Privately Practising Endorsed Midwife Model of Care Policy

1. Purpose

This policy operationalises the Privately Practising Endorsed Midwife (PPEM) model of care in WA Country Health Service (WACHS) maternity services and must be read in conjunction with the:

- MP 0093/18 Access to Public Maternity Services for Privately Practising Endorsed Midwives Policy
- MP 0084/18 Credentialing and Defining the Scope of Clinical Practice Policy
- WA Health Credentialing and Defining Scope of Clinical Practice for Nursing and Midwifery Standard
- WA Health Licensing Agreement for Privately Practising Endorsed Midwives
- WACHS Credentialing of Nurse Practitioners and Eligible Midwives Policy.

The principles underpinning the PPEM collaborative care model are that:

- care is woman/family centred
- care is provided within a cooperative, collaborative, respectful and efficient framework
- there is a high level of transparency between all care providers and the woman
- midwifery care is provided in accordance with the Australian College of Midwives (ACM) National Midwifery Guidelines for Consultation and Referral - (Current Version) risk categories (ACM Guidelines) and any relevant WA Health, WACHS, regional or site specific policies and guidelines
- PPEMs are unable to admit a public patient under their care.

This policy uses the terms ‘woman’ or ‘mother’ throughout. These should be taken to include people who do not identify as women but are pregnant or have given birth.

The purpose of this document is to:

- provide guidance as to the PPEM scope of practice when admitting a woman privately under their care
- confirm the clinical governance and health service support for PPEMs
- provide definition around the roles and responsibilities of the PPEM and WACHS clinicians during collaboration, referral, escalation and transfer of care including for booking, care planning, documentation and reporting of information.

2. Policy

2.1 PPEM Credentialing

All PPEMs requesting access to maternity services for private admissions, including their partner or back-up midwives, must apply to be credentialed via eCredential (CredWA) by submitting all required documented evidence including the scope of practice they are seeking and at which maternity service.

In addition to evidence of completion of the WACHS mandated and monitored education for midwives, PPEMs are required to provide evidence of current clinical competency in:

- intravenous cannulation (maternal)

- perineal suturing, and
- immersion in water for birth.

The credentialling cycle will be every three (3) yearly to align with Department of Health reporting of mandatory education requirements for midwives.

Midwifery Students

Where a PPEM is credentialed and attends with a private admission, a midwifery student may accompany them. The midwifery student can provide all cares (as appropriate) under the supervision of the PPEM. If the situation requires handover of care to the hospital maternity service and the PPEM is no longer in attendance, the midwifery student is not able stay and continue to provide care.

2.2 PPEM Service Capability and ACM Risk Categories

PPEMs can only admit women with ACM Category A, B or C conditions to a hospital with commensurate clinical care capability including medical practitioner and perioperative services (see Table 1). Any change to risk category is to be communicated appropriately and early to ensure care and service capability remains suitable.

Table 1- Clinical Service Capability

ACM Risk Category	Clinical Service Framework capability
A and B	Level 2 (Midwife only Cat A and/ or GPO Cat B)
A and B	Level 3 (GPO and perioperative services)
A, B and C	Level 4 (Specialist medical services)

2.3 PPEM Scope of Practice

PPEMs can provide the midwifery care for women of all risks (ACM Category A, B or C) but must collaborate and consult with the relevant Obstetric, Anaesthetic, Paediatric medical practitioners and/or other healthcare providers for women and/or newborns with any ACM Category B and C conditions (see Table 2).

The scope of practice for each credentialled PPEM will be defined in eCredential (CredWA) and should be specified in relation to each ACM risk category i.e. A, B and C or maybe only A and B etc.

Diagnostics and Medication Prescribing

PPEMs in Western Australia (WA) are able to order pathology and diagnostics as per the Midwife Medicare Benefits (MBS) Schedule.

WA PPEMs are to prescribe medication within their scope of practice and as per the:

- *Medicines and Poisons Act 2014* (WA)
- *Medicines and Poisons Regulations 2016* (WA) and the endorsed midwife amendment in the *Medicines and Poisons Amendment Regulations (No. 2) 2019* (WA)
- WA Statewide Medicines Formulary (SMF)
- Pharmaceutical Benefits Scheme (PBS) | Midwife Items.

When ordering diagnostic tests, PPEMs are responsible for reviewing the results and actioning or escalating abnormal diagnostic findings by consultation or referral. PPEMs

should provide copies of all relevant diagnostic results to the hospital or consulting medical practitioner.

2.4 Consultation, Referral or Transfer of Care

Details of any discussion and outcomes of consultation/s and referral/s as per Table 2 must be documented in the woman's handheld pregnancy record and relevant clinical records and communicated to the PPEM and the woman.

Refer to ACM Guidelines for further explanatory notes and considerations for all levels of guidance.

Table 2 - The Three Levels of Guidance: Discuss, Consult & Refer

LEVEL	DESCRIPTION	Care provider with primary responsibility
A	**Discuss**	The midwife may choose to discuss care with a midwifery colleague, medical practitioner, and/or other healthcare provider/s if indicated. **Lead care provider**: The midwife will provide and coordinate care.
B	**Consult**	Consultation with a medical practitioner for additional planning, input/advice is usually warranted. Consultation with other additional healthcare provider/s may be appropriate depending on the indication. **Lead care provider**: The midwife will continue to provide and coordinate care in consultation with the medical practitioner and/or other healthcare provider/s.
C	**Refer**	Referral to a medical practitioner for management of care is warranted. Referral to other additional healthcare provider/s may be appropriate depending on the indication. **Lead care provider**: Where a decision is made following referral for the medical practitioner to be the clinical lead, the midwife will continue to provide midwifery care in collaboration with the medical practitioner and other healthcare provider/s as required. The clinical lead care role may be transferred back to the midwife if the condition permits.

If at any time during the course of providing midwifery care, the woman or newborn develops any ACM Category B or C conditions as per the ACM Guidelines, the following requirements must be met:

- The PPEM is to ensure that a timely consultation occurs when clinically indicated or if requested by the woman.
- Should a woman require an urgent antenatal obstetric consultation, the PPEM should contact the maternity health service to arrange the appropriate assessment as needed.

  - If the PPEM is unable to be present, the PPEM should be informed of clinical care completed and decisions on further care should occur in consultation between the PPEM and the treating clinical staff.
  - If any problems arise achieving an antenatal review appointment contact the relevant referral manager.
- Recommendations for care, the woman's response and the agreed plan of care must be documented in the handheld pregnancy record and relevant clinical records. The consultation process is to be outlined along with a rationale for the decisions made and agreed.
- Following a consultation or referral, the lead carer must be agreed, clearly identified and documented in the healthcare record as either the:
  - PPEM
  - obstetric doctor or
  - health service obstetric team
- When a transfer of maternity care is recommended, a plan of care is to be made in consultation with the woman and her family, the PPEM and the attending Obstetric Consultant/Registrar/General Practitioner (GP).

2.5 Women Choosing Care Outside Recommendations

When a woman declines recommended care or chooses care outside the recommendations provided in the ACM Guidelines, or any relevant health service provider (HSP) or site policies or guidelines, the PPEM must discuss with the woman, and with the attending obstetric doctor the risks, benefits and possible consequences of the woman's decisions.

It is important for the PPEM to explore all available options and possible resolutions to address the woman's needs. When supporting women in their decision making, also consider risk and safety in the cultural, social, emotional, and financial context and include relevant team members where applicable.

Consultation with another midwife, an obstetric doctor or health service obstetric team/doctor, should include discussion of the appropriate next steps if the woman continues to decline recommended care or choose care outside the recommendations.

A plan of care, once discussed and agreed upon, should be documented in the relevant healthcare record and signed by all stakeholders and the woman. This includes:

- Consent for any treatment or procedure occurring as per the MP 0175/22 Consent to Treatment Policy, the WACHS Consent to Treatment Policy and the ACM Guidelines.
- Documenting the advice, process and outcomes of discussions with date, time, name and designation of all people involved.
- Women who elect to decline recommended care or choose care outside recommendations must have their decision documented using the relevant healthcare record and MR8B.2 WACHS Discussion and Partnership Care Plan: Declining Recommended Maternity Care after informed discussion of the risks, benefits and alternatives. This can be completed by a maternity care provider (e.g. PPEM, midwife or obstetric doctor) and in the case of an ACM Category C condition it must be an obstetric doctor.

2.6 Exchange of Information

Appropriately, PPEM's are to discuss information sharing early in the initial care they provide and obtain informed consent, as this assists in coordinating care and relationship building with the booking site for pregnancy, labour, birth and beyond. Sharing of information includes relevant clinical information, ultrasounds, pathology and other documentation (i.e. records of antenatal, intrapartum, postnatal and neonatal care) while under the care of the PPEM and when the woman attends the maternity unit.

Concerns over consent, scope, or depth of information sharing should be discussed appropriately and sensitively. Specifically, discussion should include what information is expected to be shared, why it's expected/required (e.g., continuity of care, safety), who will receive it and how it will be stored.

The sharing of information can only occur with the woman's informed consent, which is to be documented clearly, noting any limitations. If there are specific concerns around information sharing and consent, these should be discussed with the booking site to provide opportunity to appropriately resolve these.

As per expectations of any health care provider, the PPEM and maternity service staff are to provide, collaborate and exchange information (with consent) in relation to the care of a woman admitted under care of the PPEM. This ensures appropriate discussions and relevant care can be tailored to each woman, and in a timely manner. For these reasons, WACHS maternity services also request an update of pregnancy information at 36 weeks between the PPEM and booking site.

2.7 Antenatal Care

Referral and Booking Women Under PPEM

Women who choose private midwifery care for all or part of their care with a PPEM are to be booked into the relevant maternity service by their PPEM, preferably prior to 20 weeks. Referrals for booking of women under the care of a PPEM should follow the process for all maternity bookings at that site.

The PPEM is to complete and submit the usual booking paperwork required, including:

- copies of the MR8B West Australian Handheld Pregnancy Record
- results of all diagnostic tests
- a referral letter to the site maternity referrals manager including an assessment of the woman's current ACM Guidelines risk category and advice regarding the consultation and referral arrangements for the woman (if required).

Blank copies of the MR8B West Australian Handheld Pregnancy Record can be accessed from the maternity service that the PPEM is planning to book the woman to.

An acknowledgement letter of booking by the maternity referrals manager is to be provided back to the PPEM. The PPEM is also required to input information into the STORK database.

Access to Other Hospital Health Services

Women who have care provided by PPEMs can access all relevant health services including childbirth education classes, newborn screening, mental health support, dietetics, social work and any other relevant services. Where applicable, the PPEM is to provide a relevant referral for the service, unless the woman can self-refer. Costs may apply for some services.

2.8 Presentation for Assessment

Women will present, planned or unplanned, to the maternity unit following consultation and advice from their PPEM. The PPEM can provide care to booked women when they present to an assessment service/Maternal Fetal Assessment Unit.

It is expected the PPEM will be the lead carer (unless otherwise indicated) and will:

- commence care
- liaise with the shift coordinator and inform them of presentation, plan of care, and ongoing progress with clinical updates as per WACHS policies
- commence and complete all documentation, including the MR8B WACHS West Australian Handheld Pregnancy Record and the MR8 WACHS Maternal Fetal Assessment Admission, with a copy to remain in the hospital record
- liaise with the shift coordinator and consult with the obstetric doctor, as per WACHS policies, regarding the woman's acuity and the assessment environment at the time of presentation.

If a woman arrives before their PPEM and is assessed as requiring immediate attention, the hospital midwife is to provide midwifery care.

Women will leave following an assessment with a clearly documented plan of care beyond this point, and the PPEM will liaise with the shift coordinator if admission is required.

2.9 Inpatient Admission

MP 0093/18 Access to Public Maternity Services for Privately Practising Endorsed Midwives Policy enables PPEMs to:

- book and admit private patients
- provide midwifery care while patients are inpatients.

When a woman under the care of a PPEM requires any admission, the following pathways are available following consultation with an obstetric doctor or health service obstetric team/doctor.

Depending on the agreed scope of practice of the PPEM and the ACM Category, the woman will be admitted under the PPEM and either:

- the PPEM remains the named clinical lead carer (for women in Category A and B), or
- the Obstetric doctor or team is the named clinical lead carer (for women in Category C) and the midwife will continue to provide midwifery care in collaboration (ACM Guidelines).

If the clinical lead care provider is to transfer from the midwife to an Obstetric doctor or health service obstetric team/doctor, the woman must provide informed consent prior to transfer of responsibility of care. This will include a discussion about:

- the appropriate timing and nature of the transfer
- incorporating the ongoing involvement of the midwife in providing midwifery care in collaboration with the obstetric doctor or health service obstetric team/doctor
- the possibility and timing of the clinical lead care role being transferred back to the midwife where the clinical condition/s permits (ACM Guidelines).

Informed Financial Consent and Billing

The PPEM will claim directly from Medicare for the midwifery services provided and as per their private billing arrangement with the woman.

Visiting hospital medical practitioners who consult or attend the woman or baby for treatment will bill the hospital as per their usual process for the relevant MBS item number. Before being booked into the hospital, women should be provided with consumer information outlining the fees incurred by being admitted as a private patient of the PPEM. This can be done by contacting the Private Patient Liaison Officer at the relevant HSP.

Women With Private Health Insurance

For women choosing to be admitted with private health insurance, discussion during the pregnancy and/or prior to admission must include a clear and unambiguous explanation of the consequences of the private patient election. This can also involve the Private Patient Liaison Officer (PPLO) to explain charges where applicable.

Explanation and discussion will include:

- the current charges for single and shared accommodation, medical and diagnostic services, and any other relevant services e.g.:
  - hospital fees
  - professional attendance fees for the PPEM
  - obstetrician/GP obstetrician and
  - anaesthetist where required
- that costs may not be fully covered by their private health insurance and that they should seek advice from the PPLO, their PPEM or doctor and health fund regarding the extent to which these costs are covered.

Women are unable to elect private obstetricians during an admission unless there is a prior antenatal arrangement with an obstetrician for private care. This should be previously documented antenatally by the PPEM with the concomitant financial consent disclosures.

Women Without Private Health Insurance

Medicare eligible women who do not have private health insurance may be admitted as self-funded private patients of a PPEM, but this does not apply to overseas visitors without insurance.

For women choosing to self-fund, the WACHS Chief Executive has agreed to waive the daily bed fee charge. Once raised, this requires that automatic billing is reversed in WebPAS.

Medicare ineligible overseas visitors can be admitted under private arrangements with PPEM's and are responsible for all costs associated with health care rendered. Timely

discussion and informed consent must occur antenatally to ensure there is an understanding of impending financial costs and consequences for this group.

2.10 Intrapartum Care

Commencement of Labour

When labour begins:

- women are advised to contact their PPEM to seek confirmation of labour, reassurance, and advice regarding maternal and fetal wellbeing
- the PPEM will assess the woman's labour progress when necessary and as per WACHS policy, including planning ongoing care with the woman
- where appropriate, and with time permitting, the PPEM will contact the relevant maternity unit with a summary of the woman's pregnancy, labour, and time of possible admission.

Intrapartum Presentation at Hospital

The woman will present to the maternity unit following consultation and advice from their PPEM. The PPEM is to:

- liaise with the shift coordinator and inform them of admission, plan of care and ongoing progress
- liaise with the shift coordinator to assist in providing staff to cover breaks when needed
- liaise with the shift coordinator before and/or when they have reached safe working hours and plan of care beyond this point.
- provide the hospital with a copy of the woman's MR8B WACHS West Australian Handheld Pregnancy Record.
- access/record clinical documentation in the woman's hospital healthcare records including the Stork perinatal database
- organise the woman to be admitted onto the hospital patient administration system (WebPAS)
    - WebPAS must reflect private status and the PPEM is to be named as the admitting midwife.

If the woman arrives before their PPEM the following applies:

- if the woman is not in established labour, she may be asked to wait in the waiting area until the PPEM arrives, or
- if the woman is assessed to be in established labour and/or requiring immediate attention, the Birth Suite midwife is to provide midwifery care until the PPEM arrives.

Labour Care

The lead carer is the PPEM unless otherwise stated and:

- the shift coordinator/Team Leader is to be kept informed by the PPEM of the woman's progress with clinical updates as per WACHS policies e.g. CTG reviews; second stage progress (time of full dilatation, commencement and progress of pushing)
- hospital midwives on shift will not need to become involved with the woman's care unless requested/consulted by the PPEM, or in any situation where the woman requires immediate/emergency attention.
- The PPEM is to advise the shift coordinator in advance if she/he requires assistance or relief for toilet or meal breaks.

Attendees for Second Stage and Birth

Partner or back-up midwives to the PPEMs must be credentialled and orientated to be able to provide care within the maternity service. There must be a minimum of two midwives in attendance during second stage and:

- the PPEM calls their back-up midwife to be the second attendant from the beginning of second stage for a primigravid woman (and sooner for a multiparous woman).
- the second midwife is to remain until the third stage of labour is complete, blood loss has been measured, and the mother and baby are determined to be well
- the PPEM is to liaise with the shift coordinator if a hospital midwife is required to be the second attendee during second stage up to completion of third stage of labour including measurement of blood loss
- Where the PPEM is unavailable and the partner midwife is not credentialed, care will be handed over to the maternity service for the appropriate duration.

Consultation or Referral in Labour

Where a woman develops any new ACM category B and C conditions during labour or the immediate postnatal period then the PPEM must consult with the relevant medical practitioners on call in consultation with the woman.

The PPEM and the obstetric doctor, or health service obstetric team/doctor, must discuss and document an appropriate care plan which may or may not include a change of lead carer to the obstetric doctor or obstetric team/doctor. The maternity ward Shift Coordinator must be kept informed of any changes.

If after consultation with the woman, the PPEM and the managing obstetric doctor or health service obstetric team/doctor do not reach consensus as to the care management plan at any point during care, the WACHS Maternal and Newborn Care Collaboration and Escalation Policy must be followed.

Caesarean Section

The PPEM can choose to continue to provide midwifery care for women undergoing elective and non-elective caesarean sections if they have been orientated to the operating theatre for that site.

As per individual site context, if the woman is not admitted under the PPEM, the PPEM **may** attend theatre in addition to the nominated support person. The hospital will provide a midwife to complete the necessary clinical care and midwifery documentation.

Elective Caesarean Section (ECS)

If the woman is booked for an ECS:

- they will need to attend a hospital Pre-Admission Clinic. The PPEM and, if applicable, midwifery student may also attend.
- on the day of the ECS, the PPEM may continue to provide all required midwifery care including receival of the newborn, provided there are no risk factors warranting a relevant Paediatric doctor in attendance
- if the PPEM is unable to attend, the PPEM should transfer care to an alternative PPEM or to the HSP.

2.11 Postpartum Care

Immediate Care After Birth

Immediately following birth (birth suite or theatre):

- The PPEM continues to provide all midwifery care for the mother and her baby for the two to four hours postnatally (inclusive of post caesarean section care) or until moving from the birth suite to the postnatal ward for admission or until early discharge.
- The baby is registered on WebPAS and remains admitted under the PPEM if an unqualified newborn. Refer to neonatal inpatient admission.
- If there is no indication for inpatient care, after satisfactory discharge checks the mother/baby can be discharged home to postnatal follow-up with the PPEM.
- The PPEM is responsible for cleaning and restocking the birth suite and resuscitation cot.
- The PPEM is responsible for completing STORK, the birth registration, and all relevant documentation required by the health service.
- If the PPEM is over safe working hours they may communicate and negotiate with the maternity ward Shift Coordinator to assist.

Neonatal Cephalocaudal Assessment

The PPEM is to conduct the initial neonatal cephalocaudal assessment at birth and refer any concerns/abnormalities identified as per the ACM Guidelines.

Postpartum Inpatient Care

If a woman requires inpatient care in the postnatal ward, they can remain admitted under the PPEM with the named lead carer as the PPEM or the Obstetric doctor/team (dependent on the ACM Category) and:

- the PPEM is to document in the relevant healthcare records, a plan of care specifying how they are to be contacted, when the next PPEM visit to the woman will be, and the plan for discharge
- the hospital midwives will provide all inpatient midwifery care for the woman and baby
- the PPEM is expected to review the woman, and her baby as clinically indicated, but at a minimum daily
- when the PPEM visits the woman and baby, a clinical handover and discussion of management plan is to occur with the hospital midwife allocated to the woman and baby prior to, and at completion of each PPEM visit
- variances from normal during the admission are to be communicated to the PPEM
- the PPEM will complete the Stork discharge summary for the woman and take over ongoing community postnatal care for the mother and baby.

Neonatal Inpatient Admission

For newborns requiring admission to Special Care Nursery, parents will be offered a choice of either private (if available) or public admission under the relevant paediatrician.

2.12 Operational PPEM Information

Orientation to service

Once credentialled, and a signed Licensing Agreement is in place, the PPEM is to contact the relevant maternity manager to arrange local orientation to the maternity unit and for onboarding (e.g. identification, IT system access).

The maternity manager should create an external profile for the PPEM within the Learning Management System (LMS) to assign the required mandatory/monitored midwifery education pathways as required.

PPEMS and Employment with the Health Service

When a PPEM holds an employed midwife position (including casual) with the hospital/s that they are seeking to be, or are credentialed at (or vice versa), they are required to have an approved eD18 Request to Engage in Additional Employment Form to work as a PPEM. This must include discussion with the maternity service manager around contingencies to avoid conflict of interest and actions to avoid this from occurring.

Safe Working Hours

It is generally accepted that PPEMs can work up to 12 continuous hours and need at least 8 hours within any 24-hour period continuously free of duty other than on call or recall.

In the case of an intrapartum woman where birth is not imminent, the primary PPEM should hand over care to another named PPEM after 12 hours, or sooner if deemed necessary by the PPEM.

If there is no private PPEM available to take over care, the PPEM will liaise with the maternity Shift Coordinator for midwifery care to be handed over to the hospital midwives.

3. Roles and Responsibilities

The WACHS Credentialing Committee is responsible for verifying an applicant's credentials and determining a clinical scope of practice in accordance with the WA Health Clinical Services Framework 2025 – 2035. The determinations made by a Credentialing Committee are to specify the scope of clinical practice, any conditions attached and the reasons for any limitations on the duration of credentialing approval or the scope of clinical practice.

Health Service Providers are responsible for ensuring that all health services provided to patients accessing their services are safe, appropriate and within the capability and role of the maternity service and its practitioners.

Credentialing and defining the scope of clinical practice for hospital access for endorsed midwives is a core responsibility of Health Service Providers to ensure applicants are appropriately skilled and competent to undertake their clinical workload.

Before entering into a Licensing Agreement, Health Service Providers must ensure evidence of compliance is confirmed as per the requirements with the mandatory policy and recorded in Cred WA.

All WACHS maternity services are required to use the WA Health Licensing Agreement for Privately Practising Endorsed Midwives to enable PPEMs to access public maternity unit facilities for the purpose of providing private midwifery services to women during the period of antenatal care, labour and childbirth and postnatal care.

Maternity managers are responsible for ensuring any concerns regarding the PPEM's clinical practice are initially followed up and escalated where appropriate following investigation.

It is a requirement of MP 0124/19 Code of Conduct Policy (the Code) that employees "comply with all applicable WA Health policy frameworks". The range of consequences that may occur for breaches of the Code will depend on the nature and seriousness of the breach. A breach of the Code may result in Improvement Action or Disciplinary Action in accordance with MP 0127/20 Discipline Policy.

Maternity managers will also advise the PPEM of relevant details for clinical incident processes, relevant multidisciplinary team meetings and case reviews as they arise.

All staff, **including PPEMs**, are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If **PPEMs** are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of directions they should consult the maternity service manager in the first instance.

4. Monitoring and Evaluation

A record of credentialled PPEMs within WACHS will be maintained by the Credentialing Committee. WACHS is required to provide the Department of Health with an annual report reflecting:

- the number of PPEMs who have signed a Licensing Agreement
- the number of patients admitted under the care of each PPEM
- the number of PPEMs who meet the policy requirements in Section 3 of MP 0093/18 Access to Public Maternity Services for Privately Practising Endorsed Midwives Policy.

This policy will be evaluated as required to determine effectiveness, relevance and currency. At a minimum it will be reviewed every five years by the Coordinator of Midwifery.

5. References

Australian College of Midwives. National midwifery guidelines for consultation and referral. 5th ed. Sydney: Australian College of Midwives; 2026.

6. Definitions

Term	Definition
Collaboration	Collaboration refers to all members of the health care team working in partnership with both the woman and each other to provide the highest standard of, and access to, health care. Successful collaboration is contingent upon open communication, consultation and joint decision-making within a risk management framework, to enable appropriate identification of risk and any requirement for consultation and/or referral. Collaboration ensures effective, efficient and safe health care.
Consultation	Consultation is the seeking of professional advice from a qualified, competent health care provider with the relevant knowledge and skills to make decisions about the woman's care, in collaboration with the woman and midwife. It is dependent on mutual respect, open communication, the sharing of information and recognition of the equally important roles that each care provider has in providing high-quality, evidence-based care to women, babies and families.
Credentialing	Credentialing is the formal clinical governance process used to verify the qualifications, experience and professional standing of health professionals. The purpose of verification is to form a view of a health professional's competence, performance and professional suitability to provide safe, high quality health care services within WA Health.
CredWA	Is a WA statewide electronic system that supports the credentialing process for certain health professionals e.g.: PPEM's. The system comprises a Health Professional portal and an Administration portal. It records the credentialing information, documentation and approval process.
Diagnostics	Are medical tools and tests (e.g.: pathology and imaging) used to detect, monitor, and manage health conditions, forming the foundation of clinical decision-making
Lead Carer	The *designated* or *lead* maternity carer is the health professional coordinating the care for women during the antenatal, intrapartum, and postnatal periods.
Private Practice Endorsed Midwife (PPEM)	An individual midwife registered by the NMBA who holds an endorsement as a midwife eligible to prescribe, administer and supply scheduled medicines in accordance with state and territory legislation; and has entered into a Licensing Agreement for Privately Practising Endorsed Midwives with a HSP.
Referral	The midwife recognises that the care required falls outside of their scope of practice and discusses the indication(s) for referral with the woman, seeks her informed consent and then refers the woman to the most appropriate health professional for ongoing care. Transfer of primary responsibility to another qualified health service provider or professional then occurs. Despite the indicated need for referral, the midwife remains a key member of the multidisciplinary team and continues to provide midwifery care to the woman.

Scope of Practice	A scope of clinical practice is part of the credentialing process and defines the clinical practice that a health practitioner is permitted to conduct at a particular health care facility. The scope of clinical practice is based on an individual's qualifications, competence, performance and suitability as well as a health service's capability to support the scope of practice and service role required.
Unqualified Newborn	A newborn who is nine days old or less at the time of admission where routine care is provided as part of the care for the mother.

7. Document Summary

Coverage	WACHS wide
Audience	All maternity staff
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	• *Health Legislation Amendment (Removal of Requirement for a Collaborative Arrangement) Act 2024* (Cth) • *Health Practitioner Regulation National Law Application Act 2024* (WA) • *Health Services Act 2016* (WA) • *Medicines and Poisons Act 2014* (WA) • *Medicines and Poisons Amendment Regulations (No.2) 2019* (WA) • *Medicines and Poisons Regulations 2016* (WA)
Related Mandatory Policies / Frameworks	• Clinical Governance, Safety and Quality Policy Framework • MP 0084/18 Credentialing and Defining the Scope of Clinical Practice Policy • MP 0093/18 Access to Public Maternity Services for Privately Practising Endorsed Midwives Policy • MP 0124/19 Code of Conduct Policy • MP 0127/20 Discipline Policy
Related WACHS Policy Documents	• Consent to Treatment Policy • Credentialing for Nurse Practitioners and Endorsed Privately Practicing Midwives Policy • Maternal and Newborn Care Collaboration and Escalation Policy
Other Related Documents	• Clinical Services Framework 2025 – 2035 • Licensing Agreement for Privately Practising Endorsed Midwives • National Midwifery Guidelines for Consultation and Referral - 5th Edition (2026)
Related Forms	• MR8 WACHS Maternal Fetal Assessment Admission • MR8B WACHS West Australian Handheld Pregnancy Record • MR8B.2 WACHS Discussion and Partnership Care Plan: Declining Recommended Maternity Care
Related Training	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 5184
National Safety and Quality Health Service (NSQHS) Standards	1.01.c, 1.01.e, 1.23.a & b, 1.24a, 1.27, 2.06, 2.07, 4.04, 6.03, 6.04b, 6.11, 8.03.

Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards (please specify and include link)	• Credentialing and Defining Scope of Clinical Practice for Nursing and Midwifery Standard

8. Document Control

Version	Published date	Current from	Summary of changes
3.00	10 August 2026	10 August 2026	Formal Review. • policy title changed from 'Role of the Endorsed Privately Practicing Midwife for Private Patients at WACHS Maternity Sites Procedure' to 'Privately Practising Endorsed Midwife Model of Care Policy' • policy document type changed from procedure to policy • revised in line with legislative amendments effective 1 November 2024 removing the need for collaborative arrangements between PPEMs and medical practitioners to provide MBS services • updates to hyperlinks and references • removal of appendices.

9. Approval

Policy Owner	Executive Director Nursing and Midwifery
Co-approver	Executive Director Medical Services
Contact	Coordinator of Midwifery
Business Unit	Nursing and Midwifery Services
EDRMS #	ED-CO-15-8527

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