



Midwifery practice position statement

1. Purpose

This position statement affirms the importance of midwifery practice in Australia and the Australian Nursing and Midwifery Federation's (ANMF) position on the limited role of non-midwives in providing emergency care.

2. Definitions

In Australia, a **midwife** is a person who is registered to practice midwifery and use the title 'midwife' because they have successfully completed a midwifery education program approved by the Nursing and Midwifery Board of Australia (NMBA) and based on:

- the International Confederation of Midwives (ICM) *Essential competencies for basic midwifery practice*
- the ICM *Global standards for midwifery education*.^{1,2}

A midwife may practise in any setting including the home, community, hospitals, general practice clinics and health units.

3. Context

Midwifery practice encompasses the care of women and their families during pregnancy, birth, and the postnatal period, as well as care of the newborn until at least six weeks of age.

In Australia, midwives are regulated under the *Health Practitioner National Law Act 2009* and required to practice within the NMBA professional practice framework, which includes registration standards; professional standards for practice; codes; guidelines; and frameworks.^{3,4,5}

In some states and territories, undergraduate midwifery students may be employed as assistants in midwifery. They are delegated aspects of midwifery care by midwives and provide that care under the direct or indirect supervision of midwives.

Midwives may be eligible to apply for endorsement for scheduled medicines after successfully completing approved postgraduate education.

¹ International Confederation of Midwives. 2017. *International Definition of the Midwife*. Available at: https://www.internationalmidwives.org/assets/files/definitions-files/2018/06/eng-definition_of_the_midwife-2017.pdf.

² International Confederation of Midwives. ICM Position statements. Available at: <https://www.internationalmidwives.org/our-work/policy-and-practice/icm-position-statements/>.

³ Nursing and Midwifery Board of Australia 2021. Registration standards. Available at <https://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>.

⁴ Nursing and Midwifery Board of Australia. 2021. Professional codes and guidelines. Available at <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements.aspx>.

⁵ Nursing and Midwifery Board of Australia. 2018. Midwife standards for practice. Melbourne: NMBA. Available at <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/Midwife-standards-for-practice.aspx>.



4. Position

Scope of practice

It is the position of the ANMF that:

1. Midwives are the optimal providers of midwifery care.
2. Midwives are registered by the NMBA and must meet and comply with the NMBA *Midwife standards for practice*; the NMBA *Code of conduct for midwives*; the ICM *International code of ethics for midwives*; and the NMBA *Decision making framework*.^{6,7,8}
3. Midwives have the skills and knowledge to help women prepare for pregnancy, childbirth, and the postpartum period; and to provide care for the woman, her family, and her newborn until the newborn is at least six weeks of age.
4. Midwives practice in collaborative therapeutic relationships with women and their families and the broader health system to promote health and wellbeing.
5. As providers of primary healthcare, midwives offer services that are respectful, relevant, accessible, culturally safe and affordable.
6. Their practice is person-centred and evidence-based and involves physical, mental, social, cultural and spiritual care as well as supporting the person's family and friends as needed. Practice is not restricted to the provision of clinical care.
7. Midwifery practice is particularly important for Aboriginal and Torres Strait Islander women. It can help reduce perinatal mortality and morbidity, closing the gap in reproductive and other health outcomes related to pregnancy, birth and longer-term health.

Non midwives

It is the position of the ANMF that:

8. Registered nurses who are not midwives may provide care for pregnant or birthing women in emergency or exceptional circumstances when there is no midwife or doctor available.
9. Supportive, evidence-based information and guidance should be available for registered nurses when there is no midwife available. There should be appropriate and timely referral to a midwife or doctor following care given by the registered nurse.
10. Registered nurses who are not midwives may only provide maternity care delegated to them, in accordance with their state or territory legislative requirements, and under a care plan developed by a midwife responsible for the individual woman's care.
11. During birthing, the birthing woman may be accompanied by an unregulated birth attendant such as a doula to help and support the woman and partner. The doula does not assist the midwife. At all times, the midwife is responsible and accountable for the midwifery care provided.

⁶ Nursing and Midwifery Board of Australia. 2018. *Code of Conduct for Midwives*. Available at: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>.

⁷ International Confederation of Midwives. 2014. *International Code of Ethics for Midwives*. Available at: <https://www.internationalmidwives.org/assets/files/definitions-files/2018/06/eng-international-code-of-ethics-for-midwives.pdf>.

⁸ Nursing and Midwifery Board of Australia. 2013. *A national framework for the development of decision-making tools for nursing and midwifery practice*. Melbourne. NMBA. Available at: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx>.



Education and workforce planning

It is the position of the ANMF that:

12. Midwives should lead evidence-based midwifery workforce planning that is informed by national data collection, to ensure safe, quality services that offer a range of choices in their mode of delivery.
13. Midwifery courses leading to registration as a midwife must be developed with the professional and industrial bodies that represent midwives.
14. Students of midwifery must have access to high quality clinical education that is supervised and assessed by midwives and prepares them for safe and collaborative practice in all aspects of maternity care.
15. Re-entry to practice, supervised practice, and refresher programs should be readily available to meet the individual learning needs of a midwife returning to midwifery practice. These programs should be flexible and include an option for distance education and locally arranged clinical placements.

Industrial arrangements

It is the position of the ANMF that:

16. All midwives should be able to access professional indemnity insurance.
17. Privately practising midwives should have access to workable arrangements to facilitate collaborative practice with hospital and health services.
18. Industrial agreements should accommodate different models of midwifery care, including continuity of care midwifery models.

5. Position statement management

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