

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 <u>Nursing and Midwifery Board of Australia (NMBA) Decision</u> <u>Making Framework (DMF)</u> guidance as to determining scope of practice in any clinical situation (see <u>Appendix 1</u>).

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 <u>Nursing and Midwifery Board of Australia (NMBA) Decision Making Framework (DMF)</u> (see <u>Appendix 1</u>).

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

Always source current documents from <u>WACHS HealthPoint Policies</u>. Copies sourced otherwise are considered uncontrolled. • 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 practice². 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 needs¹. 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 <u>Integrity Policy Framework</u> issued pursuant to Section 26 of the <u>Health Services Act 2016</u> 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. <u>Supervision guidelines.</u> 1 February 2022.
- 2. NMBA. Decision-making framework for nursing and midwifery. 3 February 2020
- 3. NMBA. <u>Decision-making framework summary: nursing</u>. 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		
Midwife	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:		
Registered Nurse	A person engaged by WACHS and registered in the Category of Registered Nurse by the NMBA. The term also includes Nurse Practitioner.		
Enrolled Nurse	Enrolled Nurse by the NMBA.		
Risk assessment / risk management	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.		
Scope of practice	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.		
Delegation	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.		
Direct Supervision	(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).		
Indirect supervision	I available to observe and discuss the nursing or midwitery care		
Nursing and Midwifery Board of Australia	Sets policy and professional standards and the state and territory boards have been delegated to make decisions about nurses, midwives and students.		
Decision Making Framework (DMF)	Supports nurses and midwives to make decisions in practice, particularly about scope of practice and delegation.		

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8. Document summary

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

9. Document Control

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

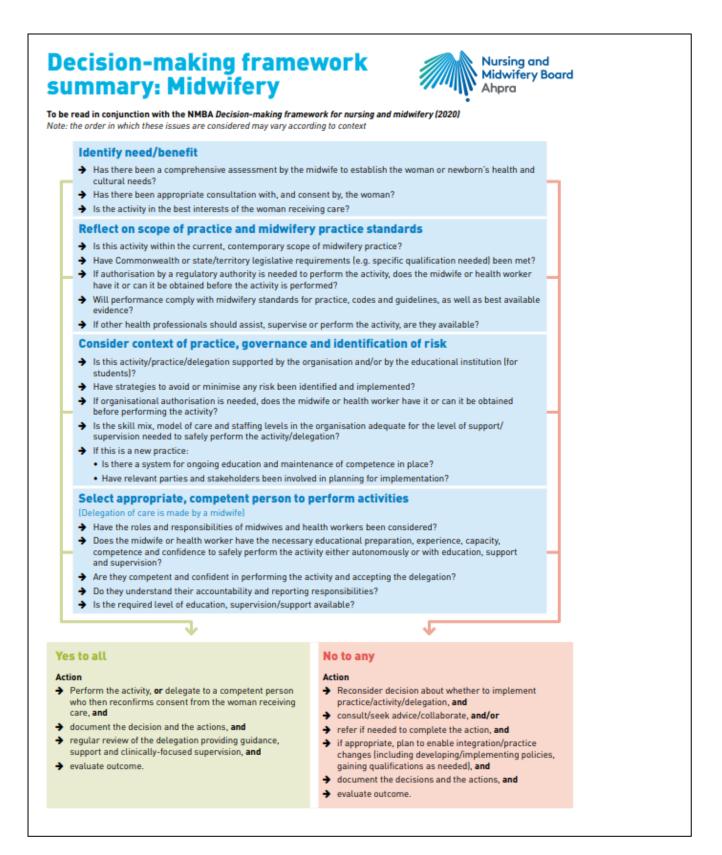
10. Approval

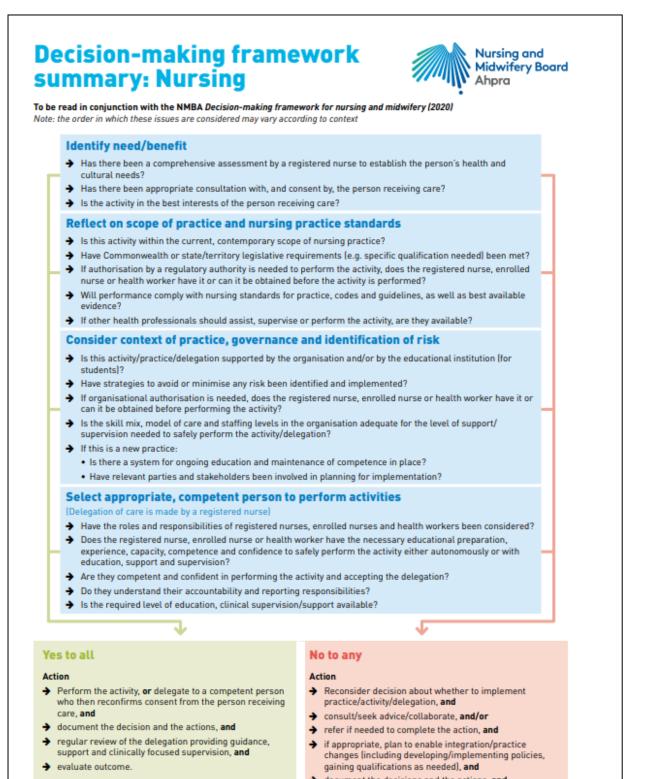
Policy Owner	Executive Director Nursing and Midwifery	
Co-approver	Executive Director Clinical Excellence	
Contact	Coordinator of Midwifery	
Business Unit	Nursing and Midwifery	
EDRMS #	ED-CO-23-50382	
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Appendix 1:





document the decisions and the actions, and
evaluate outcome.