (for students)?
- Have strategies to avoid or minimise any risk been identified and implemented?
- If organisational authorisation is needed, does the registered nurse, enrolled nurse or health worker have it or can it be obtained before performing the activity?
- Is the skill mix, model of care and staffing levels in the organisation adequate for the level of support/supervision needed to safely perform the activity/delegation?
- If this is a new practice:
  - Is there a system for ongoing education and maintenance of competence in place?
  - Have relevant parties and stakeholders been involved in planning for implementation?

## Select appropriate, competent person to perform activities

(Delegation of care is made by a registered nurse)

- Have the roles and responsibilities of registered nurses, enrolled nurses and health workers been considered?
- Does the registered nurse, enrolled nurse or health worker have the necessary educational preparation, experience, capacity, competence and confidence to safely perform the activity either autonomously or with education, support and supervision?
- Are they competent and confident in performing the activity and accepting the delegation?
- Do they understand their accountability and reporting responsibilities?
- Is the required level of education, clinical supervision/support available?

### Yes to all

#### Action

- Perform the activity, **or** delegate to a competent person who then reconfirms consent from the person receiving care, **and**
- document the decision and the actions, **and**
- regular review of the delegation providing guidance, support and clinically focused supervision, **and**
- evaluate outcome.

### No to any

#### Action

- Reconsider decision about whether to implement practice/activity/delegation, **and**
- consult/seek advice/collaborate, **and/or**
- refer if needed to complete the action, **and**
- if appropriate, plan to enable integration/practice changes (including developing/implementing policies, gaining qualifications as needed), **and**
- document the decisions and the actions, **and**
- evaluate outcome.