

Written submission form

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Standards Review
4 September 2017

Dear ANMAC,

Thankyou for the opportunity to submit our response for the Midwifery Accreditation Review.

We will address each point as outlined in the consultation document.

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.

We believe that midwifery students should continue to attend the labour and birth for a majority of women. This statement is not stating that they need to attend all of the births, but this statement provides impetus for the student to attend the birth as a crucial component of the CoCE. In the case of the midwifery student living in a rural or remote location, the student should still be able to attend the women's birth for the majority of births. The majority of births is also undefined and this term in layman's terms means more than 50%, so this then would mean that the midwifery student could miss four births out of the ten births. We believe that the student should attend at least 80% of the births (eight out of ten) and if they miss the birth, this should be reviewed for each "miss" and should include a very good reason such as a precipitate or preterm labour. This should provide ample opportunity to provide continuing appropriate postnatal care and if they cannot attend the birth, the student should recruit more women.

The term, "where possible" could in fact discourage the midwifery student and provide a subliminal message to the student that the labour and birth is not an important component in the CoCE.

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.

Please provide a rationale for your choice.

We believe that the number of vaginal births should stay at 30 and not be reduced. It seems that one of the main reasons that this is being debated about is due to the decreasing rates of vaginal births in Australia (from 2005 to 2015, 59% to 54%). Midwifery students as primary caregivers for women are in an excellent position to support the normal processes of labour and birth and this relationship will increase the vaginal birth rate of women in the system. If we want our vaginal birth rate to increase, it seems that the more labour and births that the midwifery student can attend, the better off the midwifery profession for influencing vaginal births. There should be creative opportunities for midwifery students to engage in caseloading and midwifery group models of care in their final year to reinstate the value of this CoCE thereby increasing the opportunity of gaining ten and reinforcing the quality of the relationship between the midwifery student and the woman. From an educationalist perspective, the watering down of these experiences will have a flow-on effect for the student, universities and industry partners. As a midwifery profession, we stand united for the importance and value of the CoCE for not only midwifery students but also midwives and women.

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.

We believe that educational preparation for prescribing to the midwife's scope of practice be included in curricula of entry to-practice midwifery programs as midwives are able to then move onto being Endorsed when they are eligible.

QUESTION 4 What might be the implications of including preparation to prescribe in entry-to-practice midwifery programs?

This, in turn would suggest an extension of all programs to be extended. This would mean the current undergraduate program being three years, changing to a four year program and the current Graduate Diploma Midwifery program to be a minimum of two years.

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, we believe they are a comprehensive set of standards of practice, although we believe that the phrase "that focuses on woman-centred care" should be included into the standard 3: Program of study under point 3.5:

d. integrated knowledge of care across the childbearing continuum **that focuses on woman-centred care** within the scope of midwifery practice including:

QUESTION 6 Are there any additional criteria that should be included?

As above in Question 5.

Also 3. The Program of Study should include the details as in Question 4. For example,

Under point 3.2

The criteria should also include the following:

- a. There is a minimum period of **24** months to conduct the program for a Registered Nurse to become a Midwife

Under 3.12

The criteria should also include the following:

The program includes:

- e. MPE of at least 1,000 hours.

QUESTION 7 Are there any criteria that could be deleted or amalgamated with another criteria?

As per suggestions in above questions.

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

They meet the needs of the safety of the consumer, external stakeholder partnerships, educational, student and assessment components. The only other feedback would include issues addressed in above questions in relation to adding woman-centred care, a minimum of 24 months for any midwifery program and at least 1,000 MPE hours.

QUESTION 9 Are there further issues that should be addressed in the revision of the Midwife Accreditation Standards that have not been addressed so far in the consultation process?

No, we believe that they have been covered, excepting for additions suggested above.