

Thank you for the opportunity to review the Midwifery Accreditation Standards to provide comment with regards Consultation paper 1.

Please find included feedback on behalf of Barwon Health.

Q1- The reviewers felt strongly that students should continue to complete a minimum number of supervised midwifery practise experiences. This continued process would ensure:

- Ongoing monitoring and observation of practise, ensuring competency in identified skill sets continues to be supported.
- This process encourages a commitment to learning by the student ensuring skills acquired are to a set standard of knowledge . If there is no identified number of supervised midwifery practise experiences then to whom and how would the student be accountable?
- If there is no minimum number of supervised midwifery practise experiences, then what else would there be?
- The only way facilitators can track a student’s progress is via a standardised clinical assessment tool – thereby enabling the facilitator to identify the student’s learning needs when on placement.

Q2- How Can the Midwife Accreditation Standards (MAS) ensure students are educated to meet the full scope of midwifery practise?

- It was felt the minimum numbers of accouched births should be reduced from 30 to 20 .
- It was noted that towards the end of training the focus for many student midwives was more on “catching births” to complete 30 births as opposed to the care of a woman and her family during the labour and birth experience.
- The 20 births should include direct care in the first stage of labour. Thereby removing the tick box exercise that currently occurs with 30 births and no requirement to include the 1st stage of labour care.
- There is a need for students to have more of a focus on complex labours and births which should be reflected in the learning tools – complex care birth suite specific e.g. eclampsia
- Currently care for 40 women with complex needs is required - however this is across the whole continuum of the pregnancy and birth journey. It was felt that 10 of these should have a focus on birth suite and complex needs/high risk woman
- An increase in neonatal placement hours has been suggested to reflect the more complex care midwives are now providing for more “at risk” infants.
- Essential skills should be included to ensure a student meets his/her full scope of practise by the end of training. Including but not limited to:
 - Episiotomy
 - Artificial rupture of membranes/application of a foetal scalp electrode
 - A minimum of 10 vaginal examinations plus procedures
 - IV cannulation

The reviewers felt that midwives new to midwifery (post education) are less confident in clinical skills or in learning clinical skills that are considered a core component of midwifery practice. As well as consolidating clinical knowledge many lack the incentive to develop new skills such as cannulation.

Q3- How can the Midwife Accreditation Standards best support inter-professional learning?

- The reviewers strongly support the integration of inter-professional learning.
- Opportunities during clinical placement could be facilitated i.e. midwifery and medical students learning from each other and with each other

- It was felt the ability to provide the opportunity for IPL within the clinical setting may require additional funding to support this model.
- IPL could be added as part of the requirement of clinical learning.

A suggestion would be to examine the IPL model whereby the maternity clinical facilitators have combined responsibility of both undergraduate midwifery students and 3rd year Medical students completing their obstetric rotation.

Q4- additional comments

- Clinical placement hours need to be increased to develop knowledge and clinical skill
- The number of midwifery students' needs to be reduced to ensure placement opportunities are available for all midwifery students

Regards
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We acknowledge the Traditional Owners of the land, the Wadawurrung people of the Kulin Nation.
We pay our respects to the Elders both past and present.



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