



Booking Guidelines

These Booking Guidelines were ratified at NZCOM Annual General Meeting on 11 September 2008

1. Purpose of this document

The purpose of this document is to set out the process and considerations when;

- A midwife LMC 'books' a woman for LMC midwifery care (the 'Booking Visit) and,
- When the LMC 'books' a woman into a maternity facility for labour and birth services.

2. The 'Booking Visit'

2.1 Purpose of the Booking Visit

The booking visit is essentially the beginning of the professional relationship between a woman and a midwife. It usually occurs in early pregnancy. The purpose is to formalise care arrangements and establish the foundation for the partnership that the LMC and the woman will maintain throughout the maternity episode¹.

2.2 Topics discussed and assessments made

The Midwives Handbook for Practice provides a guide for midwives in relation to the assessments that take place at the Booking Visit².

Along with a comprehensive assessment of the woman's wellbeing and needs, the midwife will share information with the woman about her usual practice, maternity facilities that she accesses, how she provides care, back up midwife arrangements, availability and contact details and processes for referral if required.

¹ Midwives Handbook for Practice – New Zealand College of Midwives 2008

² *The first decision point in pregnancy within the first 16 weeks of pregnancy*
Midwives Handbook for Practice – New Zealand College of Midwives 2008

The midwife will give verbal information, with an opportunity to discuss issues and ask questions, supported by written information on topics such as; diet and lifestyle considerations, pregnancy care services available, maternity benefits) and sufficient information to enable informed decision making about screening tests and other care choices. The assessment will identify women who may need additional care. The Referral Guidelines³ provide a framework for this.

Relevant blood tests and other screening processes may be discussed and initiated at this visit.

The place of birth may or may not be decided at this initial visit. However, the woman's wishes and ideas about place of birth should be discussed. In the early stages of pregnancy most women are well without obvious complications or co-morbidities in which case the option of giving birth in a primary maternity unit or at home should be offered. Women should be offered evidence based information about the benefits of giving birth in these environments.

2.3 Documentation

A comprehensive set of women held maternity notes (such as the Midwifery and Maternity Provider Organisation (MMPO) notes) are commenced at this time and these are updated at each subsequent visit. The LMC registration form is usually completed at this time.

These notes remain with the women throughout her maternity care episode and contain all of the information (including test results, clinical assessments, information offered, decisions made, and care plan) required to inform the woman's care.

Women hold their notes throughout the pregnancy and they are maintained by the midwife to provide a contemporaneous record of the maternity care. The notes will accompany the woman during any inpatient episodes (including intrapartum care).

Midwifery responsibilities in relation to documentation are governed by:

- NZCOM Code of Ethics, Standards of Practice and Philosophy
- Midwifery Council Competencies for Entry to the Register of Midwives
- the requirements of the Code of Health and Disability Services Consumers' Rights
- the requirements of the Privacy Act 1993 and the Health Information Privacy Code 1994

³ **Referral Guidelines** means the *Guidelines for Consultation with Obstetric and Related Specialist Medical Services* that identify clinical reasons for consultation with a specialist and that are published by the Ministry of Health from time to time.

- the requirements of the Health (Retention of Health Information) Regulations 1996
- the requirements of the Section 88 Primary Maternity Services Notice

3. Where to give birth?

The place of birth is determined by the woman and is a process of informed choice, like other aspects of care.

A basic assumption of midwifery care is that pregnancy and birth are normal physiological processes for the majority of women. As midwives, part of our role is to "...understand, promote and facilitate the physiological processes of pregnancy and childbirth..."⁴. Ongoing midwifery assessments detect deviations from the normal and midwifery actions are aimed at ensuring the wellbeing of mother and baby throughout the maternity episode.

With this in mind, if no deviations or complications are detected, the option of birthing at home or in a primary maternity facility should be discussed with the woman and evidence based information about the outcomes and benefits of such choices offered. The possibility of transfer during labour and the process for this should be discussed so that the woman is fully informed.

The LMC is responsible for antenatal assessment / screening for suitability for booking in a primary unit or home and informing the woman of her assessments. The Referral Guidelines provide a basis for these assessments. The decision of where to give birth is ultimately the woman's.

3.1 Booking into a maternity facility for labour and birth

Some women will chose to give birth in a maternity facility or their clinical condition may indicate that giving birth in a facility is the best option for them.

If this is the case, the LMC, along with the woman, will need to complete a booking form which provides the maternity facility with the information necessary to fulfill the administrative functions required of them.

The following clauses of the Access Agreement⁵ are relevant to the booking process.

Clause 6: *All relevant administrative policies of the facilities are to be available to the practitioner in those facilities.*

Clause 19: *The practitioner will meet any reasonable administrative requirements of the facilities to the extent necessary to enable the facilities to run an efficient and co-ordinated service.*

Clause 24: *The facility shall facilitate the practitioner's compliance with any administrative requirements.*

⁴ The Midwifery Scope of Practice www.midwiferycouncil.org.nz

⁵ The Access Agreement refers to Schedule 3 of the Section 88 Primary Maternity Services Notice

This can be reasonably interpreted to mean that the facility will provide a 'Booking form' for the woman and LMC to complete, and that the LMC will ensure that it is completed in a timely manner for the facility to complete its administrative functions. NZCOM has developed a generic Booking form which includes the necessary information to book the woman into the facility. This should not be confused with a referral form, which will contain the clinical information necessary for the secondary service to provide obstetric assessment and care to the woman if required.

It is not mandatory or even reasonable *that* the LMC enter clinical data (or any other data) into any computer or databases used by the DHB.