



Independent Midwives

2014 (November) - DAY 2 – Q3

Medical Leader	•
Medical Expert	•
Communicator	
Advocate	
Scholar	
Professional	
Collaborator	•
Manager	□

You are a recently appointed DMS of an outer metropolitan hospital. You receive a tip-off that there has been a serious clinical incident at a small house owned by your Health Service opposite your hospital.

This house (for many years an outpatient clinic) has been leased for the last five years to a group of independent midwives who provide non-medicalised birthing options to the community.

You were completely unaware of the existence of this service and so you investigate the relationship between the midwifery group and the Health Service. You discover that the arrangements to lease this clinic building for use as a birthing centre were brokered by a former Chairperson of the Health Service Board of Management. She is a well-known local identity who is famous for championing improved maternity options in the local community. The lease is at a nominal rental and improvements have been made to the birthing facilities through community fund-raising. Local residents tell you that the building and the birthing service is still perceived as being part of the Health Service.

When a mother unexpectedly developed intra-partum complications in the birthing centre, one of the midwives contacted the on-call hospital obstetrician for urgent assistance. He ran across the street to the centre, managed the delivery and transferred the client and the baby to the hospital. The baby is reported as having some signs of neurological deficit consistent with neonatal hypoxia. The Obstetrician is worried about potential medicolegal liability in providing this assistance.

Questions

What are the clinical governance and risk management issues raised by this scenario?

What strategies would you recommend to address these issues?

Guidance for Censors:

ISSUES

- 1. Patient safety in services being provided in a facility owned (but not operated by) the organisation.**
 - 2. Risk management.**
 - 3. Quality and safety of an externally provided service.**
- Does the DMS have any jurisdictional role in oversight of independent clinical services operating out of Health Services premises?
 - Are there any established links with the service such as agreed emergency protocols?
 - Ensure that mother and baby are receiving appropriate follow-up care.
 - Open disclosure – who is responsible for open disclosure to the mother / family?
 - Support for the obstetrician – he should be advised to immediately contact the medical indemnity insurer to provide details of the incident.
 - Management of risks for the hospital: are there any agreed clinical protocols between the birthing group and local or hospital obstetricians to provide emergency support?
 - Are there any other independent clinical services nearby the hospital (e.g. private day surgery units, private radiology with interventions) that rely on emergency clinical support from the hospital?
 - Safety of the Medical Emergency Team (MET) in attending clinical emergencies off-campus.
 - Do any of the independent midwives also work for the hospital?
 - Management of clinical emergencies / deteriorating patient including MET team access?
 - Workplace health and safety issues – e.g. crossing the road to render assistance
 - Who can investigate this serious clinical incident? What form should this investigation take?
 - Is the birthing centre licensed by the jurisdictional Health Authority? If so, what are the conditions attached to the license?
 - Management of community perception (if there is a perceived link between the service and the hospital)? Are there reputational risks for the organisation even though this is an independent clinical service provider?
 - Professional registration and mandatory reporting issues?