Independent Midwives Guideline

The guidance uses the term “woman” (pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women’s health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identify does not align with the sex that they were assigned at birth.

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Brief Summary of Document:	Working Practices of an Independent Midwives and their relationship with the NHS
Scope	

To be read in conjunction with:	

Owning group	Obstetric Written Documentation Review Group

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Guideline	14.9.2017

Glossary of terms

Term	Definition

Keywords	Working Practices of an Independent Midwives and their relationship with the NHS

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1. INTRODUCTION

Independent Midwives are fully trained midwives who have chosen to work outside the NHS. They offer continuity of care on an individual basis and charge a fee for their services.

2. BACKGROUND

The Nursing & Midwifery Council (NMC) is required by the Nursing & Midwifery Order 2001 to establish and maintain a register of qualified nurses and midwives which includes independent midwives.

3. SUPERVISON & INDEPENDANT MIDWIVES

Supervision of Midwives is statutory. As professional practitioners Independent Midwives are supervised by the Local Supervising Authority (LSA) which is Healthcare Inspectorate Wales (HIW) and have a named supervisor of midwives from within the geographical area that they practice. They also have a link supervisor from within each Trust that they practice.

Independent Midwives must like all other midwives notify their intention to practice on a yearly basis to their LSA and in turn the NMC.

Guidelines for supervising midwives who work outside the NHS are currently in draft format and are available from HIW or one of the local supervisors of midwives.

4. ACCOUNTABILITY

Independent Midwives fully accept the responsibility for their own actions and their implications. They must work within the NMC Midwifery Rules & Standards 2004 and The Code 2008 and are responsible for securing their own professional indemnity insurance.

5. ORGANISATIONAL ARRANGEMENTS

INDEPENDENT MIDWIVES

- Initial contact with Trust(s) to secure local agreement, process for access to services and honorary contract where appropriate
- Trust to check with HIW (Lead Supervising Authority) of midwives notification of intention to practise as independent midwife.
- Trust to check NMC current registration on part 10 of the register of individual
- Trust to confirm with individual that he/she has a Supervisor of Midwives in place
- Confirm above with named Supervisor of Midwives
- Link with Personnel Department if honorary contract is to be issued to individual

ANTENATAL CARE

- Process agreed for link supervisor of midwives for independent midwife to access routine services for women booked in Carmarthenshire under their care i.e. blood tests and ultrasound scans
- Supervisor to liaise with relevant department to ensure they are aware of arrangements and not to accept referrals from any other source
- Test results to be posted directly to independent practitioner for interpretation and action as necessary

- Responsibility for chasing up test results will remain with the independent midwife
- In the event of the woman requiring referral to hospital consultant or for second opinion the independent midwife will link with supervisor of midwives to make appropriate arrangements If the woman is admitted to the Health Board at any stage in the antenatal period and the independent midwife does not have an honorary contact with the Trust care will be handed over to the responsibility of the Consultant on call. Arrangements for transfer will be made through the supervisor of midwives
- In the event of the woman being unable to contact the independent midwife in an emergency or in labour the woman will call an ambulance and arrange for admission to the ward directly. She should be informed by the independent midwife of these arrangements at the outset of booking

CARE IN LABOUR

- The independent midwife will accept responsibility and make arrangements with the woman regarding choice of place of birth.
- The independent midwife should endeavour to make their own arrangements for second midwife for delivery. In the event of the independent midwife calling a second midwife for a home birth in an emergency, the team will have a duty of care to the woman to attend and will act under the Health Board policies and protocols.
- On arrival he/she will ascertain that:-
- a full set of records is made available for their perusal
- equipment provided is adequate for the birth
- If the midwife is unhappy regarding any aspect of care this will be discussed with the independent midwife and woman outlining the concerns and a Supervisor of Midwife will be contacted for advice.
- If the midwife assesses that the mother and baby are at significant risk then an ambulance will be called and the woman advised to be transferred to the hospital immediately
- Documentation of the above is essential to reflect advice, concerns and action plans together with conversation between all parties accurately recorded.
- The independent midwife and Health Board midwife should wherever possible work together to provide a safe standard of care to the woman
- Arrangements for transfer into hospital will be made through the supervisor of midwives on-call
- If the woman is transferred into hospital at any stage in the labour or post delivery and the independent midwife does not have an honorary contract the care will be handed over to the medical team who will be accountable and responsible for the remainder of the care.
- The independent midwife may remain on the Health Board premises but as the woman's birthing partner only. She cannot act as a practising midwife on Health Board premises.
- Only people who have a contract of employment with the Hywel Dda Health Board are authorised to provide care irrespective of their current registration with the NMC.

EQUIPMENT

The independent midwife is responsible for providing and checking their own equipment. The Named Supervisor will regularly check the equipment

DRUGS

- The independent midwife must provide their own drugs. This is done either through the GP, by local arrangements with their local pharmacy or via their named supervisor and HIW.
- The supervisor of midwives will be satisfied with the arrangements made for the safe storage of the drugs.

ON-CALL ROTA

The 24 hour on call supervisor rota will be available to the independent midwife on a need to know basis. As a current practice these are available on Dinefwr/Labour Ward at all times.

INFANT ADMISSION TO HOSPITAL

In the event of the infant requiring admission to Special Care Baby Unit or needing to be seen by a Paediatrician, this must be arranged via the G.P. Supervisor of Midwives or via the ambulance in an emergency situation.

6. CHECKLIST

	Date/Signature	Action
Link supervisor identified		
Up to date CRB check		
Independent policy given		
Meeting with the Trust		
Indemnity insurance paperwork		
Evidence that woman aware if no insurance		Link to write to woman
Clear written plan of care		
Plan for handover of care, if required		
Plan for intra partum support		
Copy of last supervisory review		
Evidence of records		
Equipment check		
Access to birth notification		
Access to emergency support		
ITP		
Handover to Hywel Dda Health Board		

7. REFERENCES

NMC Code of conduct 2008 London