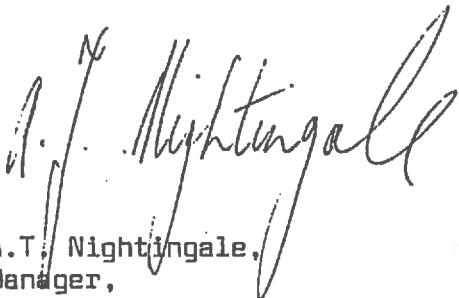


POLICY - RELATIONSHIP BETWEEN GREEN LANE/NATIONAL WOMEN'S HOSPITAL
MATERNITY SERVICE AND INDEPENDENT MIDWIFERY PRACTITIONERS

- 1) Policies and Procedures for booking and transfer of patients must be adhered to.
- 2) Bookings for sole care will only be accepted for women/babies with no risk factors.
- 3) If shared care with another practitioner is planned (i.e. Specialist or G.P.) there must be a clear statement in the woman's hospital record of the name of the practitioner who is the primary caregiver responsible for the management, and written consent to the arrangement for both practitioners. The patient must agree to the decision. Both practitioners' names will appear on the patient record.
- 4) If shared care with a hospital team is planned, there must be a clear statement in the woman's hospital record of the extent of the shared care and of the Team Consultant's and the Midwife's consent to the arrangement; responsibility will remain that of the Team Consultant. The patient must agree to the decision.
- 5) Women booked for care by an independent midwife practitioner will be cared for in whichever Delivery Unit is allocated by the Charge Midwife responsible for co-ordinating admissions.
- 6) Hospital midwifery staff may not participate in the care of the woman during labour, except:
 - a) if the need arises to transfer the care:
 - b) in an emergency:
 - c) during the second stage of labour and delivery in a sole care situation as negotiated with the Charge Midwife.

- 7) Hospital midwives may however provide short-term relief (e.g. meals) by negotiation with the Charge Midwife.
- 8) A copy of the complete antenatal record and the labour progress record to time of admission must be provided at admission and retained in the hospital record; the hospital record must be completed by the independent midwife to time of discharge or transfer to the postnatal ward.
- 9) The AMSIS computerised record must be updated by the independent midwife on admission, at completion of labour and of postnatal care. (NB the information collected will contribute to a perinatal database and professional and service audit).
- 10) All signatures entered in the woman's record must be legible and clearly show designation of Independent Midwife.
- 11) The care provided must reflect the policies, standards and guidelines of Green Lane National Women's Hospital Maternity Service.
- 12) Completion of post-delivery care for mother and baby and transfer to the postnatal ward or discharge to home is the responsibility of the independent midwife.
- 13) If in-hospital postnatal care for mother/baby is planned, the degree of involvement of the independent midwife in the planning of care, responsibility for decision making and provision of care must be clearly stated in the hand-over and in the patient record. If a shared care arrangement as in (3) and (4) above exists, the role of both practitioners must be clearly stated.
- 14) Transfers of women from 'booked at home' - see specific policy (attached)

- 15) Transfer of women from outlying hospitals, or from a sole or shared care arrangement within this hospital, will include transfer of midwifery care to hospital midwife responsibility, i.e. for care, assessment, record keeping and inter-colleaguel relationships. The independent midwife may continue to provide support to the parents as they choose.
- 16) The hospital will provide a copy of the AMSIS patient record, completed to time of discharge from the Service for the Independent Midwife and for the mother.
- 17) Midwives employed at Green Lane/National Women's Hospital who also undertake independent practise through an Access Agreement, may not provide care for 'private' patients on a shift for which they are rostered.



A.T. Nightingale,
Manager,
Maternity/Neonatal Services

November, 1991