



**OBSTETRICS AND GYNAECOLOGY  
CLINICAL PRACTICE GUIDELINE**

# Midwifery group practice (hospital based): Criteria

<b>Scope (Staff):</b>	WNHS hospital-based midwifery group practice (MGP) staff
<b>Scope (Area):</b>	Obstetrics and Gynaecology Directorate clinical areas at KEMH

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## Key points

- Continuity of care models have demonstrated improved clinical outcomes for women and their babies
- As an 'all risk' model MGP midwives promote collaborative care with an obstetric team where required.

## Exclusion criteria

- Shared Care with General Practitioner (GP) or Endorsed Privately Practicing Midwife (EPPM)
- Women who meet the criteria for WANDAS, CAMI and Adolescent Clinic. AMGP may consider inclusion of these women.

## Inclusion criteria (at commencement of care)

- In reference to the [ACM National Midwifery Guidelines for Consultation and Referral \(2021\) \(external website\)](#), MGP midwives will assume **midwifery** care of women who are level 'A', 'B' or 'C'.

### Notes-

- A levels- Midwife assumes primary responsibility for the maternity care of the woman;
- B levels refer the woman's care to relevant medical practitioner or other health care provider, where the indications for referral will be reviewed and evaluated. A collaborative care plan will be developed with her midwifery team and obstetric care providers.
- C levels- refer the woman's care to relevant medical practitioner or other health care provider, where the indications for referral will be











reviewed and evaluated. A collaborative care plan will be developed with her midwifery team and obstetric care providers.

- **A- Discuss-** Care provided by the midwife
- **B- Consult-** Consult relevant medical practitioner or other health care provider
- **C- Refer-** Refer to relevant medical practitioner or other health care provider

- Able to attend for all antenatal appointments per the [Midwifery care flowchart](#) guideline.
  - Non-attendance at 2 consecutive appointments with the MGP midwife, will deem a woman ineligible for MGP, as this model of care aims to establish and provide a continuity of care relationship between midwives and women.
- Priority given to KEMH catchment women. Women residing outside catchment area, may be considered depending on capacity.
  - Women who are accepted outside KEMH catchment area will be required to attend KEMH for all postnatal visits.

## Reference

1. Australian College of Midwives. National midwifery guidelines for consultation and referral: ACM; 2021. Available from: [https://www.midwives.org.au/common/Uploaded%20files/\\_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-\(2021\).pdf](https://www.midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf)

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### Version history

Version number	Date	Summary
1	Nov 2020	First version. Initially called 'Midwifery Group Practice (Hospital Based): Inclusion and Exclusion Criteria'.
2	Dec 2023	<ul style="list-style-type: none"> <li>• Whole guideline reformatted- read guideline. Title amended to 'Midwifery group practice (hospital based): Criteria'</li> <li>• Inclusion criteria aligns with 2021 ACM guidance. Attendance at all appointments added. Women living outside catchment area may be considered depending on MGP capacity- these women will need to attend KEMH for postnatal checks.</li> <li>• Exclusion criteria added (shared care with GP or EPPM; if specialised model (WANDAS, CAMI, Adolescent)). Note added about new Aboriginal MGP.</li> </ul>

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