



Australian College of
Midwives

ACM: For midwives. With women. For the future.

POSITION STATEMENT

For Planned Birth at Home

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The Australian College of Midwives' Position Statement for Planned Birth at Home

The Australian College of Midwives (ACM) supports the choice of planned, midwife-attended birth at home as a safe option for women with uncomplicated pregnancies.

This position statement should be read in conjunction with the *Australian College of Midwives' Position Statement for Birth at Home Background Paper (2019)*, *Australian College of Midwives' Birth at Home Midwifery Practice Standards (2016)* and *Australian College of Midwives' Transfer from Planned Birth at Home guidelines (2016)*.

Key Principles

1. Midwifery care is woman-centred, and is a partnership between a woman and a midwife. Every woman should have access to midwifery continuity of carer (Sandall et al., 2016; ACM, 2017).
2. Midwives provide midwifery care for women, their babies, and their families in all settings, including the home, consistent with the ICM Definition of a Midwife (2017):

"A midwife is a person who has successfully completed a midwifery education programme that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is recognized in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care.

"A midwife may practise in any setting including the home, community, hospitals, clinics or health units" (ICM 2017).

3. Midwives provide birth at home services in private and publicly-funded models.
4. Birth for women and their families is a major life event and a rite of passage that should be respected and facilitated. Women have a right to decide where they wish to give birth to their baby. It is important that all childbearing women have access to evidence-based, unbiased information that includes the potential advantages and disadvantages of birth at home.
5. The ACM supports the *Respectful Maternity Care: Universal Rights of Childbearing Women* (White Ribbon, 2011) as a framework for the provision of care to women, whatever their place of birth.
6. Care from a midwife with consultation, referral and transfer mechanisms is key to safety.
7. Midwives have a responsibility to establish appropriate consultation and referral processes and collaborative networks using the *ACM National Midwifery Guidelines for Consultation and Referral*.
8. Midwives have a responsibility to ensure that their decisions, recommendations and options of care are focussed on the needs and safety of the woman and her baby.
9. Informed decision-making, informed consent, and right of refusal are accepted legal principles in Australia. Each and every woman has the right to make informed decisions, including consent or refusal of any aspect of her care. Women must be respected in the choices that they make.
10. ACM acknowledges that some women may choose a planned birth at home when this is not recommended by a health care provider. Women should continue to have access to midwifery care whatever their choice.
11. A midwife has the right to decline to continue to provide care according to their clinical judgment and skills, except in an urgent situation where this would compromise the safety of the woman or her baby. The midwife is encouraged to act as an advocate, in partnership with the woman, in helping her access further support, information and care.

Achieving Best Practice

To achieve best practice in the provision of birth at home services, it is necessary for midwives, consumers, professional colleges, health systems, Australian and State and Territory governments and policy makers to work together to:

1. foster a culture of valuing physical, emotional, social, cultural and spiritual safety in all birth environments;
2. ensure that women have access to public and private midwifery services for planned birth at home;

3. develop a responsive professional and regulatory framework to support midwives who provide birth at home services including when women choose a course of action against professional advice;
4. ensure that all women have access to midwifery continuity of carer. This includes ensuring midwives have access agreements with all public and private maternity services to improve the safety and quality of care;
5. restrict the provision of all maternity care to appropriately regulated and qualified maternity care providers; and
6. include cover for intrapartum care at home in the Australian government subsidised professional indemnity insurance scheme for midwives.

Resources to Guide Practice

The ACM supports the use of the following resources to guide midwives in their practice:

- ACM. (2019). *Position Statement for Planned Birth at Home Background Paper*. Canberra: ACM. Retrieved from: <https://www.midwives.org.au>
- ACM. (2017). *National Midwifery Guidelines for Consultation and Referral* (3rd ed., issue 2). Canberra: ACM. Retrieved from: <https://www.midwives.org.au>
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- NHMRC. (2010). *National Guidance on Collaborative Maternity Care*. Retrieved from: https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/CP124.pdf
- NMBA. (2018). *Midwife standards for practice*. Retrieved from: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>
- NMBA. (2018). *Code of conduct for midwives*. Retrieved from: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>
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<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx>

- NMBA. (2017). *Safety and quality guidelines for privately practising midwives*. Retrieved from: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx>
- White Ribbon Alliance. (2011). *Respectful Maternity Care: Universal Rights of Childbearing Women*. Retrieved from: <https://www.safemotherhoodforall.org.au/position-statements/respectful-maternity/>

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ICM. (2017). International Definition of the Midwife. Retrieved from: https://www.internationalmidwives.org/assets?files/definitions-files/2018/06/eng-definition_of_the_midwife-2017.pdf

Sandall, J., Soltani, H., Gates, S., Shennan, A. & Devane, D. (2016). Midwife-led continuity models versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews*, 28(4), p. Art No: CD004667 DOI: 10.1002/14651858.CD004667.pub5.