Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET

NAME OF DOCUMENT	**Midwifery Care in the Home and Community**
TYPE OF DOCUMENT	Clinical Business Rule
DOCUMENT NUMBER	RHW CLIN153
DATE OF PUBLICATION	July 2025
RISK RATING	Low
REVIEW DATE	July 2030
FORMER REFERENCE(S)	LOP Antenatal visits provided in the community (2018)
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SUMMARY	Practice guidelines for midwives providing care in the home and community for a woman's pregnancy and postnatal periods.
Key Words	Home Visits, Community, Midwifery at Home, Midwifery Support Program, Midwifery Group Practice, Midwifery Antenatal Postnatal Service, Outpatient, Antenatal, Postnatal

Contents

This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

This CBR is designed to ensure the safety and well-being of both staff and women during clinical visits in the home and community, specifically for the delivery of routine midwifery care throughout the antenatal and postnatal periods.

Midwives conducting visits in the community may be potentially exposed to risks including but not limited to transportation to and from the hospital, working in unfamiliar environments, working in isolation and delayed response to support services if needed.

Community facilities such as Clovelly, Vaucluse, Bondi, Malabar, Ronald McDonald House, Jarrah House, Kiloh Centre, Glen Mervyn home, Prince of Wales Hospital or Sydney Children's Hospital are enclosed within this CBR.

2 RESPONSIBILITIES

2.1 Staff - Midwifery

Provide care within the community, including a woman's home. Identifying and managing risks effectively while ensuring their own safety, the safety of colleagues and the well-being of the woman and her baby.

3 PROCEDURE

3.1 Clinical Practice points

3.1.1 Staff Safety

- Contact woman prior to visit and arrange a mutually convenient time for home visit using clinical priority.
- Attend safety checklist and identify risk factors
- Inform a second member of staff of planned home visit with woman's name and address. Midwives attending home visit should always be contactable by mobile phone

- Notify team member/colleague of your safe return to the workplace or your home after visit. (Note: Escalate to a direct manager, if a midwife has not communicated their return from a home visit and cannot be contacted)
- Consider visiting in pairs or arranging visits to take place at the hospital if a woman discloses abuse (assault, harassment or domestic violence) and the perpetrator resides at the address. The safety plan is discussed with the manager.
- Leave the home or community centre and inform the manager immediately if there is any concern for personal safety during an appointment

3.1.2   Health and Safety

- Ensure Home Safety Checklist completed prior to visit
- Consider Work Health & Safety when assisting with breastfeeding, performing blood tests and carrying equipment
- Adhere strictly to SESLHD infection control standards
- Transport any specimens back to the hospital in a portable cooler. Anti D immunoglobulin and immunisations must not be given in the home environment due to cold chain transportation requirements
- Dispose of all sharps and bodily fluids in accordance with NSW health waste management procedures

3.1.3   Clinical Assessment

- Conduct assessment of woman and neonate as appropriate. Refer to relevant policies related to antenatal care, intrapartum care and postnatal care as needed
- Identify any clinical concerns or abnormal findings and escalate accordingly as per ACM guidelines [2] and CERS pathway (maternal and neonate):
  o Provide explanation to the woman and her support person/s and discuss with the relevant clinician for further guidance or refer to hospital for further assessment
  o Call 000 for an ambulance if emergency hospital transfer is required due to clinical escalation
  o Arrange for the woman (and neonate) to travel to the hospital in her own transport if the situation is non-urgent
  o Call Clinical MUM or After-Hours Manager if out of hours to inform of transfer to aid preparation of care
  o Document visit in the woman's electronic medical record (eMR) and ensure that the family have a clear follow up plan
  o Instruct the support person to call an ambulance if the woman is suspected to be close to birthing and is not planning a homebirth, instead of conducting a labour assessment home visit

3.1.4   Communication

- Provide woman enrolled in Midwifery Support Program (MSP), Midwifery Antenatal and Postnatal Service (MAPS) or Midwifery Group Practice (MGP) with a brochure containing contact information and guidance on when to reach out to the hospital if they have concerns about their health or their baby's health

- Recognise that while women and babies are receiving care at home remain hospital outpatients and any follow-up care can be managed through the midwife

3.1.5 Transport

- Follow NSW Road Rules when travelling by car
- Ensure all workers have read and adhere to Motor Vehicle Policy

  If using fleet hospital car:
  o Review the NSW Health Fleet Management Guideline prior to using fleet vehicle
  o Ensure all staff have valid driver's licence shown to manager with copy on file
  o Complete the Travel Log in hospital car with travel details
  o Report any accidents/incidents relating to the car to your manager as soon as practical and complete relevant paperwork
  o Ensure staff are aware it is their responsibility to check that the car has sufficient petrol for visits
  o Hold staff responsible for any traffic or parking infringements incurred while using the fleet car
  o Access roadside assistance if needed in the fleet car, with details available in the car folder

  If using own car:
  o Review the Official Travel PD on use of private motor vehicles for official business
  o Provide your car insurance details to your manager demonstrating appropriate cover
  o Log visits to ensure claiming mileage through hospital payroll as per local department
  o Claim reimbursement of mileage as it is staff's responsibility
  o Reimburse mileage as it is staff's responsibility to claim. See Motor Vehicles - Award Employees - Charges for Private Use for information on how to claim:
      o Apply through iExpenses to be reimbursed or,
      o Claim back at EOFY through tax return

3.1.6 Equipment

- Consider Work Health & Safety when transporting equipment to a woman's home (Note: some apartment buildings may have stairs without lifts, so it's important to plan ahead and consider what you need to bring)

- Ask for assistance from support people to help with carrying items such as breast pump, bilisoft blanket unit, TcB, baby scales, midwife kit bag or portable cooler for specimens if possible

3.2   Documentation

- WHS risk assessment form or Home-safety Checklist

- Antenatal Record of Care (yellow card)

- eMaternity and Citrix electronic medical records (EMR)

- Maternal Postnatal Clinical Pathway

- Neonatal Care Plan

- 37-week homebirth assessment form

- Citrix Scheduler

3.3   Education Notes

Provision of community-based care can provide the following benefits to women and families in our community:

- Reduce rates of intervention through early labour assessment in the home as well length of postnatal hospital admission[1]

- Facilitate access to culturally safe care for Aboriginal and Torres Strait Islander women through the Malabar MGP[1]

- Increase levels of satisfaction with care because of increased accessibility and continuity for women[3]

- Provide insight into the woman's social context and home environment[3].

- Increase a woman's ability to make well informed choices [5]

3.4   Related Policies/procedures

- Labour- Early labour assessment in the home
- Infection control
- Clinical and related waste management for health services

- [Management of the Deteriorating Maternity Woman](#)
- [NSW Health Vehicle Procurement and Use](#)
- [Motor Vehicles - Award Employees - Charges for Private Use](#)
- [Official Travel](#)

3.5 References

1. Kildea S, Gao Y, Hickey S, Kruske S, Nelson C, Blackman R, et al. Reducing preterm birth amongst Aboriginal and Torres Strait Islander babies: A prospective cohort study, Brisbane, Australia. EClinicalMedicine. 2019; 12:43-51.
2. Australian College of Midwives (2021). National Midwifery Guidelines for Consultation and Referral. 4th edition. Available online; https://www.midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf
3. COAG health council (2019) Women-centred Care. Online; https://www.health.gov.au/sites/default/files/documents/2019/11/woman-centred-care-strategic-directions-for-australian-maternity-services.pdf
4. Nursing and Midwifery Board of Australia (2020) Midwifery practice decision flowchart. https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx
5. World Health Organisation, WHO, (2018) WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience. Available online: https://iris.who.int/bitstream/handle/10665/259947/WHO-RHR-18.02-eng.pdf

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.

- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers or other culturally specific services.

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours

- If the woman is from a non-English speaking background, call the interpreter service: [NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.](#)

6   NATIONAL STANDARDS

- Standard 1 - Clinical governance
- Standard 2 - Partnering with consumers
- Standard 3 - Preventing and controlling infections
- Standard 4 - Medication safety
- Standard 5 - Comprehensive care
- Standard 6 - Communicating for safety
- Standard 7 - Blood management
- Standard 8 – Recognising and Responding to the Deteriorating Patient

7   REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
3/4/25	V1.0	Sarah McLean, Clinical Midwifery Consultant
15/4/25	V1.0	Sent out for Comment
1/5/25	V1.0	Feedback incorporated and out for UAT
14/5/25	V1.1	T/F to new template
23/6/25	V1.1	RHW BRGC