Australian
**Nursing & Midwifery**
Accreditation Council

www.anmac.org.au

# Accreditation standards review

# Written submission form

| First Name | Nicki |
|---|---|
| Surname | Hartney |
| Individual or organisation? | Organisation |
| Organisation (if relevant) | Victorian Midwifery Academics (MIDAC) |
| Position in organisation | Chair |
| Email | n.hartney@deakin.edu.au |
| Preferred contact number | 03 524 79437 |

**Please select one of the following:**

☒ This is a public submission. It does not contain 'in confidence' material and can be loaded on the ANMAC website

☐ This submission contains 'in confidence' material and cannot be loaded on the ANMAC website.

Standards Review
5 December 2019

Thank you for the opportunity to respond to the "Review of the Midwife Accreditation Standards" consultation paper 2.

MIDAC was convened in July 2007 to address and consider workforce issues, midwifery education and other key issues regarding maternity services in Victoria. MIDAC membership includes academics from all universities in Victoria that provide midwifery education at undergraduate and/or postgraduate level. Universities represented include: the Australian Catholic University, Deakin University, Federation University, La Trobe University, Monash University, and Victoria University.

Contributors to this submission were:

Deakin University - Nicki Hartney, Linda Sweet, Andrea Waddington, Dolores Dooley, Monique Vermeulen
Federation University – Carolyn Bailey, Jan Jones, Elise Luders, Rhian Cramer
La Trobe University - Helen McLachlan, Christine East, Fiona Faulks, Rebecca Hyde, Helen Nightingale, Heather Grimes, Michelle Newton, Deborah Birrell, Charlie Smithson, Stefanie Zugna
Monash University – Anne Tremayne,
Victoria University – Gina Kruger, Karina Ireland, Katrina Carey

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 and exams
- precipitate labour or birth before arrival

We also have concerns about safety for students who may need to attend COC births after completing shifts/working longer than 12 hours. Students may not necessarily (depending on individual university policy)  have protections in place as paid employees do.

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 however with acceptable exemptions, and to have a glossary examples of acceptable reasons why students would be unable to attend the labour and birth.

***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*

MIDAC  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 (SVBs) 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.
- the standards are 'minimum'. Individual universities can include a higher number in their curricula if they would like to,  where the clinical placement providers can support more than the minimum requirement for births.

- 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 25 or 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?**

MIDAC 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 first, second and third stage of labour. 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.