COR 2022 004878

26 August 2026

Coroner Dubrow

Email: cpuresponses@coronerscourt.vic.gov.au.

Dear Coroner Dubrow,

The Australian College of Midwives (ACM) would like to provide the following written response to the Coroner's recommendations from the inquest into the death of Baby R (COR 2022 004878).

Recommendation 1

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Safer Care Victoria and Australian College of Midwives review this finding with a view to consider how guidance documents relating to maternity care can be streamlined, be more consistent and cross referenced to assist in providing clear guidance to all practitioners providing maternity care, women and their families and the public.

Response: The Coroner's recommendation has been implemented

On 24 August 2026, the Australian College of Midwives (ACM) met with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and Safer Care Victoria to consider the Coroner's recommendation regarding the recommendation to consider streamlining maternity care guidance documents.

Through these discussions, it was recognised that each organisation develops guidance documents for different purposes, audiences and practice settings. ACM publishes national guidance for midwifery practice, RANZCOG develops guidance for obstetricians and gynaecologists, and Safer Care Victoria produces resources tailored to the Victorian healthcare system, maternity care consumers, families and the healthcare workforce. As such, it was not considered appropriate or practical to fully align these documents, given their distinct functions and intended users.

ACM advises that, when developing and reviewing its guidance documents, we routinely engage with relevant stakeholders to ensure contemporary, evidence-informed and collaborative approaches to maternity care. This stakeholder engagement process was undertaken during the recent review of the National Midwifery Guidelines for Consultation and Referral (5th Edition), which received endorsement from RANZCOG prior to publication. Future reviews of ACM guidance will continue to involve consultation with key stakeholders.

The Guidelines are reviewed on a five-year cycle. The current edition was published in 2026, with the next scheduled review expected to commence in 2030 for publication in 2031. As part of that process, ACM will continue to engage relevant stakeholders to ensure the guidelines remain contemporary, evidence-informed and supportive of collaborative maternity care. Further to this, ACM will continue to meet regularly with key stakeholders, including through established quarterly meetings with RANZCOG and other collaborative forums.

During an internal review of its guidance documents following this inquiry, ACM identified the importance of ensuring consistency across its own publications. ACM confirms that future revisions of related guidance documents will be reviewed for consistency with current ACM policies and guidelines, including the updated National Midwifery Guidelines for Consultation and Referral. Prior to this inquiry, ACM had already identified the need to update the *Planned Birth at Home Position Statement*, particularly to align with the new *NMBA Safety and Quality Guidelines for Privately Practising Midwives*.

These guidelines are expected to be published by 1 January 2027 and will inform the subsequent review of the *Planned Birth at Home Position Statement*.

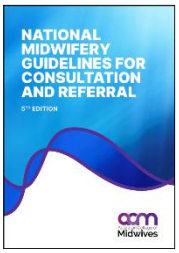
Additionally, ACM encourages all privately practising midwives (PPMs) to engage with their local maternity services to support collaborative consultation, referral pathways and continuity of care. ACM also continues to advocate at both federal and jurisdictional levels for improved access arrangements, including visiting and access rights for PPMs within maternity services. ACM considers these arrangements essential to enabling effective collaboration and coordination across care providers, including the private and public sectors; supporting continuity of care for women and families; and facilitating timely, seamless transfer of care, including transfer between places of birth, when clinically required. These arrangements are fundamental to maintaining clear communication, shared clinical responsibility and coordinated decision-making, thereby strengthening quality and safety and ensuring the safety of women, babies and families throughout their maternity care journey.

Recommendation 2

The Australian College of Midwives review this finding and the National Midwifery Guidelines for Consultation and Referral and consider any revisions to provide clarity to the reference to "relevant medical practitioner or other health care provider" for the purposes of a Level B indication for consultation and/or training in the understanding and application of this aspect of the Guidelines.

Response: The Coroner's recommendation has been implemented

1. Review and revision of 'Level B – Consult'



It is noted that during the timeline of this death, and the coronial inquest, the ACM National Midwifery Guidelines for Consultation and Referral (Guidelines) (4th edition) was in place. ACM has since undertaken a comprehensive review of the National Midwifery Guidelines for Consultation and Referral (Guidelines) (4th edition) as part of their scheduled guideline review process. The review process commenced in February 2025, with the 5th Edition being published in February 2026.

2. Collaborative process

A five-member midwifery Executive Steering Committee (ESC) was convened to provide expert advice and strategic leadership throughout the project. Six Expert Consultation Reference Groups (ECRGs) were compiled following an EOI process. The EOI invitation which was sent out to midwifery, medical and nursing professionals bodies including NMBA, ANMF, QNMU, RANZCOG, RACGP, RDAA, APNA and CATSINaM. Commonwealth and jurisdictional Departments of Health, universities offering midwifery programs, Consultative Council on Obstetric and Paediatric Mortality and Morbidity, Trans-Tasman Education consortium and ACM membership were also invited in the EOI. The six ECRGs were comprised of 9–15 professionals from midwifery, medical and nursing professionals. Two rounds of feedback from 60 ECRG members were analysed. Consumer input was requested from 10 groups, with responses received from three. Legal review was conducted across all sections, including the final version. The final version of the Guidelines was approved by the ACM Board of Directors with endorsement from RANZCOG.

3. Notable changes to the newest edition of the Guidelines

As part of the scheduled review process, ACM has made the following changes to strengthen and streamline the '**Level B – Consult'** definition and improve clarity and usability to support contemporary collaborative practice across all models of care and practice settings.

Changes to the '**Level B - Consult'** definition and associated guidance include:

Existing (4th Edition)	Revised (5th Edition)
'Consult with a relevant medical practitioner or other health care provider'	○ *'Consultation with a medical practitioner for additional planning, input/advice is usually warranted. Consultation with other additional healthcare provider/s may be appropriate depending on the indication'* ○ *'Lead care provider: The midwife will continue to provide and coordinate care in consultation with the medical practitioner and/or other healthcare provider/s.'*

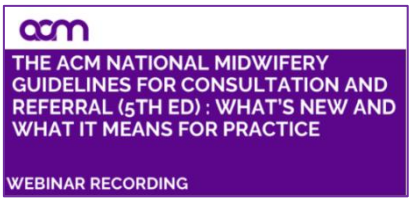
These revisions provide greater specificity regarding consultation expectations while preserving flexibility to respond to individual clinical circumstances.

4. Education and training to support implementation

To ensure midwives are confident in applying the revised Guidelines, ACM has invested in multiple education initiatives:

i. Development of a dedicated e-learning package titled '*Collaboration, Consultation and Referral in Midwifery Practice'* which focuses on:

- improving midwives' understanding and practical use of the Guidelines, including consultation pathways and interprofessional communication
- strengthening midwives' confidence and capability in providing collaborative, woman-centred midwifery care
- applying critical thinking skills to navigate clinical situations and explore how to utilise the Guidelines to support effective decision-making



ii. A national webinar was facilitated and recorded, titled '*The ACM National Midwifery Guidelines for Consultation and Referral (5th Ed.): What's New and What It Means for Practice'*

- The webinar was held live on 20th March 2026 at the time of publication of the updated Guidelines, providing an accessible overview of changes and real-world application

iii. Ongoing professional development opportunities, including integration of the Guidelines into ACM's broader continuing education offerings

These resources are designed to support midwives across all models of care, geographical locations and practice settings.

5. Strengthening collaborative practice

ACM recognises that the effectiveness of the Guidelines relies on clarity of wording and strength of collaborative relationships between midwives and other health professionals. These initiatives aim to deepen sector-wide understanding of how the Guidelines function in practice and how collaborative consultation contributes to safe, high-quality maternity care.

To further support this:

i. **ACM is convening a panel discussion** at the ACM National Midwifery Conference in September 2026, titled '*Beyond labels – Collaborative care in action using the ACM National Midwifery Guidelines for Consultation and Referral*'.

- The panel will include an obstetrician, Midwifery Unit Manager, Midwifery Group Practice midwife, private midwife, and a consumer representative
- The session will explore what high-quality collaboration looks like when the Guidelines are applied well, highlighting shared responsibility, respectful communication, and woman-centred care beyond the labels of risk

ii. **Development of an antenatal assessment guide** to assist midwives and other maternity care providers to review and document indications according to the Guidelines. This document supports a shared understanding and a documented plan for collaboration

Conclusion

ACM appreciates the careful consideration given by the Coroner to matters that support the ongoing improvement of maternity care in Australia. ACM acknowledges the findings and recommendations arising from this inquest and is committed to strengthening clarity, consistency and collaboration across maternity care guidance, education and practice.

As outlined in this response, ACM has already implemented significant revisions to the National Midwifery Guidelines for Consultation and Referral which were relevant to this case, and remains committed to working collaboratively with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Safer Care Victoria and other key stakeholders to ensure maternity care guidance remains clear, contemporary and supportive of safe, high-quality, woman-centred care.

ACM welcomes the opportunity to contribute to ongoing system improvement and thanks the Coroner for bringing these important issues to the attention of the maternity care sector.

Sincerely,

Kelley Lennon
Chief Midwife
Australian College of Midwives

Mia Dhilion
CEO
Australian College of Midwives