

Consultation questions

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

Please select one

1. Option 1
2. Option 2
3. Don't know/unsure

Please provide a rationale for your choice.

Option 1. The midwife accreditation standards should continue to specify that students attend the labour and birth for the majority of women in respect to their continuity of care experiences.

Rationale: Ensures exposure to clinical practice allowing for increasing confidence in practice. Increasing time with women in a framework that supports continuity is important to develop the ability to work in partnership, to embed the ability to see women as a person rather than a patient. Student attendance during labour and birth will greater emphasise the benefits of this model for women and midwives.

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/No/Unsure

Please provide a rationale for your choice.

Yes. The number of spontaneous vaginal births attended for whom the student is the primary carer should remain at 30 women.

Rationale: Ensures exposure to clinical practice allowing for increasing confidence in practice.

QUESTION 3

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

Yes/No/Unsure

No

QUESTION 4

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

Including preparation to prescribe in entry-to-practice midwifery programs would incur an increase in workload for students. Current position descriptions and legislation for practice within NSW Health facilities would require adjustment to enable midwives working in the NSW public health system to prescribe. Our opinion is that it is more important to ensure entry-to-practice midwives have the skills to work to their full scope of practice, and this should include IV cannulation and perineal repair.

QUESTION 5

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.

QUESTION 6

Are there any additional criteria that should be included?

Nil

QUESTION 7

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

Nil

QUESTION 8

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

Nil

QUESTION 9

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?

Nil