

Accreditation standards review

Written submission form

First Name	Anne
Surname	Tremayne
Individual or organisation?	Organisation
Organisation (if relevant)	Monash University
Position in organisation	Bachelor of Nursing Bachelor of Midwifery Honours, Course Convenor
Email	anne.tremayne@monash.edu
Preferred contact number	03 99044328

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.

Response to the Midwife Accreditation Standards (the Standards)

Monash Nursing and Midwifery (MNM) appreciate the opportunity to respond to the 'Review of Midwife Accreditation Standards' Consultation Paper 2. The submission is made on behalf of:

Ass Professor Helen Hall

E: Helen.Hall@monash.edu

Dr. Gayle McLelland

E: Gayle.Mclelland@monash.edu

Mrs Anne Tremayne

E: Anne.Tremayne@monash.edu

Ms Kym Davey

E: Kym.Davey@monash.edu

Ms Amy Corlass

E: Amy.Corlass@monash.edu

Ms Joy Kloester

E: Joy.kloester@monash.edu

Please find our response to the consultation questions below.

Question 1:***Continuity of care experiences***

MNM midwifery academics choose '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 student's control. Students' often face barriers such as health service policy or private obstetrician restricting access to theatre, commitment to university or clinical placement attendance or the birth occurring prior to the student arriving.

We also have concerns about safety for students who may need to attend COC births after completing shifts/working longer than 12 hours and travelling to attend a birth during the night. Students do not 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 ANMAC to include in the glossary examples of acceptable reasons why students would be unable to attend the labour and birth.

Further, we would like it to be explicit in Option 2 that students attend the majority of births however with acceptable exemptions.

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)

Yes

MNM midwifery academics believe that a reduction in the current requirement may negatively impact on the students' opportunity to participate in care in labour, and negatively impact the students' ability to achieve competency in birthing.

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?

MNM midwifery academics anticipate many barriers to including prescribing in entry to practice programs and we do not support this proposal at this point in time. Currently the health care sector is not ready to support, supervise or assess the competency of students prescribing. At this time this is a postgraduate qualification and would not (currently) sit at the correct AQF

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?

No

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.