Discipline of Midwifery
Faculty of Health
University of Canberra

Revision of Midwife Accreditation Standards: response to Consultation paper 2

Question 1

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

Rationale for choice

Attendance at the majority of births increases the quality of this valued learning experience.

Question 2

Should the number of spontaneous vaginal births for whom the student is primary birth attendant remain at 30 women (present requirement)?

Yes/No/Unsure

Rationale for choice

Acting as the primary birth attendant is foundational knowledge that is crucial for future registered midwife practice. There is a wide range of what can be classified as a 'normal' birth and students need sufficient experience across the range to support the transition to practice in contemporary maternity care settings.

Question 3

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

We strongly support the inclusion of preparation for prescribing in entry-to-practice midwifery programs. We believe that preparation for prescribing will support our future midwifery workforce, by promoting workforce mobility and enabling graduates to work to the full scope of midwifery practice. It will also provide safe faster access to medications (particularly in rural areas), will result in more effective use of resources (Nissen & Kyle, 2010) and increase satisfaction for childbearing women and their families (Small et al., 2016).

Question 4

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

There would need to be legislative and policy changes (State and Territory Drugs and Poisons legislation and regulations, NMBA endorsement for registration). The required educational preparation for midwives to safely prescribe within their scope of practice and meet the National Prescribing Service Prescribing Competencies can be accommodated within entry-to-practice curricula.

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?

See below

Question 6

Are there any additional criteria that should be included?

We argue that the following content/skills development should be specifically referred to in Standard 3: Program of Study

Management of change
Midwives may practice in the future in roles that are presently not conceived, therefore understanding and managing change is an essential skill for future proofing midwives for a rapidly changing practice environment.

Self-care
Caring for self is crucial for personal health and well-being. We need to ensure that graduates of an entry -to-practice program have the skills to manage stressful situations in their personal and professional lives. In an increasingly complex and potentially stressful healthcare environment, self-care should be a priority in the educational preparation of midwives. Two research studies support the benefits of including self-care content in entry-to-practice programs in both midwifery and nursing (Cummins et al., 2018; Blum, 2014).

Digital Health
Currently educational providers in Australia are lacking in systematic approaches to design, teaching, assessing or accrediting relevant eHealth curriculum (Gray et al., 2014). There is a need to prepare entry-to-practice midwifery graduates for the emerging digital health future that involve principles rather than specific tools/databases. We submit that this content is crucial and should be included in the Standards.

Question 7

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

No specific comments at this time.

Question 8

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

We consider that is essential to have Standards that articulate the universally agreed philosophy of midwifery which is 'woman -centred'. Therefore criteria 3.3 should read
'the curriculum document articulates:

a. a woman-centred philosophy
b. an educational philosophy
c. practical implementation of both within the program of study.'

Continuity of care postnatal engagement with women
At this point we wish to raise the issue of the requirements for postnatal engagement as part of the CoCE. Presently the definition of the CoCE experience in the Standards requires two postnatal visits. Postnatal care provision in Australia is recognised as poor, both by women (Zadoroznyj et al, 2015) and midwives (Foster et al, 2006). The Standards also mandate 100 postnatal assessments but these are not necessarily attached to CoCE. A recent study of women's experiences of midwifery CoCE by students found a positive correlation between satisfaction and number of antenatal and postnatal visits (Tickle et al, 2016). Where a student provided more than seven antenatal and five postnatal visits (including the six-week visit) women reported being highly satisfied with their student experience as a deeper, highly valued and more meaningful relationship developed. Furthermore, with increased visits, students will be exposed to a greater variety of situations and develop stronger confidence in providing timely and appropriate postnatal care.

The revision of the Standards provides an opportunity to revisit this important area of practice. We advocate for a return to three postnatal visits with one of the three being the six-week visit.

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?

We acknowledge that our following comments relate to the implementation of the Standards once developed and agreed upon however, we consider it important to provide the following suggestions.

The process of accreditation is presently very resource intensive requiring many hours of academic and support staff time. While we do not suggest that a quality process is not crucial to ensuring the educational preparation of midwives we support exploring strategies to reduce the burden on program providers including:

- increasing the length of accreditation (? 7-8 years) for programs with a low risk profile and where there have been no concerns identified in the yearly monitoring system
- development of templates where information may be easily entered
- evidence guide which includes clear explanations of the range of information that can be used to meet criteria

References

Blum, C. (2014). Practising self-care for nurses: A nursing program initiative. *Online Journal of issues in Nursing (OJIN),* 19(3):3. manuscript 3, doi:10.8912

Cummins, A., Wright, R., Watts, N. & Catling, C. (2018). Introducing sensitive issues and self-care strategies to first year midwifery students. *Midwifery*, 61, p8-14.

Forster, DA., McLachlan, HL., Yelland, J., Rayner, J., Lumley, J. & Davey, M-A. (2006). Staffing in postnatal units: Is it adequate for the provision of quality care? Staff perspectives from a state-wide review of postnatal care in Victoria, Australia. *BMC Health Services Research, 6*, 83. doi:10.1186/1472-6963-6-83

Gray, K., Dattakumar, A., Maeder, A., Butler-Henderson, K., & Chenery, H. (2014). *Advancing Ehealth Education for the Clinical Health Professions.* Sydney, NSW: Office for Learning and Teaching, Department of Education.

Nissen, l.& Kyle, G. (2010). Non-medical prescribing in Australia*. Australian Prescriber*, **33**(6): p. 166-167.

Small, K., et al.,(2016). Midwifery Prescribing In Australia*. Australian Prescriber*, **39**(6): p. 215-218.

Tickle, N., Sidebotham, M., Fenwick, J. & Gamble, J. (2016). Women's experiences of having a Bachelor of Midwifery student provide continuity of care. *Women & Birth,* **29**(3), 245-251. doi: 10.1016/j.wombi.2015.11.002.

Zadoroznyj, M., Brodribb, W. E., Young, K., Kruske, S., & Miller, Y. D. (2015). 'I really needed help': What mothers say about their post-birth care in Queensland, Australia. *Women & Birth, 28*(3), 246-251. https://doi.org/10.1016/j.wombi.2015.03.004