1. General Information

Midwifery services enhance and promote the normal process of childbirth. The scope of midwifery practice comprises professional support, care and advice for the client and her family throughout pregnancy, labour and birth, and the postnatal period with referral as appropriate. In defining the scope of midwifery, the Nursing and Midwifery Board of Australia has adopted the Australian Nursing and Midwifery Council Code of Professional Conduct for Midwives in Australia.

All health practitioners must practice within their scope of practice according to their individual Australian Health Practitioner Regulation Authority (AHPRA) registration. This applies to midwifery. However it is recognised that all members of the primary health care team may support midwifery care according to their scope of practice and within endorsed guidelines. It is important to note that those not qualified to manage antenatal or postnatal care are involved by way of contribution and referral, rather than with case management.

Emergency obstetric care will at times unavoidably involve clinical staff who are not registered as midwives. In these clinical circumstances staff have a duty of care to the client, and must provide care appropriate to their scope of clinical practice. Arrangements for consultation and/or transferring the client must be made as soon as possible. As with all emergency presentations, the clinician with the most appropriate skill set should be the person to manage the case.

In the NT, antenatal and postnatal care is primarily informed by the Women’s Business Manual (WBM), which guides the provision of antenatal and other care. This manual is an approved Scheduled Substance Treatment Protocol (SSTP) under the NT Medicines, Poisons and Therapeutic Goods Act. It is important to note that while the WBM provides direction on antenatal and other care, it does not provide licence to allow individual staff to operate outside their scope of practice; each professional is required to act responsibly in this regard. Further evidence-based advice on the care of pregnant women in a range of settings is available via Clinical Practice Guidelines: Antenatal Care – Module 1 approved by the Australian Health Ministers’ Advisory Council (2012).

2. Definitions

**Antenatal Care:** care provided to improve the health of the pregnant woman and her baby by monitoring the progress of the pregnancy and detecting and managing any problems.

**Postnatal Care:** involves care of the mother and baby following birth, and provides the opportunity to assess the mother for any medical, mental, emotional and social issues, and early assessment of risk factors and physical problems in the baby.

**Scheduled Substance Treatment Protocol (SSTP):** is a protocol for possessing, supplying or administering a scheduled substance as approved by the Chief Health Officer under Section 254 of the NT Medicines, Poisons and Therapeutic Goods Act.

3. Responsibilities

3.1 Health Centre Clinical Staff (subject to scope of practice)

- Promote early presentation for antenatal care, ie first trimester (prior to 12 weeks)
- Manage and recall antenatal and postnatal care according to the WBM

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**Developed by:** Quality & Safety Team

**Reviewed:** Aug 08, Jun 09, Apr 10, Dec 13, Jun 14,

**Endorsed by:** Remote Executive Leadership Group

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Promote timely follow up of women and babies on return to the community and ensure discharge plans are received
- Maintain relevant Electronic Health Record (EHR) documentation as well as the hard copy Pregnancy Health Record / Antenatal Care Summary (see Section 4.2.1)
- Ensure duplicate copies of investigations and antenatal notes are forwarded to the regional hospital as the pregnancy progresses
- Liaise and collaborate with the Rural Medical Practitioner (RMP), Remote Area Midwife (RAM), Remote Outreach Midwife (ROM) and Specialist Outreach staff to ensure provision of antenatal and postnatal care, as appropriate
- Liaise with the Midwifery Group Practice (MGP) Midwife for clients referred / enrolled with the program
- Support visiting services/specialists, eg Obstetrician, Oral Health Services, providing health care for clients and participate in team management of antenatal and postnatal clients requiring specialised care, eg gestational diabetes
- Provide pregnancy related education and health promotion as required, eg secondary school, women's centre
- Provide Medicare claimable items for antenatal care when appropriate
- Be aware of professional development opportunities for upskilling, and attendance as identified in individual learning plans

3.2 Medical Practitioner

- Review the antenatal client as soon as possible after the first presentation
- Provide management, review and referral as required, for antenatal and postnatal clients
- For health centres without a midwife, maintain the primary responsibility for providing antenatal and postnatal care, and develop a management plan of care for staff to follow
- Collaborate with health centre clinical staff, RAM, ROM, MGP Midwife and Specialist Outreach Obstetricians regarding antenatal and postnatal care as required
- Make appropriate Medicare claims for services provided

3.3 Remote Outreach Midwife / Remote Area Midwife

- Support health centre clinical staff in providing antenatal and postnatal care
- Provide management, review and referral as required, for clients
- Where applicable, develop a management plan of care for staff to follow, in sites without resident midwifery staff
- Provide ultrasonography (dating only) for clients in the community where possible, (subject to completing relevant ultrasonography training)
- Liaison between the health centre, regional hospital and Aboriginal Medical Service as appropriate re pregnancy care, eg investigation results, discharge summaries, etc.
- Disseminate expert clinical knowledge and skills, including relevant courses and on site in-service for clinical staff as appropriate
- Provide phone advisory service to Primary Health Care (PHC) Remote staff regarding antenatal and postnatal care
- Promote and assist with health centre recall systems in consultation with health centre staff
- Provide pregnancy related education and health promotion as required, eg secondary school, women’s centre

3.4 Midwifery Group Practice (MGP) – care provided in regional centre

- Coordinate and manage continuity of care through the antenatal, birthing and postnatal period for clients enrolled with MGP
- Support health centre clinical staff in providing antenatal and postnatal care
- Provide antenatal care for the client during visits to the regional centre and while awaiting birth of the baby
- Provide postnatal care until the client returns to the community and organise handover of care to the health centre on return to the community
3.5 Specialist
- Provide specialist services for clients as necessary, per WBM
- Provide ultrasonography for clients in the community, where possible

3.6 Strong Women, Strong Babies, Strong Culture (SWSBSC) Workers (for relevant communities)
- Work with pregnant Indigenous women in a program that emphasises both traditional practices and Western medicine
- Promote early attendance for antenatal care
- Liaise with health centre staff, nutritionists, local schools and other women in the community to ensure appropriate provision of antenatal and postnatal care

4. Procedure
Women may present to the health centre at any stage to confirm a pregnancy. It is best if this occurs early in order to facilitate preventative health interventions and offer appropriate advice and reassurance.

4.1 Authorised Roles for Clinical Staff
Midwives and Medical Practitioners should provide pregnancy care according to their level of competence, PHC Remote policy and legislative requirements. (For midwives see ANMC Code of Professional Conduct for Midwives in Australia).

Other clinical staff may at times undertake clinical interventions, such as urinalysis, recording of blood pressure, blood tests and weight checks on the pregnant woman. These observations must be reported to the Medical Practitioner or midwife and clearly documented as performed by non-midwifery trained staff.

Health centre staff are encouraged to access ROM to enhance provision of services for clients. The ROM may initiate visits, particularly for health centres without midwifery qualified staff or respond to requests for visits from health centres.

Provision of pregnancy care in health centres without qualified midwifery clinical staff requires clinical staff to consider strategies to ensure provision of comprehensive care, such as:
- provide antenatal and postnatal care within the individuals scope of practice and consult with the RAM / ROM / O&G Specialist / Remote Women’s Health Educator (where midwifery qualified) / Specialist Outreach Midwife (CA only) / RMP regarding assessment and/or observations
- plan RAM / ROM / CASO Midwife / RMP visits to the health centre to provide ongoing antenatal care
- arrange for midwifery staff from a nearby health centre to provide antenatal and postnatal care
- refer / transport clients to a midwife at a nearby health centre
- arrange for the client to attend antenatal care appointments at the regional hospital.

The Patient Assistance Travel Scheme (PATS) provides for a maximum of three (3) antenatal visits where antenatal care can be provided locally. Where there is no locally accessible registered midwife or visiting Medical Practitioner to provide antenatal care, a client may receive assistance for a maximum of ten (10) routine antenatal visits. For a complicated and/or high risk pregnancy, a client will be eligible for PATS assistance based on clinical need as determined by the referring practitioner

4.2 Provision of Antenatal Care (within scope of practice)
The WBM provides clear guidelines for the provision of antenatal care. Detailed information regarding the clinical requirements for antenatal care is therefore not repeated here.
4.2.1 Use of the Pregnancy Health Record / Antenatal Care Summary

When a pregnancy is confirmed, a Pregnancy Health Record / Antenatal Care Summary should be commenced in addition to documentation in the client’s EHR. This Record / Summary provides a comprehensive record of antenatal care, which is used for referral and ongoing management in the regional hospital.

All pregnant women should be offered this hand held antenatal record, with a copy kept in the health centre; updated each visit. This form is used to record antenatal care provided during the course of the pregnancy. In addition to the client’s history, this form includes
- topics for health promotion, and these may be discussed over the course of several consultations
- gestation / timing for investigations required
- record of observations during regular antenatal checks

A copy of the Pregnancy Health Record / Antenatal Care Summary should be kept in a folder marked ‘Antenatal Clients’ in a secure location in the health centre and a copy with relevant results should accompany the client and/or be faxed to the hospital. For additional information see Births – In Hospital.

4.2.2 Health Education / Promotion for the Antenatal Client

The Pregnancy Health Record / Antenatal Care Summary provides information on core topics to discuss with the antenatal client during the pregnancy. Understanding her pregnancy and how to keep healthy, the necessary investigations and follow-up throughout the antenatal period will promote regular attendance for antenatal care. Educational resources are available in each health centre (eg video, flip chart, booklets), and should be used whenever possible.

Health centre staff are encouraged to access the RAM, ROM, SWSBSC Workers and Specialist Outreach staff to enhance provision of health promotion and education for antenatal clients.

There may also be an opportunity to familiarise the client with the regional hospital and maternity unit during her visit to the hospital for her ultrasound (morphology) at 18-20 weeks gestation and antenatal review. This should be organised with the hospital as part of routine care.

4.2.3 Papanicolaou Smear (Pap Smear)

Pap smears should be offered to all pregnant women presenting for antenatal care who have not had a Pap smear performed in accordance with national guidelines. This should be undertaken as part of antenatal care, ideally before 24 weeks gestation. Women should be advised there is no evidence that a Pap smear causes any pregnancy problems. See the NT Protocol for Cervical Screening in Pregnancy for further information.

4.2.4 Influenza Vaccination

The use of most vaccines during pregnancy is not usually recommended. However the Influenza vaccination is recommended for all pregnant women and may be given during any stage of pregnancy. For details see the Centre for Disease Control Fact Sheet – Influenza and its Prevention and Australian Immunisation Handbook 10th Ed. (p 135, 256).

4.3 Medicare Claims

A Medical Practitioner or Midwife who provides antenatal care may be eligible to make a claim under Medicare.

4.3.1 Item Numbers 16500 and 16591 Antenatal Care by Medical Practitioner

The item number for routine antenatal care, 16500 may be claimed per attendance, and Item 16591 may be claimed once per pregnancy for the planning and management of a pregnancy that has progressed beyond 20 weeks.
4.3.2 Item Number **16400** Antenatal Care by a Midwife

Although the Medicare Item number refers to Registered Nurses and Aboriginal Health Practitioners in addition to midwives, this item can only be claimed in PHC Remote by a Midwife. This is because health practitioners must practice within their scope of practice and in accordance with DoH and PHC Remote policy.

A maximum of ten (10) claims per pregnancy is allowed. Item number 16400 cannot be claimed in conjunction with another antenatal attendance for the same client, on the same day by the same practitioner. The bulk billing incentive item number **10991** cannot be claimed in conjunction with 16400.

4.4 Provision of Postnatal Care (within scope of practice)

The WBM provides clear guidelines for the provision of postnatal care of the mother and baby. Detailed information regarding the clinical requirements for postnatal care of the mother and baby is therefore not repeated here.

It is important when seeing the mother that the baby is also reviewed and vice versa.

4.4.1 Postnatal Maternal Care / Check

Maternal postnatal checks are opportunities to assess the mother for any medical, mental, emotional and social issues she may have. The aim is to prevent morbidity, promote general health and well-being, and provide information to adequately prepare the mother with the knowledge and skills to raise a healthy child and be able to source assistance when required.

Postnatal checks are required daily for the first five days and are usually provided in the regional hospital. Women who leave hospital earlier than Day 5 should be seen for daily post-partum checks until Day 5. Otherwise, an initial check should occur on return to the community followed by checks on an as needs basis until the 6 week postnatal check.

Staff should utilise the EHR recall system to track when the client is due for the 6 week postnatal check, and allow sufficient time at consultation to provide the check and discuss any concerns the client may have. A postnatal check may include an Adult Health Check, and Women’s Health Check if due.

4.4.2 Baby Care / Checks during the Postnatal Period

Baby checks during the postnatal period are required daily for the first five days and this is usually provided in the regional hospital. On return to the community, baby checks should be provided weekly, unless otherwise indicated, until the 6 – 8 week baby check.

The baby check provides an opportunity to assess risk factors, allow early detection of physical problems in the baby, discuss any concerns the mother may have about the baby and provide relevant health promotion and education. Staff should utilise the EHR recall system to track when the baby is due for the baby check. Ideally this should be provided during the postnatal maternal check consultation; however an alternative time may be arranged if necessary (For details see WBM).

4.5 Documentation

4.5.1 Electronic Health Records (EHR)

Mother: Document management in the client’s EHR. Standard care pathways are detailed in the EHR system and once the appropriate client information is entered, the system will prompt clinicians regarding antenatal and postnatal checks to be provided. This will include recall for the 6 week post-natal check for the mother.

It is important to note that a hard copy Pregnancy Health Record / Antenatal Care Summary for the client must also be completed for each antenatal visit. The complete Record / Summary must be scanned and imported into the client record to ensure that there is a permanent, accessible record of the original information. See Electronic Health Records –
Overview and Electronic Health Records – Managing Outages for the details of scanning requirements.

Baby: If not already commenced, staff will need to commence a new EHR for the baby. See User Reference Guide - Creating a New Person / Client (PCIS / EACS).

Staff must follow the National Naming Convention for New Born Babies when creating new baby records. Where a record has been initiated by staff in the Regional Hospital, health centre staff will need to enter the baby’s name in the EHR per Naming Convention requirements. See PCIS Tip Sheet or EACS User Reference Guide for details.

Ongoing care plans based on best practice standard care pathways will be initiated in PCIS / EACS once the relevant care plan is commenced. The EHR system will prompt clinicians regarding care to be provided, this will include recall for the 6 - 8 week check for the baby.

4.5.2 Recall

To ensure checks and other care is provided in a timely manner:
- inform the client of the date the next check is due and encourage attendance
- following the birth, determine the date for the 6 week postnatal check for recall
- ensure relevant recall information for the baby is initiated, eg immunisations and Healthy Under 5 Kids Program checks. See Client Recall Systems.

4.6 Referral

4.6.1 Midwifery Group Practice (MGP)

The MGP provides a model of care that offers continuity of care throughout pregnancy, birth and the postnatal period. Collaboration and effective teamwork are central components of the program, with midwives as the ‘primary’ carer working closely with other health professionals.

For remote clients, care is coordinated in consultation with health centre clinicians and ROMs as appropriate. Consultations (in person) with the MGP Midwife are provided whenever the client travels to the regional centre during all stages of the pregnancy, labour and birth, and the postnatal period until return to the community. To promote consultation opportunities health centre staff should notify MGP of any appointment dates the client may have in the regional centre.

MGPs are located in Alice Springs, Tennant Creek and Darwin.

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<th>Alice Springs</th>
<th>Tennant Creek</th>
<th>Darwin</th>
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<tbody>
<tr>
<td>08 8951 7067</td>
<td>08 8962 4214</td>
<td>08 8944 8627</td>
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Central Australia (CA):

MGP Midwives are based in Alice Springs and Tennant Creek.

In Alice Springs, a third of the spaces available for the program are reserved for remote Aboriginal women. Clients may self-refer or be referred to the program by clinical staff.

In the Barkly region, the MGP is the endorsed midwifery care provider and coordinates care for all pregnant women in the region.

Staff should utilise the MGP – Referral/First Client Contact Form to refer women to the MGP.

A brochure: Midwifery Group Practice – Central Australia, is available to give to women. Further information is also available for staff on the Information Sheet – Midwifery Group Practice – Factsheet for Remote Communities

Top End (TE)

Women from the communities of Gunbalanya; Jabiru; Maningrida; Minjilang; Nauiyu Nambiyu; Palumpa; Peppimenarti; Wadeye and Warruwi are able to utilise the Top End MGP.
MGP Midwives, Aboriginal Health Practitioners and Strong Women Workers are based in Darwin.

Women having Indigenous babies in the above communities are automatically enrolled with MGP. They may opt out of MGP if they decide to utilise another midwifery care provider.

Staff should contact MGP by telephone to enrol the client.

Once the client is enrolled, MGP will forward information to the health centre. Health centres have photographs and mobile telephone numbers of MGP Midwives and these are available to be shown to the client to identify her midwife and to make contact if required.

4.6.2 Provision of Care during Labour and Birth

Primary Health Care Remote requires clinical staff to facilitate the referral of pregnant women to travel to a regional centre in preparation for birth at the hospital. This period of time while ‘waiting for the birth’ is eligible for Patient Assistance Travel Scheme (PATS Section 5.4).

Clinical staff should discuss giving birth in a hospital with pregnant women during the antenatal period. Women should be encouraged and prepared for the practicalities of planning for giving birth in a hospital.

| Uncomplicated Pregnancy | Referral generally occurs when pregnant women are nearing their Expected Due Date (EDD) - approximately 37 - 38 weeks gestation by best estimate or according to clinical need. For further information see Births - In Hospital. |
| Complicated Pregnancy | A pregnant woman with a complicated pregnancy should have regular medical and midwifery review depending on the nature of the complication. The timing for the referral of pregnant women with a complicated pregnancy to the regional hospital to wait for the birth will be determined according to the clinical need. A management plan should be developed in consultation with the Obstetrician and other specialist/s as appropriate according to the nature of the complication, clearly indicating when travel to the regional hospital to await the birth of the baby is recommended. While the WBM provides standard management practices for both routine antenatal care and those required for complications of pregnancy, in consultation with a Medical Practitioner, Obstetrician or other specialist/s these guidelines may be tailored provide to suit individual needs. |
| Unexpected Births in the Community | While the majority of babies are born in regional hospitals, the WBM provides guidelines for the management of labour and birth, should this occur in the health centre / community. For further information see Births – In Community. |

4.6.2 Specialist (Obstetrician, Physician)

Some clients may require review by a Specialist, such as an Obstetrician for complications of pregnancy or Physician for a pre-existing medical condition such as Diabetes or Rheumatic Heart Disease. Where possible, this service may be provided in the health centre through the Specialist Outreach Program, or alternately, the client may attend a specialist clinic at the Regional Hospital. Clinical staff should plan and prepare clients for the consultation prior to the visit.

4.6.3 Oral Health Services NT (Dental)

Pregnancy does not automatically damage teeth. It does however cause a range of hormonal changes in women which can have an impact on gums and teeth. An alteration in hormonal balance means gums and tissues that support the teeth are more susceptible to
inflammation (periodontal disease). Periodontal disease is known to have an association with premature births and low birth weight babies. It is important that good oral hygiene practices are in place before pregnancy so that periodontal health is already established. All pregnant women should have a dental check as early as possible in their pregnancy so that care of the teeth and gums can commence. Should any dental treatment be required, it then can be attended to in a timely manner. It is very important that any dental problems should not remain untreated.

Health centre staff, along with the dental team, should promote oral health and dental hygiene during pregnancy, including: tooth brushing twice each day using fluoride toothpaste, nutritious diet with increased calcium intake for proper development of baby’s teeth and bones, avoidance of sugary snacks and drinks and the importance of dental check-up at this time.

Oral Health Services are provided by visiting services in the health centre or community. Dental appointments can be made with town-based DoH community dental clinics.

4.7 **Strong Women, Strong Babies, Strong Culture Program**

The SWSBSC Program operates in some communities and aims to enhance the health of pregnant women, babies, young women and children. The specific goals of the program are to increase birth weights through earlier attendance for antenatal care and improved maternal health and education. Strong Women Workers have specialised cultural knowledge related to their local community and are selected by the Indigenous community to work on this program. These women are supported by SWSBSC Coordinators and work hand in hand with nutritionists, community based health workers, local schools, other women in the community, RANs, RAMs and ROMs. The Program is based on Grandmother’s Law and utilises the knowledge and skills of both Indigenous people and health professionals.

4.8 **Staff Development**

To update knowledge and skills related to pregnancy within the practitioner’s scope of practice, staff are encouraged to attend relevant courses, subject to individual learning plans. RAMs and ROMs are able to provide on-site in-service for clinical staff regarding antenatal and postnatal care and use of the WBM. Clinical staff may be approved to attend appropriate courses, such as:

- CRANApplus - [Education webpage](#):
  - Maternal Emergency Care (MEC) course for non-midwives, midwives and AHPs (mandatory requirement within first year of commencing employment)
  - MIDUS Midwifery Upskilling course for midwives (mandatory requirement within three years of commencing employment)

- Midwifery Continuing Professional Development Forum for Midwives: an annual professional development opportunity for midwives who are working or intend to work in remote areas.

5. **Forms**

Pregnancy Health Record (HM 424), available from Stores
Antenatal Care Summary (HR 008), available from Stores

Central Australia: [MGP – Referral/First Client Contact form](#)

6. **References and Supporting Documents**

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Endorsed by: Remote Executive Leadership Group | Release Date: March 2008, Next Review: June 2017 |
Electronic Health Records – Managing Outages
Electronic Health Records – Overview
Health Records - Documentation

Specialist Outreach
Ultrasound Equipment

Best Practice Communiqué: 09-08 Antenatal Screening Poster Communiqué
Information Sheets: Adult Health Checks
Womens & Mens Health Checks

Antenatal Screening Poster
Healthy Under 5 Kids Program - 8 Week Baby Check
Central Australia Midwifery Group Practice:
   Brochure: Midwifery Group Practice – Central Australia
   Information Sheet: Midwifery Group Practice – Factsheet for Remote Communities

Australian Health Practitioner Regulation Authority (AHPRA)
Nursing and Midwifery Board of Australia
ANMC Code of Professional Conduct for Midwives in Australia
Australian Health Ministers’ Advisory Council, 2012 Clinical Practice Guidelines: Antenatal Care – Module 1
NT Medicines, Poisons and Therapeutic Goods Act

Related Electronic Health Record System documents:

Primary Care Information System website
East Arnhem Communicare System

Basic Steps: Antenatal Client Workflow
Tip: National Naming Convention Newborn Babies
URG: Creating a New Person/Client
URG: Creating New Clients

Patient Travel Scheme Guidelines (intranet)
Patient Assistance Travel Scheme website
CRANAplus - Education webpage

Medical Benefits Schedule online:
   Item 16500: Note T4.3 Antenatal Attendance
   Item 16591: Note T4.9 Items for Planning and Management of a Pregnancy
   Item 16400: Note T4.1 Antenatal Service Provided by a Nurse, Midwife or an Aboriginal and Torres Strait Islander health practitioner