



Recommendations of 2008 and 2011 Reviews of Homebirths in WA and current status of recommendations



Table1. Recommendations of 2008 Review and current status

Recommendations of 2008 Review	Status June 2012
<p>1: Perinatal deaths in women choosing homebirths (HB) be considered a sentinel event and subjected to Root Cause Analysis (RCA) by the appropriate clinical governance body.</p>	<p>IN PROGRESS This will come under the 1994 Midwives Notification Regulations - PMA has sought legal advice about changing schedule 2 (homebirth report) to include National Core Maternity indicators and adverse events.</p>
<p>2: Midwives who work in HB practice and offer complementary and alternative medicines be appropriately educated and credentialed in their use.</p>	<p>COMPLETED FOR WA HEALTH MIDWIVES There remains a need to inform and address this issue with Privately Practicing Midwives (PPM).</p>
<p>3: All ambulance requests for assistance at HB be classified as Priority 1 by St John’s Ambulance Service (SJA)</p>	<p>COMPLETED</p>
<p>4: Statewide Homebirth Policy 2001 be reviewed as matter of urgency.</p>	<p>COMPLETED</p>
<p>5: The Women’s and Newborns Network develop policy with respect to the roles and responsibilities of childbearing women who choose HB, their support people and doulas in labour and CMP/IMP when women are transferred from HB to hospital.</p>	<p>COMPLETED – addressed in Statewide Policy for publicly funded Homebirths</p>
<p>6: The Women’s and Newborns Network develop policy in relation to women who choose HB and decide not to undertake selective antenatal tests and/or recommended management practice in pregnancy, labour and birth including screening for GBStrep, diabetes, managing 3rd stage of labour and decisions on newborn care e.g. vit K, immunisation and screening tests.</p>	<p>COMPLETED – addressed in Statewide Policy for publicly funded Homebirths and brochures available on WA Health Internet.</p>
<p>7: The process of developing and implementing guidelines for the CMP be expedited, in particular regarding entry criteria for CMP, processes for consultation and referral, planning and documentation of decisions, criteria for hospital transfer, roles and responsibilities of midwives after transfer to hospital, criteria for observations in labour and standards of documentation.</p>	<p>COMPLETED– addressed in Statewide Policy for publicly funded Homebirths</p> <p>In relation to PPMs, the Nursing and Midwifery Office is reviewing the credentialing and scope of practice policy.</p> <p>A Service Agreement between Area Health Services and PPM is currently in the consultation process.</p>

<p>8: WA Health implements a more robust system for maintaining the currency of the list of practising IMPs providing HB services and consideration be given to this role being transferred to the WA Nurses and Midwives Board in the future.</p>	<p>COMPLETED Refer to The Nursing and Midwifery Regency of Practice Registration Standard – NMBA.</p>
<p>9: Methodology of the Perinatal and Infant Mortality Committee (PIMC) for home and hospital births could be strengthened by adopting the Perinatal Society of Australian and NZ methodology of investigation, categorisation and reporting of perinatal deaths.</p>	<p>IN PROGRESS Legal and Legislative Services (Department of Health WA) have proposed changes to Parliamentary Counsel</p>
<p>10: WA Government amend Health Act 1911 Part XIIIIB regarding the PIMC to enable consideration of, and action upon, broader system-level issues to their reporting including identification of contributing factors that are amenable to organisational changes at home and hospital births.</p>	<p>IN PROGRESS Legal and Legislative Services (Department of Health WA) have proposed changes to Parliamentary Counsel</p>
<p>11: The WA Nurses and Midwives Board should consider legislation to ensure that midwives who provide HB services have access to professional indemnity insurance to maintain registration.</p>	<p>Superseded by national reforms</p>
<p>12: The WA Nurses and Midwives Board should consider a system for requiring annual Midwifery Practice Review or other forms of continuing professional development for renewal of registration for IMPs.</p>	<p>Superseded by national reforms</p>
<p>13: A formal facilitated risk assessment of the CMP be undertaken utilising AS/NZS 4360: 2004 to ensure adequate controls in place and to identify additional controls not covered by the terms of reference of this review.</p>	<p>COMPLETED</p>
<p>14: Documentation standards for the CMP must improve in line with legal and professional guidelines. This includes documentation of the counselling and recording of the decision made by women in relation to antenatal screening including</p>	<p>PARTIAL COMPLETION Refer to the National Competency for the Midwife January 2006 adopted by the NMBA</p>

alternative strategies and management plans, education programs need to be designed and implemented to address deficiencies in the standard of clinical documentation, continuation of regular audits of the standard of documentation with the outcomes presented back to the CMP midwives	
15: Information for women who choose HB needs to be developed by CMP and Women's and Newborns Network including discussion on entry criteria for HB, safety and risks of HB and consultation and referral processes which may lead to hospital transfer.	COMPLETED – addressed in Statewide Policy for publicly funded Homebirths and accompanying patient information
16: A process for ongoing evaluation and annual reporting of outcomes and experiences of women accessing CMP needs to occur. This includes a satisfaction survey to be undertaken independently on a regular basis and a robust and independent mechanism to manage complaints.	COMPLETED
17: Perinatal Data Collection should be revised to provide a vehicle whereby women's choices and outcomes of different models of care can be tracked and reported. Outcomes should include morbidity.	IN PROGRESS Ongoing discussions as to how this recommendation may be addressed. Existing methodologies do not capture births delivered by PPMs.
18: All midwives including IMPs need to be aware or and avail themselves to opportunities for continuing professional development.	COMPLETED
19: Before end of current MOU between CMWA and NMAHS, the relationship between CMP and its major stakeholders needs to be explored.	COMPLETED
20: A CMP could be established in the South West (Bunbury and Busselton)	IN PROGRESS WACHS South West is developing a midwifery led model of maternity care.
21: All stakeholders be informed regarding HB and respect the choices women make.	COMPLETED Home Birth brochure has been developed that informs women about Home Birth and the Policy
22: All stakeholders recognise that women will exercise their choice to use water during labour which may also include a choice to give birth in	COMPLETED Addressed by Operational Statewide Policy for the use of water during labour and /or birth in WA health

water at HB or hospital births.	hospital and health services
23: All stakeholders recognise the need for strategies to address women's decisions after a caesarean section and develop models of care which support VBAC, access to information, continuity of carer and a respect of women's capacity for decision making.	PARTIAL COMPLETION Addressed in Statewide Policy for publicly funded Homebirths A Continuity of Care/r Working Group has been convened under the Women's and Newborns Health Network to consider implementation of maternity continuity of care/r models in WA Health.
24: Hospital based midwifery continuity of care models be established for women of all risk factor status so that women could have access to continuity and do not choose HB only as a means to access continuity.	PARTIAL COMPLETION Addressed in Statewide Policy for publicly funded Homebirths A Continuity of Care/r Working Group has been convened under the Women's and Newborns Health Network to consider implementation of maternity continuity of care/r models in WA Health.

Table 2. Recommendations of 2011 Review and current status

Recommendations from the 2011 Progress Report	Status as of January 2012
1. The Home Birth Steering Group needs to meet again, review progress and have clarity about responsibility for aspects of the recommendations still to be achieved	Ongoing
2. Models of care that provide midwifery continuity of care need to be progressed as a matter of urgency across Western Australia	IN PROGRESS A Continuity of Care/r Working Group has been convened under the Women's and Newborns Health Network to consider implementation of maternity continuity of care/r models in WA Health.
3. Accreditation for CMP midwives to be able to provide care in secondary hospitals if transfers from home are required	COMPLETED
4. Credentialling or visiting access processes need to be progressed urgently to enable private practicing midwives access to hospital level care and appropriate consultation and referral mechanisms when necessary.	IN PROGRESS In relation to Privately Practicing Midwives the Nursing and Midwifery Office is reviewing the credentialling and scope of practice policy. A Service Agreement between Area Health Services and PPM is currently in the consultation process.
5. The component of the Health Act that legislates the PIMC activities needs to be urgently reviewed to ensure that it is in line with contemporary health systems and quality and safety activities.	IN PROGRESS Legal and Legislative Services (Department of Health WA) have proposed changes to Parliamentary Counsel
7. The Office of Safety and Quality to provide	No longer applicable

guidance to clinicians about the use of qualified privilege in particular the non-confidential status of the outputs of such meetings.	
8. Consideration needs to be given to the production of a CMP annual report	COMPLETED
9. Areas for improvement identified through the completion of the Clinical Governance Self Assessment tool be incorporated into the CMP strategic planning process.	COMPLETED
10. Processes to enable privately practicing midwives access to WA public hospitals be developed and implemented as a matter of urgency.	<p>IN PROGRESS</p> <p>The Nursing and Midwifery office is developing processes for PPM to access public hospitals consistent with current legislation.</p>