

Ms Fiona Stoker,  
CEO  
Australian Nursing & Midwifery Accreditation Council  
Via email: [standardsreview@anmac.org.au](mailto:standardsreview@anmac.org.au)



Dear Ms Stoker,

**Re - NMAC review of Midwifery Accreditation Standards – response submitted on behalf of Women’s Healthcare Australasia (WHA)**

Thank you for the opportunity to provide comment on the consultation paper related to this review. As you are aware, Women’s Healthcare Australasia (WHA) is a peak body of more than 120 maternity units across Australia ranging from the largest tertiary hospitals to small rural services. WHA consulted with Directors of Nursing and Midwifery from across our membership, including a group who attended a face to face meeting in Sydney to discuss the questions raised in the consultation paper. There was representation from Queensland, New South Wales, Australian Capital Territory, Victoria, and Western Australia at the meeting. Input from other jurisdictions has been obtained via email.

**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.**

Response: Strongly Agree

**Please provide a rationale for your choice**

There was no support for reducing the current minimum number of midwifery practice experiences, which the Directors of Nursing & Midwifery, as employers of graduates, believe are appropriate and meeting the needs of the sector. There were a number of additional suggestions for consideration.

Minimum experiences currently:

- 10 CoC experiences – This experience is reflective of contemporary maternity care. Midwifery Group Practice models are now commonplace in public maternity hospitals and most services are looking to expand their continuity of care offering when they can obtain enough workforce. Most services that do not yet have MGPs are looking to establish them in the short to medium term, as it is recognised that this model is evidence based and beneficial for women. Preparation of students in continuity of care is essential to the future workforce requirements of the maternity care sector.
- 100 antenatal episodes of care – No change recommended.
- 30 - spontaneous vaginal births – The importance of retaining experience in spontaneous vaginal birth was acknowledged as critically important. This is however becoming increasingly difficult in some tertiary hospital settings with rates of intervention in labour and birth on the rise across the country.

- 10 direct care for women who did not have a spontaneous vaginal birth – No change recommended.
- 40 care of women with complex needs – While the achievement of this experience is not difficult in most metropolitan hospitals, this is not necessarily the same in rural settings. There needs to be greater consideration of ways to provide this experience to avoid students having to travel significant distances, which may impact on future recruitment of midwives in these areas of need.
- 100- post natal focus on b/f, sexual and reproductive health – There needs to be a stronger focus on early parenting in the postpartum period.
- Experiences in women’s health and sexual health - Additional experiences in gynaecological health would be beneficial as midwives often work in this area of practice.
- Experience of assessing women at 4-6 weeks postpartum - Given the opportunities to introduce new models of care inclusive of child health, it was suggested that consideration be given to including a minimum requirement for some experience in community child health. This would better address this practice requirement.
- 20 examinations of newborn infant – No change recommended
- Experiences in care of the neonate with special care needs - It would be helpful to specify a minimum number or more detail concerning this experience. Midwives are increasingly being expected to work in special care nurseries in some areas.

Other recommendations provided by the Directors of Nursing & Midwifery include:

- Midwives need to be better prepared to undertake a range of clinical skills including cannulation and perineal suturing.
- There should be more detailed content that covers pharmacotherapeutics to better prepare midwives for future endorsement.
- It was agreed that a minimum of 12 months was required for midwifery programs for Registered Nurses.
- The current ratio of 50% theory and 50% practice should be amended to 40% theory and 60% practice.

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

The full scope of practice is flexible in different practice environments. It is important that the Standards are not overly prescriptive to allow for this variation.

The midwife’s increasing involvement in perinatal mental health care needs to be specifically emphasised within the curriculum. There is rising need for perinatal mental health care in Australia, with limited access for pregnant women and mothers of newborns to appropriate care. Maternity services are increasingly needing to provide mental health care, and are interested to see midwives being able to gain appropriate education and training to meet this need. It is hoped that this may assist with addressing the current differences between jurisdictions concerning midwives who, if they are not also Registered Nurses, have difficulty accessing postgraduate education and being able to provide care to women in this area of need.

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

There was strong support for inter-professional learning with a suggestion to strengthen links with simulation as an educational strategy. There was no support for the replacement of any clinical hours with simulation activities as there is insufficient evidence available to support this at the present time.

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

There was strong support for ensuring that the Head of Discipline at universities providing undergraduate midwifery education must be a Midwife.

The responsibilities of the education providers in preparing midwives as supervisors requires more detailed explanation. Quite a few hospitals report finding university midwifery supervisors to be themselves lacking in current experience in a clinical setting, and/or ineffectual in the provision of meaningful supervision to students on clinical placement. The Directors believe there is a need for clearer guidance from the regulator on the responsibilities of universities in ensuring competent and effective supervision is provided by their staff.

The current Standards mention that up to 1/5th of the program can be completed offshore. Directors agreed this provision should not be increased, as it is important for employers to be able to have confidence in the educational preparation of graduates based on the Australian midwifery accreditation standards.

Thank you for the opportunity to provide comment. Please don't hesitate to contact our representative, Ms Janice Butt, Coordinator Midwifery & Nursing Staff Development, Head of Department, Nursing & Midwifery Education & Research, KEMH; Adjunct Teaching Fellow, School of Nursing & Midwifery, Curtin University, if you would like more information on any of the above.

Yours sincerely,



Dr Barb Vernon  
Chief Executive Officer  
Women's Healthcare Australasia

10 July 2019

Yours Sincerely,



Dr Barbara Vernon  
Chief Executive Officer  
Women's Healthcare Australasia

