

Accreditation standards review

Written submission form

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Thank you for the opportunity to respond to the “Review of the Midwife Accreditation Standards” consultation paper 2.

Contributors to this submission were:

Deakin University - Nicki Hartney, Professor Linda Sweet, Andrea Waddington, Dolores Dooley, Monique Vermeulen

Please find our response to the consultation questions below.

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)

Rationale for selecting option 2:

- Some hospital policies that do not support midwifery students attending caesarean births
- Students unable to leave a nursing placement to attend labour and birth for continuity of care
- Students planning to attend but miss the birth due to either inadequate notice or precipitate birth.
- Woman not contacting the student to notify them of labour.
- Clinical settings with policy where rostered midwifery students preclude the presence of the student who is following the woman for continuity of care

We support the notion of attending ‘most’ births however given the above rationale, believe there should be criteria included where students are exempt from this given reasonable circumstance that may preclude them from meeting this requirement.

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)

No

We support a shift in focus from being primary birth attendant to an increased demonstration of provision of intrapartum care.

The current requirement of 30 births results in students spending only the final minutes of labour with the woman as they are directed into rooms to accoucheur the birth, without having provided any significant intrapartum care, in an effort to achieve this number. This is

concerning as it does not support the philosophy of continuous support in labour and woman centred care.

The downward trend of spontaneous vaginal births has also reduced capacity for health services to support students in this requirement.

The burden of this requirement has a flow on effect in the clinical setting limiting opportunity for graduate midwives to consolidate this skill.

For these reasons we would support a decrease in the requirement of primary birth attendant with a reciprocal increase in the required number of demonstrated care in labour.

Question 3

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

No

Question 4

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

While we acknowledge that prescribing could be considered in the future, the current clinical landscape is unable to provide the required support and supervision of students in this domain of practice.

In order to include this in undergraduate courses, there would need to be significant upskilling of current registered midwives in the clinical facilities and the appropriate changes to public health systems capacity to enable endorsed midwives to use their MBS and PBS numbers in their public employment role. For example, current Medicare provisions, with the exception of the COAG s19(2) exemption, do not allow midwives working in public hospital settings to acquire an MBS provider number; therefore, they are unable to order diagnostic tests where the cost is offset to the Commonwealth government.

For graduates of a combined nursing/midwifery degree as a registered midwife they could prescribe, however as a registered nurse they couldn't. At times it may not be clear which role the individual is practicing in

Question 5

Do the draft accreditation standards cover the required knowledge, skills, and attitudes to ensure that the graduate meets the NMBA

Yes

Question 6

Are there any additional criteria that should be included?

No

Question 7

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

The specific inclusion of perinatal mental health/ bereavement/ family violence when there are no other specific topics listed in the standards. Is this implicit in 'holistic care'?

Question 8

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

Question 9

Are there further issues that should be addressed in the revisions of the Midwife Accreditation Standards that have not been discussed so far in the consultation process?

No