

Accreditation standards review

Written submission form

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Thank you for the opportunity to respond to the “Review of the Midwife Accreditation Standards” consultation paper 2. Federation University offers a Post Graduate Diploma of Midwifery and will offer a double degree in Nursing and Midwifery from 2021. There are six midwives actively engaged in developing and teaching the midwifery programs and all have wide and varied midwifery experience both academically and clinically.

Contributors to this submission were:

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Please find our response to the consultation questions below.

Question 1

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)

Rationale: We support option 2 for the following reasons:

There are many reasons why students are unable to attend the birth – most of which are out of a students’ control.

For example:

- the health service or individual private obstetrician not allowing the student to attend the birth (e.g. commonly at caesarean section)
- women not calling the student when they go into labour
- clinical partners not allowing the student to attend labour and birth because another student is present and caring for the woman
- other placement providers not allowing students to leave their shift to attend a birth in another health service
- university policy not allowing students to leave their shift to attend a birth in another health service
- university required attendance such as clinical assessments, presentations and exams
- precipitate labour or birth before arrival

- student's ill health (especially communicable illness eg. cold sores, colds, flu etc). Students are unable to attend to protect the health of the woman, neonate and community;

We have concerns about safety for students who may need to attend COC births after completing shifts/working up to 10 hours and travel long distances, particularly in rural areas, to attend appointments.

It is also especially problematic if a student does not meet the requirement to attend the majority of labour and births late or near completion of a student's course as it is a clinical requirement that cannot be achieved quickly (requiring 4 antenatal visits, labour and birth, and postnatal care).

Given this, we support option 2 but would like the standards to state, attend the majority of births.

Question 2

Labour and birth care

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

No

Federation University would like to see an **increase in the focus on labour and birth care** and the **majority** of members would like to see a **reduction in current requirement** of students being the primary birth attendant at **30 spontaneous vaginal births (SVBs)**.

Specifically our concerns relate to:

- a concerning emphasis on the birth itself, to the detriment of labour care (which is extremely important for student learning).
- students are regularly sent into births for second stage having never met the women, nor provided any care – just to meet numbers. This is the antithesis of woman-centred care and is against the high level evidence regarding continuous support in labour; and continuity of care.
- health services are finding it increasingly difficult for students to achieve 30 spontaneous vaginal births due to rising intervention rates. This is the case in many settings, and especially in regional Victoria where health services are taking less students for placement due to their reduced numbers of women having SVBs. This is particularly concerning because we have midwifery workforce shortages, and health service closures related to staff shortages.
- there was no evidence that supported the increase to 30 births and there is no evidence of improved standards of practice, many MIDAC members considered that 20 was adequate.
- negative impact on graduate midwife competence and expertise because almost all SVBs are conducted by students. This impact also applies to midwives in facilities with small birth numbers.

We would like to see changes to Standard 3.12d amended to:

- increase the number of women where students provide direct and active care in labour from 10 to 20
- reduce the number of SVB from 30 to either 20 (with a reciprocal increase in requirements for provision of intrapartum care)

We therefore suggest the following wording:

Provide direct and active care to 40 women during the first, second and third stage of labour. This will include the student being the primary birth attendant for 20 women who experience a normal vaginal birth.

This would NOT lead to an overall reduction in experiences, but would take the focus on the birth (i.e. non-woman centred care with students only attending 2nd stage), to the labour and birth.

Question 3

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

No

Question 4

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

Federation University considered that there are many barriers to including prescribing in entry to practice programs and we do not support this proposal at this point in time.

Reasons include:

- the health care sector is not currently ready to support, supervise or assess the competency of students/ graduates prescribing.
- the health care sector would require significant change in terms of upskilling the current midwifery workforce in prescribing
- existing barriers to midwives using MBS and PBS whilst employed in the public system need to be overcome
- concern about the volume of theory required (our understanding from existing subjects/courses is that the theoretical load is extensive)
- risk that this change would set up a two-tier midwife system

Question 5

Do the draft accreditation standards cover the required knowledge, skills, and attitudes to ensure that the graduate meets the NMBA

Yes.

Question 6

Are there any additional criteria that should be included?

No

Question 7

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

Yes – as per response to question 2 above, we suggest an amalgamation of 3.12d and suggest the following wording as above:

Provide direct and active care to 40 women during the labour continuum. This will include the student being the primary birth attendant for 20 women who experience a spontaneous vaginal birth.

Question 8 Please provide any other feedback about the structure/content of the draft standards

3.5d – We fully support the inclusion of the specific criteria of:

- social and emotional wellbeing of women
- complex family health, domestic violence, stillbirth and family bereavement care
- perinatal mental health

We are curious however, as to why many other aspects of the curriculum have not been specifically described?

Question 9

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

No.

Thank you for the opportunity to contribute.