

Accreditation standards review

Written submission form

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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)

Please provide a rationale for your choice.

The NSW Branch of the Australian College of Midwives strongly supports student engagement with women during continuity of care remain as OPTION 1.

The International definition of the midwife highlights the requirement that midwives conduct births on the midwives own responsibility. In order to prepare midwives for the future it is imperative that experiences relating to birth, in particular for women being followed as part of the continuity of care experience, include priority attendance at labour and birth. University educators recognise this is an important part of the CoC and permit students to makeup classes when they are called to a birth for their CoC women.

Students who aim to attend the birth for all of their CoC women are adhering to the ACM midwifery philosophy which states that midwifery “...*aims to follow each woman through pregnancy, labour and birth and the postnatal period, across the transition between institutions and the community, so she remains connected to her social support systems; the focus remaining on the woman, not on the institutions or the professionals involved*”. (ACM 2020)

If students are placed in a facility where it is difficult for the student to achieve attendance at the birth of all of their CCE women then alternative arrangements should be made to enable this, rather than reducing the number of births that the student should attend. Students who are being educated to become midwives should be supported to prioritise the full continuity of care experience which includes the birth. The profession of midwifery recognises Continuity of Midwifery care as the gold standard maternity care, which the research evidence overwhelmingly proves.

Source: Australian College of Midwives (ACM). (2020). Midwifery Philosophy and Values. Retrieved from <https://www.midwives.org.au/midwifery-philosophy-values>

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)?

The NSW Branch of the Australian College of Midwives strongly supports **Yes**

Please provide a rationale for your choice.

The number of normal vaginal births that a midwifery student should be exposed to must remain at 30 with 10 experiences of labour. This number is already a reduction from the original 40 births and is less than the current global recommendation.

For example, the current standard set for pre-registration midwifery programmes by the Nursing and Midwifery council in the UK and the European parliament (2019) is “Conduct by the student of at least 40 deliveries; where this number cannot be reached owing to the lack of available women in labour, it may be reduced to a minimum of 30, provided that the student assists with 20 further deliveries”. We advocate that the Australian standard should reflect these international standards.

Source: NMC (2019) Standards for pre-registration midwifery programmes retrieved from <https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-for-pre-registration-midwifery-programmes.pdf>

QUESTION 3

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

The NSW Branch of the Australian College of Midwives strongly supports **Yes**

ACM NSW supports this addition to the undergraduate Bachelor of Midwifery program and the postgraduate Graduate Diploma of Midwifery. Prescribing rights for midwives have been legislated for almost 10 years in Australia following the national maternity review. Prescribing is now recognised nationally as within the scope of practice for midwifery. A study by Small and colleagues (2016), on Australian midwives' experiences of prescribing, highlights that one of the key advantages is that women and infants receive treatment in a timelier manner. The quality of midwifery care is enhanced when midwives can prescribe. In New Zealand, education for midwives prescribing has already been embedded within undergraduate midwifery programs for many years. We agree with Small and colleagues that "Incorporating education for prescribing into courses that lead to registration as a midwife would enable all midwives to be endorsed as prescribers on initial registration". This would have multiple benefits for women and families when accessing midwifery care.

Small, K., Sidebotham, M., Gamble, J., & Fenwick, J. (2016). Exploring midwifery prescribing in Australia. *Women and Birth*, 29(5), 436-442.

QUESTION 4

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

The NSW Branch of the Australian College of Midwives recommends that if education for prescribing were to be embedded into midwifery education pre-registration courses **may** require amendments to the length of study. It could be anticipated that courses may need to be extended by one semester to accommodate this extra learning. We support this additional learning and believe it will enhance midwifery practice for the benefit of women and families and health services.

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?

The NSW Branch of the Australian College of Midwives agree that the standards do cover the required knowledge and skills for graduates to meet the standards for practice. We would also advocate for the National use of the AMSAT tool for assessment of students in the clinical area. The promotion of this tool would standardise assessment across the country and streamline the paper work that midwifery clinicians handle when supervising students. This tool has been validated and directly maps to the Midwife Standards for Practice.

QUESTION 6

Are there any additional criteria that should be included?

The NSW Branch of the Australian College of Midwives would also recommend the expansion of experience for students to include the community setting (home and birth centres or community centres). This inclusion will align with international standards for midwifery practitioners.

QUESTION 7

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

We cannot make any recommendations here.

QUESTION 8

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

Nil additional issues to add.

The following question seeks to provide an opportunity for the identification of issues not covered so far in the consultation process.

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?

The NSW Branch of the Australian College of Midwives advocates that midwifery students should have opportunities to be placed within a continuity of care model such as caseload or Midwifery Group Practice as part of their clinical experience component. Such experiences have demonstrated benefits for preparing new graduate midwives to work in these models after graduation (Cummins, Denney-Wilson, & Homer, 2015; Sidebotham & Fenwick, 2019).

Cummins, Allison M., Denney-Wilson, E., & Homer, C. S. E. (2015). The experiences of new graduate midwives working in midwifery continuity of care models in Australia. *Midwifery*, 31(4), 438-444. doi: 10.1016/j.midw.2014.12.013

Sidebotham, Mary, & Fenwick, Jennifer. (2019). Midwifery students' experiences of working within a midwifery caseload model. *Midwifery*, 74, 21-28. doi: <https://doi.org/10.1016/j.midw.2019.03.008>

Sincerely,

NSW Branch of ACM



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The Australian College of Midwives acknowledges the Traditional Owners of the lands on which we work and live.