Consultation questions

QUESTION 1				
Please indicate your agreement/disagreement with the following statement.				
The midwife accreditation standards should continue to specify that students complete a minimum number of supervised midwifery practice experiences.				
Strongly Disagree	Disagree	Unsure/Don't Know	Agree	Strongly Agree
In the space provided please provide a rationale for your choice.				

QUESTION 2

How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

QUESTION 3

How can the Midwife Accreditation Standards best support inter-professional learning?

QUESTION 4

What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Question 1: Strongly Agree

Rationale: It is well recognised continuity of care experiences provide exposure and experience in providing care across the maternity continuum, which is both women centred and desired by midwives. However as Health Services continue to endeavour to meet the demand for continuity of care programs, overwhelmingly maternity care is provided outside of continuity models. Whilst it is also recognised many maternity programs offer 'all risk' continuity models there is a disparity in exposure to these models. With the growing complexity and acuity of women throughout the maternity continuum, including pre-existing morbidity, it is important that education programs maximise exposure to the detection and management of complexity, whilst being cognisant of both clinical complexity and the sociodemographic determinants on pregnancy outcomes. This must be balanced with a foundation of pregnancy and birth as normal life events, both protecting and promoting normal pregnancy care, labour and birth. The opportunity to increase exposure to the exclusion of an understanding and application in practice of complexity.

Question 2: Exposure and experience in continuity models facilitates known improved outcomes for women and babies. This needs to be balanced with consolidated clinical experience to achieve proficiency in fundamental skills to enable midwives to work to their full scope of practice. This is difficult to achieve without consolidated, supported clinical practice in areas to enable skill acquisition. A minimum requirement for clinical skill acquisition to enable midwives to perform procedural tasks enables proficiency to practice to full scope on graduation. This must be further supported organisationally on graduation with health services and maternity care providers

supporting midwives to work to their full scope in a culture of collaborative, mutually respectful maternity care.

Question 3: Inter-professional learning can be strengthened by shared learning across disciplines to enable a greater understanding of the contribution of disciplines and the interface between disciplines. Inter-professional learning needs to encompass disciplines that contribute to holistic maternity care that is cognisant of the social determinants of health – including, but not limited to, perinatal mental health services, social work services, dietetics and physiotherapy. The delivery of maternity care, with women at the centre to ensure access to appropriate services and disciplines should underpin the principles of midwifery education. Considering the delivery of safe, evidence based clinical care, the development of mutual respect and collaboration particularly between midwives and obstetricians can be strengthened by joint learning experiences to fully appreciate the role of both disciplines in the delivery of maternity care providers in a culture of mutual respect and understanding of the importance of collaboration when indicated, cognisant of midwifery scope of practice.