

Accreditation standards review

Written submission form

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To whom it may concern.

Thank you for the opportunity to respond to the 'Review of Midwife Accreditation Standards' Consultation Paper Version 3.

Please find my response to the consultation questions below.

Question	Response
<p>Question 1: The educational preparation for prescribing outlined in the draft accreditation standards will prepare graduates to safely prescribe scheduled medicines within the scope of midwifery practice.</p> <p>Please indicate your agreement/disagreement with this statement using the following options.</p>	<p>NO –</p> <p>Due to the lack of experience in clinical knowledge and skills as a whole across midwifery practise, is there enough background knowledge to link practise together after a 12 month diploma. Especially in high risk situations in midwifery where there may be co-morbidities or complex issues.</p> <p>Most organisations do not allow midwives to prescribe, therefore unless planning on private practice;</p> <p>Majority of post grads have less than the required 5000 hours of midwifery practise – would this affect the intake requirements for the program? As well as the ability to utilise the qualification within a certain time frame.</p>
<p>Question 2 (page 20)</p> <p>Do the draft accreditation standards cover the required knowledge, skills and attitudes to ensure that the graduate meets the NMBA Midwife standards for practice?</p>	<p>Yes it does, the Coce's provide and excellent knowledge base and exposure to the holistic care provided to women throughout the antenatal, intra partum & Post natal period. It seamlessly ties all areas together, and demonstrates the importance of collaborative and continuity of care.</p>
<p>Question 3(page 20) Please provide any other feedback about the content of the draft standards.</p>	
<p>Question 4 (page 20) 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?</p>	<p>Further study / practical on fetal surveillance, antenatal and intrapartum monitoring.</p> <p>Eg – Case studies and regular CTG reviews – provide by the university, suturing theory and practical workshops would be of benefit to emerging midwives. Importance of perineal care, pelvic floor anatomy – the importance of caring for the pelvic floor during pregnancy – physiotherapist input would be beneficial. All of the above can then be revisited by hospital educators.</p>

Question 5 (page 20) Any additional feedback?	? do some obstetric emergencies need a brief introduction to situations like PPH/shoulder dystocia & pre-eclampsia. Majority of post graduates students are exposed to birth suite on a weekly basis and often have no theoretical knowledge, and can be quite overwhelming.

Thank you for the opportunity to provide feedback on this current draft,