

Ms Fiona Stoker,
CEO
Australian Nursing & Midwifery Accreditation Council
Via email: standardsreview@anmac.org.au



Dear Ms Stoker,

Re - Review of the Midwife Accreditation Standards - Consultation Stage 2 – response submitted on behalf of Women’s Healthcare Australasia (WHA)

Thank you for the opportunity to provide comment on the consultation paper related to this review. As you are aware, Women’s Healthcare Australasia (WHA) is the peak body for hospitals providing maternity and women’s health care services. WHA membership currently consists of around 120 maternity services across Australia including the majority of tertiary hospitals, as well as many metropolitan, regional and rural maternity services. Collectively our members support more than 160,000 births per year, which is around two thirds of all births occurring in public hospitals.

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

RESPONSE - Option 1

Please provide a rationale for your choice

Within WHA membership there is no doubt that Continuity of care experiences are overwhelmingly supported. Midwifery Group Practice models are now commonplace in public maternity hospitals and most services are looking to expand their continuity of care offering when they can obtain enough workforce. Most services that do not yet have MGPs are looking to establish them in the short to medium term, as it is recognised that this model is evidence based and beneficial for women. Preparation of students in continuity of care is essential to the future workforce requirements of the maternity care sector. Feedback from members indicated that with an increasing number of continuity of care models becoming available we would suggest that attending the the majority of births >6/10 is achievable and desirable. It is also noted that as the mode of birth is not specified there are no restrictions to being with women in a range of contexts.

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)?

RESPONSE - Yes

Please provide a rationale for your choice

The importance of retaining experience in spontaneous vaginal birth is critically important. It is acknowledged that this is however becoming increasingly difficult in some tertiary hospital settings with rates of intervention in labour and birth on the rise across the country. Despite the challenges WHA would encourage the continuation of 30 spontaneous vaginal births to ensure that this art of midwifery is not lost. There is a risk that student numbers become the dominant feature amongst education service providers rather than the achievement of midwifery practice experiences. Should the number be reduced then we would suggest no less than 20-25 with a corresponding increase in numbers, currently 10, of direct care for women who did not have a spontaneous vaginal birth.

QUESTION 3 - Should educational preparation for prescribing to the midwife's scope of practice be included in curricula of entry to-practice midwifery programs?

RESPONSE - Yes

QUESTION 4

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

RESPONSE – WHA membership was supportive of including better preparation for endorsement and meeting the full scope of practice of midwifery practice. Given how long midwives have been completing post registration studies in prescribing for eligibility and now endorsement it would appear timely to support this progression for midwives. The benefits would be to support more effective use of the midwifery workforce, which is an important consideration in progressing continuity of care models for women in a variety of settings. We would therefore suggest that this concept be supported in future curricula.

The implication is that it may be challenging in certain settings such as the private health sector, which may be a hindrance to achieving necessary midwifery practice experiences. Curriculum content would need to be carefully assessed by ANMAC against the current requirements for endorsement. It would also seem appropriate for the current registration requirement for endorsement to be reviewed by the Nursing & Midwifery Board of Australia if this becomes part of an entry-to-practice program to ensure application of theory to practice on registration rather than having to complete 3 years full time practice before seeking endorsement.

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?

RESPONSE – We believe that the draft accreditation standards meet the NMBA Midwife standards for practice.

QUESTION 6

Are there any additional criteria that should be included?

RESPONSE –WHA members raised concerns that the current midwifery education standards do not require the development of important skills including cannulation and perineal suturing. Given the frequent requirement for these skill within clinical

practice, it appears relevant to include this within the current revision of the standards.

QUESTION 7

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

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RESPONSE – Nothing noted

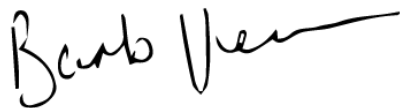
QUESTION 9

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?

WHA members identified that in Standard 3: Program of study that it would be beneficial to specify a minimum number of Experiences in care of the neonate with special care needs or to provide more detail concerning this experience. Midwives are increasingly being expected to work in special care nurseries and there is a risk that without greater detail that this aspect of care may not be addressed for all graduates.

Thank you for the opportunity to provide comment. Please don't hesitate to contact me if you would like more information on any of the above.

Yours sincerely,



Dr Barb Vernon
Chief Executive Officer
Women's Healthcare Australasia

6 January 2020

