



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**Policy and Procedure to Approve Self-Employed Community  
Midwives to provide Home Birth Services on behalf of the Health  
Service Executive**

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## **1. Policy Statement**

This policy mandates the Health Service Executive's (HSE's) Designated Midwifery Officers (DMOs) and Chief Officers (COs) to ensure that a standardised methodology is applied for the approval of applicants to be considered as contractor SECMs to the HSE to provide a home birth service for women considered eligible and suitable for the Home Birth Service.

## **2. Purpose**

The purpose of this policy is to provide a standardised methodology assessment for an applicant to be considered as a suitable contractor SECM to the HSE.

## **3. Scope**

- 3.1 The scope of this policy and procedure applies to the assessment of the suitability of applicants to be considered as suitable contractors to the HSE for the provision of the HSE Home Birth Service.
- 3.2 Reference should be made to the requirements specified in the HSE Memorandum of Understanding and Agreement (HSE 2014)

## **4. Legislation, Codes of Practice, Standards and Guidance**

- 4.1 Nurses and Midwives Act, 2011
- 4.2 Health Acts, 1947 to 2016 and regulations made thereunder
- 4.3 Memorandum of Understanding between the HSE and the SECM (HSE 2014)
- 4.4 Agreement between the HSE and the SECM (HSE 2014)
- 4.5 Safety, Health and Welfare at Work Act, 2005
- 4.6 Safety, Health and Welfare at Work Regulations 1993 to 2013
- 4.7 National Vetting Bureau (Children and Vulnerable Persons) Acts, 2012 to 2016
- 4.8 Criminal Justice Act (Withholding Information on Crimes Against Children and Protected Persons) Act 2012
- 4.9 Children First Act, 2015
- 4.10 The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI 2014)
- 4.11 Children First: National Guidance for the Protection and Welfare of Children (HSE 2011)
- 4.12 The Scope of Nursing and Midwifery Practice Framework (NMBI 2015)
- 4.13 Practice Standards for Midwives (NMBI 2015)
- 4.14 The Irish Maternity Early Warning System (IMEWS) NCEC (DOH 2014)
- 4.15 Communication (Clinical Handover) in Maternity Services NCEC (DOH 2014)
- 4.16 Sepsis Management NCEC (DOH 2014)

This list is not exhaustive and reference should be made at all times to the guideline for reference sources or to the database of legislation, codes of practice, standards and guidance (Clinical Governance Group for the HSE Home Birth Service 2016).

## 5. Definitions

- 5.1. **Competency:** The ability of a nurse or midwife to use their knowledge, skills and experience to practise safely and effectively, fulfilling their professional responsibility within their scope of practice (NMBI (2014))
- 5.2. **Memorandum of Understanding:** The MOU sets out the principles and governance structure that support the Home Birth Service for low-risk expectant mothers (HSE 2014)
- 5.3. **Home Birth Service agreement:** The contract for service between the HSE and a Self-Employed Community Midwife in respect of a home birth service to be provided to an expectant woman
- 5.4. **Self-Employed Community Midwife:** A midwife who is self-employed and works independently in the community, and may enter into a contract for service with the HSE in respect of the provision of a home birth service
- 5.5. **Designated Midwifery Officer:** Officer of the HSE who monitors the provision of the Home Birth Service provided under the Home Birth Service agreement and who is employed to facilitate communication and co-operation between the Self-Employed Community Midwife, expectant woman and the HSE and non-statutory agencies (HSE 2015)
- 5.6. **Home Birth Service:** The provision by a Self-Employed Community Midwife of midwifery services to expectant women from the date of first consultation by the HSE-approved Self-Employed Community midwife up to 14 days post-delivery, in accordance with a Home Birth Service agreement (MOU HSE 2014)

Terms and definitions are also outlined in the Quality and Risk Taxonomy Governance Group Report on Glossary of Quality and Risk Terms and Definitions (HSE 2009).

## 6. Roles and Responsibilities

### 6.1. HSE National Director of Primary Care

- 6.1.1 Ensure that the appropriate systems and structures are in place for the CO and DMO to adhere to the approval process outlined in the procedure.
- 6.1.2 Communicate to the CO regarding the approval/non-approval of the SECM to provide a Home Birth Service on behalf of the HSE.
- 6.1.3 Request that Chief Officers (COs) are responsible for the implementation of the systems and structure to support the suitability of the contractors.
- 6.1.4 Request that the CO confirms suitability of the contractor by signing the MOU and agreement following receipt of confirmation of suitability from the DMO.
- 6.1.5 Delegate responsibility to maintain a National Register for SECMs.

## **6.2. HSE Chief Officer**

shall:

- 6.2.1 Ensure that the appropriate systems and structures are in place for the DMO and SECM to adhere to the approval process outlined in the procedure.
- 6.2.2 Communicate with the DMO regarding the approval/non-approval of the SECM to provide a Home Birth Service on behalf of the HSE.
- 6.2.3 Request that the DMO confirms suitability of the SECM before co-signing the MOU and agreement with the SECM.
- 6.2.4 Confirm suitability of the contractor by co-signing the MOU and agreement following receipt of confirmation of suitability from the DMO and, if appropriate, meeting with the prospective SECM.

## **6.3. Designated Midwifery Officer**

shall:

- 6.3.1 Undertake an assessment of the SECM's application, requesting a curriculum vitae (Appendix I), along with all necessary documents for the provision of the MOU and agreement.
- 6.3.2 Arrange a meeting with the prospective SECM, and may have another HSE officer, i.e. Director of Services, to discuss provision of the HSE Home Birth Service.
- 6.3.3 Confirm in writing the applicant's suitability.
- 6.3.4 Maintain appropriate document control, being mindful of data protection requirements.
- 6.3.5 Provide the SECM with the appropriate documentation to orientate them into the Home Birth Service in the area in which they intend to practise.
- 6.3.6 Monitor the continued suitability of the contracted midwife for the HSE Home Birth Service.
- 6.3.7 Ensure that the approved SECMs are on the HSE list/National Register.

## **6.4. The SECM**

shall:

- 6.4.1 Familiarise her/himself with the requirements necessary to provide the HSE Home Birth Service.
- 6.4.2 Provide all required documentation as detailed in the MOU, agreement and this policy document.
- 6.4.3 Provide evidence of three years in the past five years' relevant midwifery experience to obtain an MOU and agreement with the HSE to provide Home Birth Services.
- 6.4.4 Provide names and contact details of two referees to include most recent employer, clinical midwifery manager or clinical supervisor.
- 6.4.5 Provide evidence of relevant continuing professional development undertaken in the past two years.
- 6.4.6 Provide evidence of appropriate Garda vetting or signed declaration document provided by the HSE.

- 6.4.7 Communicate to the DMO if competencies or CPD need updating
- 6.4.8 Provide evidence of attending at least five home births as a second midwife before taking on their own caseload of women as the primary SECM.
- 6.4.9 Be aware of occupational health and safety as outlined by the HSE National Health and Safety Function.

## **7. Procedure**

### **7.1. The DMO shall**

- 7.1.1 Establish with the applicant contractor the requirements of the HSE to undertake an assessment and to appoint contractor SECMs to provide the HSE Home Birth Service.
- 7.1.2 Advise on the documentation requirement in order to sign an MOU and agreement with the HSE listed in this document as
  - 7.1.2.1. Up-to-date curriculum vitae (Appendix I)
  - 7.1.2.2. Name and contact details for two referees and two written references (Appendix II)
  - 7.1.2.3. Garda vetting to work as an SECM for the HSE Home Birth Service
  - 7.1.2.4. NMBI registration
  - 7.1.2.5. Patient Safety Assurance Certificate
  - 7.1.2.6. Provide on request:
    - a) Indemnity to the HSE from the motor insurer
    - b) Professional indemnity insurance
    - c) Public liability insurance
    - d) Equipment checklist, including medical gases check (up-to-date and signed by colleague SECM)
    - e) Medical gases certification and notice for car re transporting gases
    - f) Annual peer review with SECM colleague and evidence of action on needs identified
    - g) Registration with the Data Commissioner
    - h) Safety management system to include a safety statement as specified by the Safety, Health and Welfare at Work Act, 2005 and associated regulations.
  - 7.1.2.7. Vendor management form to facilitate EFT (electronic fund transfer)
  - 7.1.2.8. Tax Clearance Certificate
  - 7.1.2.9. Intention to practise
  - 7.1.2.10. Photo identification
  - 7.1.2.11. Familiarisation with the recommendations of the following guidelines and other HSE and DOH guidelines that may be published and updated from time to time.
    - a) Communication (Clinical Handover) in Maternity Services NCEC (DOH 2014)

- b) The Irish Maternity Early Warning System (IMEWS) NCEC (DOH 2014)
  - c) Sepsis Management NCEC (DOH 2014)
  - d) Intrapartum Foetal Heart Rate Monitoring National Clinical Programmes, Obstetrics and Gynaecology (June 2012)
- 7.1.2.12. Continuing professional development portfolio
  - a) Basic life support (BLS)
  - b) Obstetric emergency drills
  - c) Moving and handling training
  - d) Neonatal resuscitation programme
  - e) Hand hygiene (HseLand)
  - f) Children First training
  - g) Medication management certification
  - h) Newborn bloodspot screening certification
  - i) Breastfeeding education
  - j) Perineal suturing competence
  - k) Cannulation and venepuncture competence
- 7.1.2.13. Annual agreement
- 7.1.2.14. MOU
- 7.1.3 Evaluate the submitted documentation for completeness and relevance.
- 7.1.4 When all the required documentation has been submitted the DMO and/or the service manager or nominee can agree a date, time and location for meeting with the applicant.
- 7.1.5 Provide information on Children First Guideline (appendix III).
- 7.1.6 Maintain contemporaneous records of all meetings and communications.
- 7.1.7 Seek two references that will support the decision to offer an agreement to the SECM.
- 7.1.8 Advise in writing the outcome of the application.
- 7.1.9 Send the applicant an MOU and Agreement where an applicant has been considered successful.
- 7.1.10 Advise the CO or delegate that the applicant SECM is considered suitable for an agreement to provide home birth services.
- 7.1.11 Notify the HSE and request that the SECM's name and contact details are added to the HSE list of SECMs providing the HSE Home Birth Service, which is available on the HSE website.
- 7.1.12 Notify the SECM in writing that their name and contact details have been added to the list of SECMs approved by the HSE to deliver the Home Birth Service on behalf of the HSE.
- 7.1.13 Inform SECMs with existing agreements when renewing contracts that the SECM shall have to complete any additional training required under this policy and procedure.

## **7.2. The Chief Officer or delegate shall:**

7.2.1 On receipt of the documentation, quality assure the application and co-sign the MOU and Agreement, confirming the approval of the applicant to the list of contractors for the HSE Home Birth Service.

7.2.2 Request, from time to time, reports of the continued suitability of the SECM for the HSE Home Birth Service.

## **8. Monitoring and Audit**

8.1. Monitoring of compliance with this policy and procedure shall be undertaken by the DMO.

8.2. Audit of compliance with this policy and procedure shall be undertaken by HSE professionals.

## **9. Education and Training**

The DMO and the SECM shall ensure that she/he has sourced appropriate education and training to support the implementation of this policy.

## **10. Implementation Plan**

The Clinical Governance Group for the HSE Home Birth Service developed this document, which has been approved for implementation by the National Implementation Steering Group for the HSE Home Birth Service. This document will be piloted for a year from the approval date. It will be disseminated by the Designated Midwifery Officers to relevant healthcare personnel and to all Self-Employed Community Midwives who provide home birth services on behalf of the HSE.



## **11. Appendices**

### **Appendix I**

Curriculum vitae to include

Name

Postal address

Email address

Landline

Mobile

Qualifications

NMBI registration

Continuous professional development folio

Work experience record

Written references (two referees to include most recent employer, recent clinical manager)

## Appendix II



### Feidhmeannas Seirbhíse Sláinte Health Service Executive

Dear Referee,

The enclosed candidate has applied for registration as a Self-Employed Community Midwife with HSE..... They have provided us with your name and contact details and have indicated your willingness to provide us with a reference testifying to their character, competence and experience.

Attached is our standard reference check sheet. A response at your earliest convenience would be appreciated so that we may proceed with the application. You may return the reference to HSE .....at the address above.

Your co-operation will ensure that the applicant's file is processed promptly. If you are unable to provide a reference, or have questions regarding this request, please do not hesitate to contact me.

Thanking you in advance,

Yours sincerely,

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Designated Midwifery Officer,  
HSE Home Birth Service



**Feidhmeannas Seirbhíse Sláinte**  
**Health Service Executive**

Position Sought: Self Employed Community Midwife

Name of Referee..... Title.....

Address.....  
 .....

As your name has been provided as a referee, please complete and return this form at your earliest convenience, for which I thank you in anticipation. Please find applicant's name and DOB below and please complete as appropriate:

Surname:.....First name:.....Maiden name:.....

Qualifications:.....NMBI PIN:.....Midwife grade:.....

D.O.B.:.....Date of employment from.....To:.....

**PROFESSIONAL ABILITY (please circle as appropriate)**

a. ability to organise work	very good	good	poor
b. quality of work	very good	good	poor
c. willingness to follow hospital/establishment's policies	very good	good	poor

**PERSONAL QUALITIES (please circle as appropriate)**

Adaptability	very good	good	poor
Dependability	very good	good	poor
Punctuality	very good	good	poor
Relationship with colleagues	very good	good	poor
Relationship with clients	very good	good	poor
General health	very good	good	poor
Attitudes towards criticism	very good	good	poor
Grooming and appearance	very good	good	poor
Is this person a safe practitioner? Yes No			

Post held whilst in this employment.....

Start date.....Date of leaving.....

Was the employment continuous?.....

Reason for leaving.....

Do you know of any reason why this person should not be contracted by the HSE?.....

Would you re-employ this person?.....

Please give your opinion on the applicant's suitability or otherwise for the post. Please put on a separate sheet if necessary .....

Please state how long you have known the applicant, and in what capacity .....

Signed: .....Date:.....

Name: (Block Letters).....

Post of office held:.....

**OFFICIAL STAMP**

PPPG Code: HB002 PPPG Title: Policy and Procedure to  
 Midwives to Provide Home Birth Services on behalf of the  
 Approval Date: December 2016

community

Address:.....  
Reference requested by:.....



## **Appendix III**

Information for SECM on Children First 2011

Each SECM to complete HSE Children First Training.

Children First 2011 notes that the Protections for Persons Reporting Child Abuse Act, 1998 makes provision for the protection from civil liability of persons who have communicated child abuse 'reasonably and in good faith' to designated officers of the HSE or to any member of An Garda Síochána.

This means that even if a communicated suspicion of child abuse proves unfounded, a plaintiff who took an action would have to prove that the person who communicated the concern had not acted reasonably and in good faith in making the report. Section 4 of the Act protects employees from penalisation by employers for having made a report of child abuse.

The Act created a new offence of false reporting in cases where a report was made knowing the statement to be untrue. A person who makes a report in good faith and in the child's best interests may also be protected under common law by the defense of qualified privilege.

## **Appendix IV**

HSE Memorandum of Understanding between the Self-Employed Community Midwife and the Health Service Executive (HSE 2014): See HSE Home Birth Service Webpage: [www.hse.ie](http://www.hse.ie)

## **Appendix V**

HSE Agreement between the Self-Employed Community Midwife and the Health Service Executive (HSE 2014): See HSE Home Birth Service Website: [www.hse.ie](http://www.hse.ie)

## 12. Signature Page

I have read, understand and agree to adhere to the attached:

[illegible]