

ANMF Submission to ANMAC consultation

REVIEW OF MIDWIFE ACCREDITATION STANDARDS CONSULTATION PAPER 2

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INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 275,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF welcomes the opportunity to provide a response to the Australian Nursing and Midwifery Accreditation Council (ANMAC) review of the *Midwife Accreditation Standards*. This review will enable ANMAC to provide accreditation standards that education providers will be required to meet in order to prepare midwives for contemporary and emerging midwifery practice.

As the largest professional and industrial body for midwives in Australia, the ANMF has a significant interest in midwifery education as it directly relates to workforce. We consider it imperative that midwifery students and midwives be equipped, educated and supported to provide safe and competent care to pregnant, birthing and postnatal women in this country. It is our firm view that we need to prepare a workforce equipped and encouraged to work in regional, rural, and remote parts of Australia, to protect the viability of already vulnerable and rapidly disappearing midwifery services in these areas.



Midwives work as essential primary care providers through a woman's pregnancy, from the initial antenatal assessment to completion of care at the end of the postnatal period. A vital component of the midwifery role is leading midwifery care and working with and advocating for the woman. Midwives are expert in the normal, but are no less needed as expert providers of holistic care when complications arise during a woman's journey through pregnancy, labour, and the post-partum period. Studies have consistently demonstrated that midwifery continuity of care produces equal or better outcomes for both the woman and their baby than other models, regardless of risk level.^{1,2} Midwives therefore perform complex roles in maternity care services. They must undertake thorough assessments; identify risk factors for deviations from normal; implement prevention and intervention strategies; and, consult and refer with other health practitioners when required. All whilst providing holistic and supportive care to women and their families.

The ANMF's position in relation to midwifery education remains steadfast. We support a system of education that incorporates robust, evidence-based theory with quality midwifery practice experience, that results in midwifery graduates who are educationally prepared, safe and competent for the full scope of midwifery practice.³

To achieve this end, it should be noted that the essential elements in midwifery educational preparation need to incorporate the following components:

- Midwifery continuity of care: there is abundant, consistent evidence, nationally and internationally, that midwifery continuity of care models provide the best maternal and neonatal outcomes;^{4,5}
- Innovative approaches to enable quality placements that emphasise continuity of care as an essential component of quality midwifery practice experience; and
- The provision of comprehensive midwifery care in all contexts, regardless of the presence of clinical risk factors.

Furthermore, for best health outcomes for all women, babies, and families in Australia it is essential that all midwifery programs leading to registration are of a consistently high standard, are viable, and accessible. There is no evidence demonstrating that graduates of current bachelor- or post-graduate- entry-to-practice midwifery programs provide anything but safe and competent care. Therefore, it is the position of the ANMF that there is no benefit to increasing the number of births midwifery students are required to attend, or increasing the minimum entry-to-practice midwifery program length beyond 3 years for the Bachelor program, and 12 months for the postgraduate program. Any increase in the length of midwifery programs will undoubtedly impact viability, access and uptake of programs. Thus, creating further barriers to women and families across Australia having equitable access to midwifery services, particularly in regional and remote areas where there are already midwifery workforce issues.



Consultation questions

Q1. Continuity of care experiences

Please choose one of the following options for student engagement with women during continuity of care experiences.

OPTION 1 – attend the labour and birth for a majority of women (present requirement)

Or

OPTION 2 – attend the labour and birth where possible.

The ANMF fully supports increasing midwifery-led care, which has been demonstrated to result in lower levels of intervention without increase in mortality or morbidity.^{6, 7} Continuity of care is an intrinsic component of midwifery-led care, and thus the ANMF agrees that continuity of care experiences (CoCE's), must form a part of the students' clinical experience. This experience is highly valued and is an essential component of midwifery educational programs. As acknowledged in the ANMAC *Midwife Accreditation Standards 2014* (p. 7), there is a risk of losing the value of the CoCE because of the need to meet a set number. The ANMF would like to see a focus on midwifery students having active and direct participation and engagement in care experiences, leading to the ability to deliver safe, competent midwifery care on registration. A key component of midwifery practice is decision-making. It follows that sound midwifery clinicians require time to develop such professional and clinical decision-making knowledge and skill, therefore practice in this area must be reflected in both simulation and clinical practice preparation.

As the quality of experience is not clearly defined and embedded in midwifery education programs, there remains a need to maintain agreed minimum midwifery practice requirements in education programs. The wording of option 2 makes it potentially possible for a student to not attend the labour and birth of any CoCE's, therefore the ANMF can only support option 1.

It needs to be acknowledged that CoCE's have the potential, and have been shown, to impact on student study and fatigue.⁸ Thus, the ANMF does not support any increase to the total number of CoCEs exceeding the current requirement of 10. Students should be entitled to, and protected, by, the same Occupational Health and Safety frameworks as midwives in Midwifery Group Practice and Caseload models. Standards 2 and 3 must also include the obligations for education providers to demonstrate they are monitoring student safety and wellbeing specifically in relation to completing CoCE's.



Q2. Labour and birth care

Should the number of spontaneous vaginal births for whom the student is the primary birth attendant remain at 30 women (present requirement)?

Yes, the number of spontaneous vaginal births for whom the student is the primary birth attendant should remain at 30 women (present requirement).

Midwifery is a profession grounded in woman-centred care, promoting health and wellbeing for women during pregnancy, birth, the postnatal period, and the transition to parenting. A core component of midwifery practice across this spectrum is being with the woman, providing support, care and advice. This occurs alongside assessment, implementation of preventative measures, the detection of complications, and collaboration with other maternity care providers when required. Quality midwifery practice experiences (MPEs) are essential to enable midwifery students to develop and consolidate midwifery theory into practice, as well as establish competence across the full scope of midwifery practice. The ANMF views the MPE as a holistic experience students are required to complete to ensure they understand and work towards their role as a qualified midwife in a supported environment.

One of the essential elements of a comprehensive MPE program is students working in partnership with the woman, and their allocated midwife, to be the primary birth attendant. Performing the role of primary birth attendant, including assessment and clinical decision-making for women experiencing spontaneous vaginal births, is a foundational skill for midwives. Strong foundations in understanding “normal” are required to develop more advanced practice skills and therefore this requirement must continue to be a solid component of MPEs.

As with any new skill acquisition, repetition is required. To date, there is no evidence-based number of experiences students should undertake in relation to spontaneous vaginal birth and this number is likely influenced by a number of variables such as; the individual student, the woman, the setting of the birth, and available support. There is also no evidence newly graduating midwives completing the current ANMAC approved programs are insufficiently prepared for practice. Thus, the ANMF supports the current requirement of students being the primary birth attendant for women experiencing spontaneous vaginal birth to remain at 30.

Further, the accreditation standards should ensure that the MPEs are of high quality and provide valuable learning outcomes for student midwives. It is imperative that the educational preparation of midwives continues to prioritise and focus on promoting the critical thinking and decision making capacity necessary for adequately preparing new midwives for the constantly evolving and unpredictable practice settings in which



they will practice. The ANMF suggests that the accreditation standards should require education providers and health services supervising MPEs to establish a contract that clearly states, inter alia, the model of clinical support being provided, the ratio of students to clinical educator, the minimum qualifications of the educator, and a clear process for conflict resolution and/or escalating concerns.

Q3. Should educational preparation for prescribing to the midwife's scope of practice be included in the curricula of entry-to-practice midwifery programs?

No. Additional educational preparation for prescribing should not be included in curricula for entry-to-practice midwifery programs.

Q4. What might be the implications of including preparation to prescribe in entry-to-practice midwifery programs?

Current midwifery programs provide the underpinning education required to enable midwives to safely administer and prescribe medicines through the use of midwife-initiated medicines, standing orders and protocols. The ANMF supports the existing endorsement process for independent prescribing by endorsed midwives.⁹ As previously identified in this submission, foundational skills and knowledge are required to develop more advanced practice skills. To further extend newly graduating midwives' scope of practice before consolidating core midwifery foundational skills and knowledge is not supported.

In addition to our position that midwifery graduates require a period of consolidation before being ready to independently prescribe, if educational preparation for prescribing were to be added to entry-to-practice midwifery programs, the course length will likely need to increase. This may unnecessarily hinder the viability, access and uptake of midwifery programs with broader implications for the growth and sustainability of the midwifery workforce, particularly in rural and remote areas where there are existing midwifery workforce issues. Where 'access' is identified as a key value in the recently released publication, *Woman-centred care: Strategic directions for Australian maternity services*,¹⁰ it is imperative the structure of midwifery education programs do not hinder the viability of providing accessible midwifery services to all women and families in Australia.

Q5. Do the draft accreditation standards cover the required knowledge, skills and attitudes to ensure that the graduate meets the NMBA Midwife standards for practice?

Yes.



Q6. Are there any additional criteria that should be included?

Standard 3.5

Whilst a vital component of the midwifery role is leading midwifery care and working with and advocating for women, the role and needs of partners in maternity services is often neglected. The ANMF suggests Standard 3.5(d) be revised to recognise partners as receivers of midwifery care and support in program content and subject learning outcomes.

Standard 3.5

The ANMF suggests Standard 3.5(b) *“recognition of regional, national and global health priorities”* be amended to specifically identify midwifery roles in environmental health practice. The role of midwives in environmental health is multifaceted. Midwives have an obligation to reduce their environmental impact whilst undertaking their work, serve as role models for the promotion of environmental sustainability, and educate women and families on sustainable practices. It is important that midwifery students have the knowledge and skills to promote and strengthen strategies to address environmental health issues.

Q7. Are there any criteria that could be deleted or amalgamated with another criteria?

No.

Q8. Please provide any other feedback about the structure/content of the draft standards.

Standard 3.1

The ANMF proposes that the wording of Standard 3.1 be revised and clarified to ensure students have gained the required knowledge and skills to meet the NMBA *Midwife Standards for Practice*. Clarity is required regarding the criteria 3.1(a)...*“no more than one-fifth of the full program is completed offshore”*. It is unclear if this requirement is restricted to theoretical component only. Where students enrolled in Australian entry-to-practice programs have the opportunity to complete midwifery practice experiences (MPE) offshore, the Standard should specify that these students must be assessed against Australian Standards (as per the NMBA) and by midwives registered to practice in Australia. This requirement should be articulated in both Standards 3 and 5.



Standard 5.6

The ANMF strongly recommends Standard 5.6 be revised to:

“The education provider is ultimately accountable for ensuring students are supervised and assessed by a midwife while on MPE.”

Midwives frequently provide maternity care in collaboration with other maternity care providers and work in multidisciplinary teams. Despite other health professions having relevant knowledge and skills to support midwifery learning they do not have an understanding of the NMBA *Midwifery standards of Practice* and midwifery scope of practice. Therefore, it is important that whilst midwifery students may learn from other health professions, assessment of skills and knowledge must only be assessed by a midwife.

Q9. Are there further issues that should be addressed in the revision of the Midwife Accreditation Standards that have not been discussed so far in the consultation process?

No.



CONCLUSION

The ANMF is pleased for the opportunity to provide feedback to ANMAC regarding the review of the *Midwife Accreditation Standards*, on behalf of our midwife and midwifery student members. Members have requested that we participate in this review so that the standards for accrediting midwifery programs in this country will be attainable for students in their preparatory content, produce midwives capable of working in all contexts of practice, and reflect current and emerging evidence and best practice in midwifery.

The ANMF looks forward to further participation in the next phase of consultation for the review of the *Midwife Accreditation Standards*.



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