

## **Responding to the changing landscape: Australian midwifery**

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# Responding to the changing landscape: Australian midwifery



**Mary Sidebotham** explains why there has never been a better time to be a midwife in Australia

**SUMMARY** The maternity reform agenda within Australia has seen a considerable shift in the last decade towards recognition of the role of the midwife and promotion of midwifery care. The current legislative changes and focus on providing woman centred models of care have created unprecedented opportunities for midwives to rise to the challenge and work to the full scope of practice of a midwife. Changes to maternity service delivery and the educational preparation of midwives have been accompanied by growing recognition of the distinction between nursing and midwifery. As a result midwifery in Australia is in transition, moving from a position of submersion within nursing to one of a strong well educated autonomous profession with a defined scope of practice. This paper examines the changing landscape of midwifery in Australia within three areas: regulation, education and practice.

**Keywords** Education, regulation, midwifery practice, reform

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## Regulation

In 2009 the introduction of new legislation brought midwifery regulation under the umbrella of the Australian Health Practitioner Regulation Agency (AHPRA). Midwives had to meet stringent practice requirements in order to re-register. Whilst many dual qualified nurse/midwives are now struggling to meet the ongoing regulatory requirements for each profession, this legislative change has strengthened the position of midwifery and validated the uniqueness of the profession. Additional regulation was introduced on 1 November 2010, which gave eligible midwives access to specific items in the Medicare Benefits Schedule and access to a limited list of items under the Pharmaceutical Benefits Scheme. Midwives in Australia

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now have the option to apply to AHPRA for notation as a Medicare eligible midwife. Eligible midwives can work independently, providing they are insured, and Australia currently offers two products to midwives wishing to take up this option.

## Education

The National review of maternity services (Bryant 2009), recognised the need to appropriately prepare and support the midwifery workforce in meeting the changing needs of Australian women accessing maternity care. In 2010 National midwifery education standards were introduced and all education providers since then have had to demonstrate how their programmes incorporate the clinical practice requirements which include 20 follow through or continuity of care experiences (Australian Nursing and Midwifery Council (ANMAC) 2010). This requirement enables students to experience caseload care within their programme and come to understand the realities of working in partnership with women. The early findings from

the Bachelor of Midwifery programme at Griffith University are that it is this experience that is pivotal in shaping the student's sense of identity and purpose. By undertaking continuity of care, students are provided with the opportunity to learn how to juggle the competing demands of work, study and home life and this enables them to plan for their future midwifery career (Carter 2012).

The introduction of the mandatory education standards and resulting increase in clinical practice requirements has resulted in a decrease in the number of universities offering a short post registration course leading to a qualification in midwifery. As a result there are more students enrolling in undergraduate Bachelor of Midwifery degrees. While there is some debate within Australia regarding the need to retain short programmes offering nurses the opportunity to become qualified in midwifery in order to meet workforce demands, there is a growing awareness that in order to meet the ongoing maternity reform agenda, we need to produce graduates able and willing to work to the full scope of midwifery practice within caseload models. As more midwives educated through the direct entry programmes

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enter the workforce, the doubts expressed by some "that they still need to do nursing first" will erode as they have in the UK and New Zealand, both of which have successfully transitioned to this model.

### Practice

The Australian Government is committed to improving maternity care in Australia by providing greater choice and access to maternity services for Australian women and their families. The National maternity plan confirms the commitment to providing a range of choices for women, centred on the principles of supporting choice and providing continuity of care:

*Continuing to provide a range of maternity care options, including home birth, is a priority of the Plan. Continuity of carer, a wellness paradigm, and woman centred care using primary healthcare principles have also been identified as important features of maternity care for all women (Department of Health and Ageing (DOHA) 2010).*

There is growing evidence within Australia of the benefits in providing care within a continuity model. Work undertaken at the Gold Coast Hospital comparing caseload care with standard care for low risk women reports improved clinical outcomes and decreased costs within the caseload model (Turkstra et al 2010). The Cosmos trial – a large randomised controlled trial examining the influence that model of care has on birth outcomes for low risk women reported that "women allocated to caseload were less likely to have a caesarean section (19.4 per cent versus 24.9 per cent; risk ratio[RR] 0.78; 95 per cent CI 0.67–0.91; P = 0.001);". The authors concluded that "In settings with a relatively high baseline caesarean section rate, caseload midwifery for women at low obstetric risk in early pregnancy shows promise ▶



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## There has never been a better time to be a midwife in Australia – it is a time of challenge and needs sustained effort to keep the momentum of reform growing

for reducing caesarean births” (McLachlan et al 2012: 1487). Women are becoming more aware of the advantages of accessing caseload care and as more eligible midwives move into private practice there is the potential for midwives to increase their presence and attract privately insured women. Currently 30 per cent of women access private obstetric care in Australia and they have a significantly increased risk of undergoing an interventionist birth (Dahlen et al 2012). Midwives working within the private hospital system currently have little opportunity to affect these outcomes as women have a contractual agreement with the obstetrician. Many midwives have aired their frustration with this system (Sidebotham and Ahern 2011) but until private hospitals invite midwives in private practice to bring their clients into the private hospital system by offering them visiting rights, it is unlikely to change. There has been a major delay in moving the reform agenda forward because of the introduction of a requirement for eligible midwives to have a collaborative agreement with an obstetrician. Up to August 2012 Toowoomba public hospital was the only hospital in Australia with a collaborative agreement with midwives in private practice. The refusal by most

obstetricians to enter into agreements with midwives has hampered the ability of women to receive ongoing midwifery care from their private midwife when birthing in hospital, and has also prevented them from accessing the Medicare birth rebate. Since the announcement of reform to the requirements for collaboration, another two public hospitals in Queensland have agreements with privately practising midwives and it is hoped the other states will follow.

Midwives in private practice in Australia do have access to an insurance product - a requirement of registration - but they are not currently insured for providing home birth services. As the Government recognises this is a real choice for some women, there is currently a period of exemption until a suitable insurance product can be sourced. Home birth remains an area that sparks controversy and debate in Australia with media sensationalisation of tragic cases and a continued refusal by some states to provide access to women through the public birthing models. Recently, though, a public home birthing service was introduced in Mullumbimby in New South Wales and this model will be used to draft proposals in other states.

### Conclusion

Australian midwifery is growing in reputation internationally and taking its place on the world stage of influence. With strong leaders at the helm and a growing membership of the Australian College of Midwifery we are working alongside women and making change happen. There has never been a better time to be a midwife in Australia – it is a time of challenge and needs sustained effort to keep the momentum of reform growing. Essential to success is the nurturing of our new graduates and the pioneering midwives moving out into private practice. It is vital that as midwives, now more than ever, we stand together,

claim our midwifery identity, recognise our uniqueness, celebrate our potential and bravely step forward to claim our place – beside women. **TPM**

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