



Australian
Nursing &
Midwifery
Federation

Submission to the Public Consultation by the Nursing and Midwifery Board of Australia on the NMBA Midwife standards for practice

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Introduction

Established in 1924, the Australian Nursing and Midwifery Federation (ANMF) is the largest professional and industrial organisation in Australia for nurses, midwives and assistants in nursing. With Branches in each State and Territory, the core business of the ANMF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership now standing at over 259,000 nurses, midwives and assistants in nursing, our members are employed across all urban, rural and remote locations, in both the public and private health and aged care sectors.

Currently, the ANMF represents the largest number of midwives in the country, with over 20,000 members registered as midwives. This is almost two thirds of all registered midwives in Australia, according to the total number of 33,422 shown in the March 2017 statistics for the Nursing and Midwifery Board of Australia (NMBA)¹.

The ANMF takes a leadership role for the nursing and midwifery professions by participating in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, workplace health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

With a strong midwifery membership, we welcome the opportunity to provide response to this public consultation on the NMBA's draft *Midwife standards for practice*. In order to assure the public of safe and competent practice by midwives, it is imperative the standards for practice document be clear in intent, signify a contemporary evidence-base for midwifery practice, and, abide by legal parameters.

The ANMF's feedback on the NMBA's draft *Midwife standards for practice*, is provided against the questions posed in the online survey for this consultation.

¹ NMBA Website: <http://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx>

ANMF Response to Consultation Questions

Introduction. Do you have any comments about the introduction to the Standards? Please provide a reason for suggested amendments.

The introduction reads well and provides several clear principles under which the midwifery profession is practised within the regulatory framework of the National Law. A comprehensive overview of the midwife is provided including the governing and internationally accepted definition; the evidence-base for practice; and, the recognition of history and culture to health and well-being, given the diversity of ethnic backgrounds of people living within Australia.

With regard to the international definition of the midwife, it should be noted that this document has most recently been revised and adopted by the International Confederation of Midwives (ICM) at the Toronto council meeting in 2017. While the wording in the ICM document has not been altered, the ANMF draws this to your attention as the reference on page 7 under 'Introduction' needs to be amended accordingly².

The criticality of promoting culturally safe midwifery care is an important inclusion up front in the introduction, and especially the acknowledgement by midwives of the impact of colonisation on the cultural, social and spiritual lives of Australia's First Nations' peoples. The addition of a footnote here would be useful to specifically direct the reader to the definition of 'cultural safety' in the Glossary, due to the importance of understanding of this term by midwives.

The introduction sets the expectation for responsible and accountable midwifery care, irrespective of context of practice, highlighting clinical and non-clinical roles taken by midwives.

Use and purpose. How effective is the explanation of the use of the Standards? Please provide a reason for suggested amendments.

The section on the purpose and use of the Standards is clear with a necessary emphasis on the fact that these standards for practice apply to 'all midwives across all areas of

² International Confederation of Midwives. *International Definition of the Midwife*. ICM Website: http://internationalmidwives.org/assets/uploads/documents/Position Statements-English/New Position Statements in 2014 and 2017/ENG Definition_of_the_Midwife 2017.pdf

practice'. The dot points add clarity to the use of the Standards within, and external to, the midwifery profession. (Note: at the end of the first sentence 'practise' needs to be changed to 'practice').

Second dot point: remove 'and new graduate performance' – As all midwives are assessed in the same way there is no difference between assessment of a newly graduated midwife and other midwives.

The ANMF considers there are valuable words from the definition of 'Standards for practice' in the Glossary which should be added here, to further strengthen this section.

In relation to other documents to be read in conjunction with these Standards, reference should be made in Footnote 5 in this section to the NMBAs *Safety and quality guidelines for privately practising midwives* (<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.asp#guidelinesforregistrationstandards>).

Standards figure. Does the Standards figure make the relationship between the Standards easier to understand?

The Standards figure (Figure 1) provides consistency with the other NMBA standards for practice. It is a concise visual representation of the interwoven nature and connectedness of the standards expected of a midwife in their practice.

The commentary preceding the Standards figure aids in understanding the diagram and interpretation of the Standards criteria statements that follow.

Standard 1. *Promotes evidence-based maternal health and wellbeing.*

Do you have any comments about Standard 1? Please provide a reason for suggested amendments.

This standard is clear, covers important elements and is supported.

Standard 1 criteria. Do you have any comments about the eight Standard 1 criteria? Please provide a reason for suggested amendments.

The criteria detailed demonstrate the standard.

Standard 2. *Engages in respectful partnerships and professional relationships.*

Do you have any comments about Standard 2? Please provide a reason for suggested amendments.

As stated in the 'Purpose' section, these Standards are used to assess practice. It is difficult to assess kindness and compassion.

To demonstrate the importance of the relationship with the woman, the last sentence should read: 'These relationships, **centred on the woman**, are conducted within a context of mutual trust, respect and cultural safety'. (inclusion in bold)

Standard 2 criteria. Do you have any comments about the nine Standard 2 criteria? Please provide a reason for suggested amendments.

Criterion 2.1: perhaps 'support the choices of the woman...' is problematic for the midwife in that their choices may be outside of prevailing evidence. However, while the midwife may not be able to 'support' choices she/he can still 'respect' decisions made by the woman and her family despite these being contrary to evidence. Preferred wording would be: '**respects** the choices made by the woman, their family and community in relation to maternity care, providing support to enable safe care'

Criterion 2.2 should be amended to read: 'Uses midwifery knowledge to partner with women...'. The rationale is that it is important the Standard confirms the nature of the relationship between the woman and the midwife is a professional one.

Criterion 2.4: Change 'gender orientation' to 'gender identity' and include 'relationship status'.

Criterion 2.5 should be amended to state: 'recognises own attitudes, biases, and values and their potential impact on practice, and promotes cultural safety in practice that is holistic, free of bias and exposes racism'.

Standard 3. *Demonstrates the capability and accountability for midwifery practice.*

Do you have any comments about Standard 3? Please provide a reason for suggested amendments.

This standard is clear, separates out the two aspects of accountability of midwives, and is supported.

In the first sentence, an amendment from 'women' to 'woman' is required.

The footnote on the first page states that the word 'woman' is "understood to be inclusive of the woman's baby, partner and family". For consistency then, it seems unnecessary to state here that the midwife is 'accountable to the woman and their baby'.

Standard 3 criteria. Do you have any comments about the seven Standard 3 criteria? Please provide a reason for suggested amendments.

The criteria detailed demonstrate the standard.

Criterion 3.1: replace 'his/her' with 'their'.

Standard 4. *Undertakes comprehensive assessments.*

Do you have any comments about Standard 4? Please provide a reason for suggested amendments.

This standard is clear, concise and is supported.

Standard 4 criteria. Do you have any comments about the four Standard 4 criteria? Please provide a reason for suggested amendments.

Criterion 4.1 requires clarification: – 'works in partnership'. This should refer to both professional multidisciplinary relationships as well as the midwife's relationship with the woman.

A criterion could be added that addresses the importance of the midwife conducting assessments that are holistic as well as culturally appropriate, to ensure all assessments are underpinned by cultural considerations.

Criterion 4.4: should read 'assesses the resources that are available to inform planning **for midwifery care**'. (inclusion in bold)

Standard 5. *Develops a plan for midwifery practice.*

Do you have any comments about Standard 5? Please provide a reason for suggested amendments.

This standard is clear, concise and is supported.

The ANMF does have one suggestion to strengthen the Standard as follows: 'The midwife **accesses and** analyses all relevant information...'. (inclusion in bold). The rationale is that it is the midwife's responsibility to seek the woman's consent to access all past health history that may be relevant to this pregnancy.

Standard 5 criteria. Do you have any comments about the four Standard 5 criteria? Please provide a reason for suggested amendments.

The criteria detailed demonstrate the standard.

Standard 6. *Provides safe and quality midwifery practice.*

Do you have any comments about Standard 6? Please provide a reason for suggested amendments.

This standard is clear, concise and is supported.

Standard 6 criteria. Do you have any comments about the five Standard 6 criteria? Please provide a reason for suggested amendments.

The criteria detailed demonstrate the standard.

Criterion 6.5: There is a lot of information in this sentence. Suggest separating parts of it for clarity. Midwives need to be aware of their own education, skills and competence and only accept allocation or delegation that is within their scope of practice. The Glossary has a definition for 'allocation or assignment' – the word 'assignment' needs to be included here or removed from the Glossary.

Standard 7. *Evaluates outcomes to improve midwifery practice.*

Do you have any comments about Standard 7? Please provide a reason for suggested amendments.

This standard is clear, concise and is supported.

Standard 7 criteria. Do you have any comments about the three Standard 7 criteria? Please provide a reason for suggested amendments.

The criteria detailed demonstrate the standard.

The next section relates to the proposed Glossary.

Please provide comment on the definition and inclusion of each key term.

Accountability means that midwives answer to the people in their care, the NMBA, their employers and the public. Midwives are accountable for their decisions, actions, behaviours and the responsibilities that are inherent in their midwifery role. Accountability cannot be delegated. The midwife who delegates activities to be undertaken by another person remains accountable for the decision to delegate, for monitoring the level of performance by the other person, and for evaluating the outcomes of what has been delegated (Nursing and Midwifery Board of Australia 2013). See below for the related definition of 'Delegation'.

Comment: Supported.

Allocation or assignment is different from delegation and involves asking another person to provide care on the assumption that the required care activities are normally within that person's responsibility and scope of practice. See also the definition of delegation below and the NMBA's National framework for the development of decision-making tools for nursing and midwifery practice (Nursing and Midwifery Board of Australia, 2013).

Comment: Supported.

Criteria in this document refer to the expectations of the actions and behaviours of the midwife that demonstrate these *Midwife standards for practice*.

Comment: Supported.

Collaboration or collaborate refers to all members of the health care team working in partnership with women and other consumers of midwifery practice, and each other to facilitate access to the highest standard of health care. Collaborative relationships depend on mutual respect. Successful collaboration depends on communication, consultation and joint decision making within a risk management framework, to enable appropriate referral and to ensure effective, efficient and safe health care (Nursing and Midwifery Board of Australia, 2013, p. 16).

Comment: Supported. The term 'collaborative practice' is used in 2.8 so perhaps should be included.

Consultation or consult refers to the seeking of professional advice from a qualified, competent source and making decisions about shared responsibilities for care provision. It is dependent on the existence of collaborative relationships, and open communication, with others in the multidisciplinary health care team (Nursing and Midwifery Board of Australia, 2013, p. 16).

Comment: Supported.

Continuity of care in health is generally concerned with the cooperative achievement of quality care over time. Midwife continuity of care refers to a continuous woman-centred relationship provided to the woman by a known midwife or midwives.

Comment: Supported.

Cultural safety was developed in a First Nations' context and is the preferred term for midwifery and nursing. Cultural safety is endorsed by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), who emphasise that cultural safety is as important to quality care as clinical safety. However, the 'presence or absence of cultural safety is determined by the recipient of care, it is not defined by the caregiver (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, 2014, p.9).

Cultural safety is a philosophy of practice that is about how a health professional does something, not [just] what they do. It is about how people are treated in society, not about their diversity as such, so its focus is on systemic and structural issues and on the social determinants of health. Cultural safety represents a key philosophical shift from providing care regardless of difference, to care that takes account of peoples' unique needs. It requires nurses and midwives to undertake an ongoing process of self-reflection and cultural self-awareness, and an acknowledgement of how a nurse's/midwife's personal culture impacts on care.

In relation to Aboriginal and Torres Strait Islander health, cultural safety provides a decolonising model of practice based on dialogue, communication, power sharing and negotiation, and the acknowledgement of white privilege. These actions are a means to challenge racism at personal and institutional levels, and to establish trust in health care encounters (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, 2017a, p.11).

In focusing on clinical interactions, particularly power inequity between patient and health professional, cultural safety calls for a genuine partnership where a power is shared between

the individuals and cultural groups involved in health care. Cultural safety is also relevant to Aboriginal and Torres Strait Islander health professionals. Non-Indigenous nurses and midwives must address how they create a culturally safe work environment that is free of racism for their Aboriginal and Torres Strait Islander colleagues (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, 2017b).

Comment: Supported with one amendment. Suggest replacing 'patient' in the paragraph above with 'person receiving care'.

Delegation is the relationship that exists when a midwife devolves aspects of midwifery practice to another person. Delegations are made to meet the woman and her baby/ies' health needs. The midwife who is delegating retains accountability for the decision to delegate. The midwife is also accountable for monitoring of the communication of the delegation to the relevant persons and for the practice outcomes. Both parties share the responsibility of making the delegation decision, which includes assessment of the competence and risks. For further details see the NMBA's National framework for the development of decision-making tools for nursing and midwifery practice (Nursing and Midwifery Board of Australia, 2013).

Comment: Supported.

Evidence-based practice involves accessing and making judgements to translate the best available evidence into practice. Evidence-based practice is based on the most current, valid, and available research.

Comment: Supported.

Midwife is a person with prescribed educational preparation and competence for practice who is registered by the Nursing and Midwifery Board of Australia. The Nursing and Midwifery Board of Australia has endorsed the ICM definition of a midwife and applied it to the Australian context.

The International Confederation of Midwives define a midwife as 'a person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery. The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during

pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care' (International Confederation of Midwives, 2011, p.1).

Comment: Supported. Reference needs to be amended as per previous ANMF comment.

Person/people refers to those individuals who have entered into a therapeutic and/or professional relationship with a midwife. These individuals will sometimes be health care consumers, at other times they may be colleagues or students, this will vary depending on who is the focus of practice at the time. Therefore, the words person or people include all the women, newborn, infants, clients, consumers, families, carers, groups and/or communities, however named, that are within the midwife's scope and context of practice.

Comment: Supported

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a midwife. Practice is not restricted to the provision of direct clinical care. It also includes working in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/ or use of their professional skills' (Nursing and Midwifery Board Australia, 2016b).

Comment: Supported.

Primary health care principles include improving access and reducing inequity, increasing the focus on health promotion and prevention, screening and early intervention, and improving quality, safety, performance and accountability (Australian Health Ministers' Conference, 2011, p. 78).

Comment: Supported.

Professional relationship is an ongoing interaction that observes a set of established boundaries or limits that is deemed appropriate under governing standards. The midwife is

sensitive to a person's situation and purposefully engages with them using knowledge and skills with respect, compassion and kindness. In the relationship, the person's rights and dignity are recognised and respected. The professional nature of the relationship involves recognition of professional boundaries and issues of unequal power (Nursing and Midwifery Board Australia, 2017).

Comment: Supported.

Referral involves a midwife sending the person to obtain an opinion or treatment from another health professional or entity. Referral usually involves the transfer (all or in part) of responsibility for the care of the person, usually for a defined time and for a particular purpose, such as care that is outside the referring practitioner's expertise or scope of practice od (Nursing and Midwifery Board of Australia, 2017).

Comment: Supported.

Scope of practice refers to the boundaries within which the profession of midwifery is educated, competent and permitted to perform by law. The actual scope of the individual midwife's practice will vary depending on the context in which the midwife works, the health needs of women and baby/ies in her care, the level of competence and confidence of the midwife and the policy requirements of the service provider (Nursing and Midwifery Board of Australia, 2016a; Nursing and Midwifery Board of Australia, 2013).

Comment: Supported.

Standards for practice in this document are the expectations of the midwife's practice. They inform the education accreditation standards for midwives, the regulation of midwives and determination of the midwife's capability for practice. These standards guide consumers, employers and other stakeholders on what to reasonably expect from a midwife regardless of the area of practice or years of experience. They replace the previous *National competency standards for the midwife* (Nursing and Midwifery Board Australia, 2006).

Comment: Supported. As stated previously this definition should also be incorporated into the 'Purpose and use of these standards' section of the introduction to the standards for practice for added strength of explanation.

Supervision includes managerial supervision, professional supervision and clinically focused supervision as part of delegation. For details see the NMBA Supervision guidelines for nursing and midwifery (Nursing and Midwifery Board of Australia, 2015).

Comment: Supported.

Woman-centred practice recognises the woman's baby/ies, partner, family and community, and respects cultural and religious diversity as defined by the woman herself. Woman-centred practice considers the woman's individual circumstances, and aims to meet the woman's physical, emotional, psychosocial, spiritual and cultural needs. This care is built on a reciprocal partnership through effective communication. It enables individual decision-making and self-determination for the woman to care for herself and her family. Woman-centred care respects the woman's ownership of her health information, rights and preferences while protecting her dignity and empowering her choices. Woman-centred care is also the focus of midwifery practice in non-clinical settings.

Comment: Supported but with the addition of words on gender diversity to address the issue of persons of non-specified gender, intersex, those who identify as a man, or not as a woman, who may be pregnant and thereby requiring midwifery care.

Also, the last sentence would read better if amended as follows: "Woman-centred care is the focus of midwifery practice in all settings".

Please provide any other comments about the first draft Standards.

The revised NMBA *Midwife standards for practice* are clear, comprehensive but concise, and, easy to read and understand, by those within the midwifery profession and externally – whether other health professionals or consumers of midwifery care services.

The Standards have achieved an excellent balance of being broad enough to be applied to all contexts of midwifery practice but not so general as to result in concepts too abstract and difficult to apply.

There does need to be attention to standardising the language throughout the document, for example, 'woman/women', 'midwife/midwives', and 'their/her'.

Conclusion

The ANMF welcomes the opportunity to provide feedback through this submission to the public consultation for the NMBA *Midwife standards for practice*. We acknowledge the extensive

amount of work undertaken to achieve this stage of a first draft and look forward to further assisting the Board in on-going clarification and refinement towards the final product of providing midwives with contemporary standards to guide their practice.