



Information for Midwives in relation to the Midwifery Scope of Practice Further interpretation, March 2005

March 2005

Although the Midwifery Council provided information in October 2004 about midwives working outside of the Midwifery Scope of Practice, it continues to receive enquiries, particularly in relation to midwives working in neonatal intensive care areas. Therefore Council has updated its information on its interpretation of the Midwifery Scope of Practice in order to provide further detailed information.

Principles

Council believes there are certain principles that must be considered by each midwife wishing to hold a Midwifery Annual Practising Certificate. These are as follows:

- It is the responsibility of each midwife to decide whether she is working within the Midwifery Scope of Practice in a clinical role. If she is then she will need a Midwifery Practising Certificate.
- Midwives who registered through a direct entry midwifery programme must hold a Midwifery Practising Certificate if involved in clinical roles.
- For employed midwives, the decision as to whether the requirements of their position require a Midwifery Practising Certificate would need to be made in collaboration with the employer. If the position is clearly within the Midwifery Scope of Practice then a Midwifery Practising Certificate must be held.
- Registered midwives working in a maternity unit in the provision of **any** clinical care must hold a Midwifery Practising Certificate.
- If a Midwifery Practising Certificate is required then midwives will, over each three-year period, need to demonstrate their competence to practise at the level of Entry to the Register of Midwives, across all aspects of the Scope of Midwifery Practice. The details of how competence will be demonstrated are in the Midwifery Council's Recertification Programme,

approved in December 2004 and updated in March 2005. Details of the Recertification Programme are available on this website.

Neonatal Intensive Care

Midwives (including those educated through a direct entry midwifery programme) may be employed in a neonatal intensive care unit. Indeed, Council believes that midwives have knowledge, skills and experiences that are extremely valuable to this workplace. However, on its own, working in a neonatal intensive care unit (of any level) is not sufficient to enable midwives to demonstrate their ongoing competence across the full Midwifery Scope of Practice. In any three year period, midwives working in these units will also need to spend time in antenatal, labour and birth and postnatal areas in order to maintain their competence across the Scope. Employers will need to assist midwife-employees to access this experience. Rotation through the other areas of the maternity unit is one obvious mechanism to achieve the required experience but the Recertification Programme document also offers other ideas.

Student midwife clinical placement in neonatal intensive care units

The Midwifery Council requires all student midwives to undertake a clinical placement in a secondary or tertiary level neonatal unit. The reasons for this are obvious. As part of the Midwifery Scope of Practice midwives are able to care for healthy and well newborn babies on their own responsibility. In order to acquire an appropriate depth of knowledge and experience for this role student midwives undertake extensive theoretical and clinical experience about the well baby and its development, both in utero and after birth. An essential skill for any midwife providing care to a woman and her baby during the physiological experience of childbirth is to be able to assess when complications are arising and additional assistance may be required. Midwives develop these assessment skills through extensive exposure to healthy newborns as well as to those who are sick or compromised. The neonatal unit is the only place where student midwives can gain consolidated experience in assessing sick babies and understanding the implications of their care for mothers and families. In addition midwives are called on to manage emergencies appropriately and so need to know how to resuscitate a baby and to safely maintain one who has unexpectedly been born in a compromised state. Clinical placement in neonatal intensive care units is an important learning experience for midwives as they develop these skills.

Six weeks postpartum

The Midwifery Scope of Practice extends to six weeks postpartum. The Midwifery Council does not expect this timeframe to be interpreted rigidly. Rather, this timeframe provides a guide as to when midwifery services would cease, in the normal course of events, and when handover to well child and well women services would take place. To provide clarity and flexibility, in relation to the preterm baby, Council interprets the six-week period to be from the expected date of birth rather than the actual date of birth. That is, Council recognises that the postpartum midwifery role for a preterm baby may extend beyond six

calendar weeks. Council expects that any midwife working in a neonatal unit is able to care for any baby in the unit if required, no matter what its gestational or calendar age.

Maternity unit staffing

The Midwifery Council of New Zealand, as the regulatory authority for midwives, is charged under the Health Practitioners Competence Assurance Act with protecting the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions (s3, 1). The Midwifery Scope of Practice encompasses pregnancy, labour and birth and postnatal care. That is, the Midwifery Scope of Practice reflects the ambit of maternity services available in New Zealand.

Therefore, all midwives providing clinical care in a maternity unit must hold a Midwifery Practising Certificate. Such midwives must participate in the Recertification Programme in order to demonstrate their ongoing competence to practise.

Whilst some nurses are educationally prepared in aspects of the maternity service, they cannot provide the full range of care or undertake management of emergency situations. Midwives must always supervise any nurses (registered general and obstetric, comprehensive, obstetric and enrolled) and any other health care workers that may be working in maternity services. The Health and Disability Sector Standards (2004), Section 88 Maternity Notice (2002) and the Ministry of Health Facility Specifications (2004/5) all reinforce this supervision requirement in relation to maternity unit staffing requirements. These standards and specifications require all maternity units to provide 24-hour access to a registered midwife who must also be available to manage any emergencies that may arise.

Employers are reminded of their obligations under these standards and specifications. Council cautions employers against requiring or supporting midwife-employees to cease practising as midwives and employing them instead as nurses. Apart from the professional, ethical and legal issues inherent in such a move, employers risk further reducing their registered midwife numbers and compromising their ability to meet the standards and specifications in relation to staffing levels. As stated above, the Midwifery Council expects any midwife employed in a maternity facility in a clinical role to hold a Midwifery Practising Certificate.

Council acknowledges that there are current shortages in numbers of midwives in various areas in New Zealand, and that there are insufficient numbers of midwives in several maternity units (primary, secondary and tertiary). Midwifery provides the only fully integrated workforce in New Zealand's health services and the Midwifery Council is committed to working with other stakeholder groups to strengthen the midwifery workforce. Council intends to carry out a consultation

on the need for a new maternity practitioner, a midwife-assistant, which could work under the supervision of midwives in the provision of facility-based maternity care. The educational preparation of the midwifery assistant could also provide a step towards entry to pre-registration midwifery programmes and potentially encourage more women to prepare for midwifery as a career.

Abortion services

Council has been made aware that some midwives work only in abortion services. In these services they are caring for women having first trimester abortions as well as late abortions in which the woman undergoes labour. Council is also aware that there are some highly trained nurses working in these areas who have developed considerable expertise in caring for women using these services.

Council believes that while it is of benefit to women to have midwifery care if they are undergoing a late termination, it is not necessary to be a midwife to do this work.

If midwives wish to work in this area and they wish to maintain their Midwifery Practising Certificate then they will need to find ways to meet the requirements of the Recertification Programme. This will mean that over each three-year period they will need to maintain practice across the full Scope of Midwifery Practice such that they can make a declaration as to their competence upon application for the Midwifery Practising Certificate. Employers who wish to employ midwives in these areas may be able to help the midwife access this experience. Examples of how this might be achieved are provided in the Recertification Programme (accessible on this website).

Gynaecology services

Midwives working in gynaecology areas do not work across the full scope of practice. As is the case for midwives working in other related areas as described above, these midwives will need to undertake additional clinical practice in midwifery service areas in order to meet the requirement to work across the full scope in each three-year period and to make a declaration as to competence.

Family Planning Services

Council understands that some midwives work solely in Family Planning Services. While family planning is an aspect of the Midwifery Scope of Practice and midwives will have some knowledge of this area, it does not, on its own, meet the Midwifery Scope of Practice definition.

Midwives who work in this area and who wish to hold a Midwifery Practising Certificate will need to meet the Recertification Programme requirements. These will include working across the full Midwifery Scope of Practice over each three-year period such that they can make a declaration as to their competence to practise midwifery.

Midwives are reminded that they are only legally entitled to prescribe medications within the midwifery scope of practice. Therefore they may only prescribe for women who are pregnant, in labour and up to six weeks postpartum and for newborn babies up to six weeks postpartum¹. Midwives working in family planning are not entitled to prescribe for women who are not pregnant or in the post partum period up to six weeks or for babies outside of the six week postpartum period.

Direct entry midwives

Employers may choose to employ direct entry midwives in any of the above areas, including gynaecology. As is usual practice it is the responsibility of the employer to ensure that the midwife is properly orientated and supported into the role.

Direct entry midwives working in clinical roles must hold a Midwifery Practising Certificate and must therefore meet the requirements of the Recertification Programme. This means that direct entry midwives who are working in areas outside of the Midwifery Scope of Practice will need to find ways to maintain their competence across the scope. As already stated, the Recertification Programme contains suggestions as to how this might be achieved. Employers will need to support these midwives to maintain their Midwifery Practising Certificate.

¹ In relation to preterm babies, the Midwifery Council defines the six-week period as being from the expected date of birth rather than the actual date of birth. That is, Council recognises that the postpartum midwifery role for preterm babies may extend beyond six calendar weeks.