

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 1.

Please find our response to the consultation questions below.

Question 1: Please indicate your agreement/disagreement with the following statement. The midwife accreditation standards should continue to specify that students complete a minimum number of supervised midwifery practice experiences.

*Strongly Disagree Disagree Unsure/Don't Know **Agree Strongly Agree***

In the space provided please provide a rationale for your choice.

I agree with the statement that 'The midwife accreditation standards should continue to specify that students complete a minimum number of supervised midwifery practice experiences. Experiences (rather than set hours) are preferred. Hours do not always reflect experience (for example, a student may spend many hours in a birth suite but there may be few or no women in labour). However, I have examined the 'clinical' books of students who have had very little time in some areas, especially antenatal clinics (midwifery or medical). When I look at their antenatal experiences for example, most seem to be assessment of hospitalised women or women presenting for AN CTGs in the third trimester. I have also noted a reduction of intrapartum hours with the current standards. With competition for intrapartum clinical placements I am concerned that students are 'catching babies' and are spending full shifts in birthing areas.

I support the current Standards in relation to minimum requirements for antenatal care (100 episodes); complex care (40 women); and postnatal care (100 episodes).

However, being primary accoucheur for 30 spontaneous vaginal birth is increasingly difficult. This requirement limits the students regional services can accommodate, despite considerable workforce issues.

Question 2

How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Midwives should be able to meet the full scope of practice at a beginning level and these new standards provide an opportunity to ensure that occurs. However, I would like to see more supportive programs offered during the 'graduate year' that meet the needs of those midwives who want to practice in more independent roles in terms of mentoring and support.

Question 3

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

My understanding is that IPL is adequately addressed in the current standards and that no change is required.

Question 4

What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

In relation to Continuity of Care experiences (COCEs), I support students undertaking COCEs in their programs given the strong evidence of benefit of CoC for women.

In my experience, two aspects CoCEs create hardships for students. For regional/ rural students, it is often not feasible (no childcare/ other caring responsibilities) or safe for them to travel (driving long distances on rural roads at night) to attend the majority of CoCE women's births. To overcome difficulty with this, students strategically limit recruitment to those women with planned caesarean births. Potential students may have the capacity to undertake the course in other respects, but this requirement can be almost impossible for them to meet unless they recruit women having planned births (IOL or C/S).

A reduction in the number of CoCEs should be considered. Students enjoy and benefit from the experiences but express that they can only really focus on a 'few' and the 'others' they approach strategically (women hospitalised in the AN period and/or booked for C/S). COCEs are a relational experience and fewer may support a greater depth and quality of relationship with women.

Thank you for the opportunity to contribute to the Standards Review.