

## Accreditation standards review

### Written submission form

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## **ANMAC Midwifery Education Accreditation Standards Review**

### *Carolyn Hastie's Response to Consultation Paper 1*

Thank you for the opportunity to respond to the Review of the Australian Midwifery Education Accreditation Standards.

Midwifery has global significance as The Lancet Series on Maternal health found that “countries with the best outcomes, lowest clinical intervention rates, and lowest costs have integrated midwifery-led care through different models that include team-based care in maternity wards, alongside midwifery-led units (low-risk units alongside full scope maternity hospitals), freestanding midwifery-led units, and home-based midwifery.” (Koblinsky et al, 2016)

Australia has an important part to play in optimising maternal and infant health, not only because our registered midwives should be able to work all over the world, but significantly because Indigenous Australian maternal and infant health is woeful, morbidity and mortality are higher than for non-Indigenous women and infants and continuity of midwifery care has been shown to be both life-saving and cost-saving.

Our midwifery education needs to be producing competent, woman-centred, culturally safe, critical thinking, kind, respectful midwives able to work autonomously and provide continuity of midwifery care as part of an integrated, collaborative team, in any setting. Australia could be a world leader in producing midwives of this calibre and providing a role model for developing countries in midwifery education standards.

Midwifery Education needs robust, intelligent and clear Midwifery Education Accreditation Standards to ensure graduating midwives meet the needs of the women and families they serve in a sustainable way.

My response to each question is provided below

#### **Q 1. Minimum number of supervised midwifery practice experiences.**

It is essential that the midwife accreditation standards continue to state the minimum number of experiences for midwifery students. Midwifery Education Standards should be based on the needs of women, their babies and families. A Primary Health Care approach and Continuity of Midwifery Care (CoMC) should be the basis of the Standards in optimising midwifery education as the literature demonstrates clearly the benefits of that approach to the childbearing population, the health system and the environment. It has also been demonstrated to have significant benefits for midwives able to work to their full scope of practice with increased resilience and work satisfaction. Recent reductions in the number of CoMC experiences for students has been a backward step in producing graduates to meet contemporary global standards. I recommend increasing the number back to 20 CoMC experiences so that all students have the opportunity for this deep and powerful learning experience.

Experience, confidence and competency in any practice requires repetition of that practice under supportive supervision. It is all too easy for institutions to cut numbers of experiences when there are competing logistical or financial pressures. Having mandatory numbers of experiences/practices ensures that students will gain the quality of educational immersion in practice that is required to graduate as a competent early career midwife.

## Q 2. Meet full scope of midwifery practice

It is essential that the Australian Midwifery Education Accreditation Standards are constructed in line with the ICM definition of the full scope of practice for a midwife. The world is changing; sustainable, ethical practice and evidence-based care is a global expectation and necessity. The midwife is increasingly seen as the professional best placed to work with childbearing women and their families for best outcomes. Our education system has to produce midwives capable of working to their full scope of practice.

## Q 3. Interprofessional learning

The Quality Maternal and Newborn Care (QNMC) framework (Renfrew et al., 2014) and the accompanying “integrality” model could be used as a framework for IPL. In this framework, as is appropriate, the woman is at the centre of care as needs to be with any planning or provision of IPL. Continuity of Midwifery Care experiences for students enables IPL as women with complexities in pregnancy require collaborative practice with a range of other health care professionals. The interprofessional environment enables, deep, contextualised learning and retention of knowledge/practice. IPL workshops, conducted in healthcare, such as PROMPT need to be made available for students to attend.

## Q 4. What additional issues not in consultation paper

### Leadership of programs

Australian Midwifery Education Accreditation Standards need to specify the qualification of those who lead and teach undergraduate and postgraduate programs. Registered midwives, with PhD qualifications at least Associate Professor level should lead these programs; registered midwives with masters or PhD level should be the teachers.

### Teamwork

Australian Midwifery Education Accreditation Standards need to specify that new graduates require the emotional and social skills that underpin good teamwork and must have opportunities to develop those skills during their undergraduate education. The literature is clear that good teamwork skills improve safety for childbearing women and their infants and reduce bullying/harassment/incivility in the workplace. These outcomes have huge implications for maternal and infant health and wellbeing and that of the midwifery workforce and overall sustainability and retention.

### Cultural Safety/Competency, Australian First Peoples and Midwifery

Cultural safety education needs to be embedded in and appropriately resourced within midwifery programs across Australia (please see CATSINAM’s Position Statement for details

### **Position Statement: Embedding Cultural Safety across Australian Nursing and Midwifery**

### Primary Health Care and Midwifery

As mentioned previously in my response, the literature clearly demonstrates evidence that Continuity of Midwifery Care and the social model of health approach is doing more to address the social determinants of health and the concomitant changing health needs of childbearing women and their infants than anything that has ever been put into practice before. The Australian Midwifery Education Accreditation Standards needs to ensure they are evidence-based in providing direction to healthcare providers and educational institutions to adopt a social model of health for midwifery education and practice and strengthen opportunities for midwifery students to practice, with appropriate supervision and mentorship, in community along with hospital settings.

*Length of undergraduate program*

Midwifery education in Australia is not overall, meeting the ICM Global Standards for Midwifery Education. ICM stipulates a minimum of 3 years for a Bachelor of Midwifery degree for registration. ICM states the minimum standard for registered nurses is an 18-month post-basic program to become a safe, competent midwife. Whilst all current programs meet Australian Standards, not all meet ICM standards. This deficit must be rectified so Australian midwives are meeting global, professional requirements.

*Stakeholders*

Key consumer groups should be involved in these discussions and consultations. Irrelevant professional groups should not be included.

*The WHO Framework for Action*

The Australian Midwifery Education Accreditation Standards need to align with the WHO Framework for Action as below:

“This Framework for Action identifies three strategic priorities for harnessing the power of midwives: “rethinking” the education and certification of midwives to international standards, with the title “midwife” given only when this is achieved; strengthening midwifery leadership; and stronger alignment of partners to improve quality midwifery education. A seven-step action plan to strengthen quality midwifery education has been developed, and partners have committed to action.”

Because:

“Midwifery, where care includes proven interventions for maternal and newborn health as well as for family planning, “could avert over 80% of all maternal deaths, stillbirths, and neonatal deaths” (1).”

We have an ethical, moral and human rights imperative to ensure Australian midwives are educated to International Standards and can take their place on the global field and provide evidence-based care across the continuum of care to childbearing women and their newborns from communities to hospitals “in even the most difficult humanitarian, fragile and conflict-affected settings.”

**References:**

Koblinsky, M., et al. (2016). "Quality maternity care for every woman, everywhere: a call to action." The Lancet **388**(10057): 2307-2320.

Strengthening quality midwifery education for Universal Health Coverage 2030: framework for action. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO