

Eligible Midwives

Midwives wishing to provide Medicare services must have notation as an eligible midwife, in accordance with the Nursing and Midwifery Board

Consultation and Referral

A midwife may discuss the clinical circumstances with an appropriate health professional to select or confirm a particular course(s) of action.

The midwife may recommend that the woman herself consult with the selected health professional. Depending on the outcome of the consultation, recommendations would include that the midwife continue or not continue in his/her role as the maternity care coordinator. That is, consultation with an obstetrician does not necessarily mean that the obstetrician will become the maternity care coordinator.

The nature of the recommendation will depend on the clinical circumstances and regional issues, including resources and site and carer aspects of service provision. The obstetrician and the midwife, in consultation with the woman, may recommend:

- a) that the midwife continue as maternity care coordinator, with or without some recommendations for future management;
- b) that the midwife and obstetrician enter into a shared-care arrangement so that the woman has ongoing care provided jointly by both the midwife and obstetrician;
- c) that the obstetrician becomes the maternity care coordinator, while recognising that the midwife may continue to have an important role in even the highest risk pregnancy. It is possible that care co-ordination may be transferred back to the midwife at a later stage in pregnancy, labour or the puerperium.

Emergency management

In an emergency the clinical responsibility is transferred, as soon as possible, to the most appropriate practitioner available.

The clinical roles and responsibilities of the attending practitioners are dictated by the needs of the mother and baby and the skills and expertise of the practitioners available. In an emergency a health care provider cannot refuse to attend a woman or infant.

Relevant Materials