ANMF COVID-19 RESPONSE GUIDELINE #2

ANMF Priorities for Midwife Workforce Surge Strategies and Principles for Redeployment of Midwives during the COVID-19 pandemic in Australia

ALERT The situation regarding COVID-19 is continually evolving. This response guideline outlines key issues and recommendations as at 1 May 2020. The statement will be updated regularly to reflect issues and strategies from midwifery in response to emerging evidence.

BACKGROUND

Health emergencies put health systems and their ability to deliver health and social care services under strain. Currently, health care services around the globe, including in Australia, are being confronted with increased demand generated by the COVID-19 pandemic. Midwives have a critical role to play in the response to the current emergency.

Midwives are integral to providing essential maternity care services to pregnant, birthing and postpartum women and their families. During infectious disease outbreaks such as COVID-19, they are required to continue to support, protect and advocate for women to receive evidence-based maternity care alongside being at the front line of identifying, managing, and treating women and neonates with confirmed or suspected COVID-19 infection.

In accordance with World Health Organization recommendations[1], an effective COVID-19 response by health systems requires transparent decisions, based on the best available evidence about which health and social care services are essential and which may be postponed, deferred or delivered through different modalities to free up resources:

1. That can be used for the COVID-19 response; and

2. To ensure essential services continue to be safely delivered during the COVID-19 outbreak.

In Australia, this involves the implementation of a series of midwifery workforce surge strategies, which may include redeployment of midwives from their usual area of work or workplace to a different area of work or workplace. To protect pregnant women, neonates and their families, it is essential midwives are not redeployed to high risk COVID-19 areas, and their contact with suspected or confirmed COVID-19 women and/or neonates is limited to those requiring midwifery care. Where midwives hold dual registration as a midwife and a nurse, they should ideally be supported to narrow their scope of practice to a single context of practice to reduce the likelihood of cross infection during the COVID-19 outbreak. If possible, additional employment hours should be offered in the chosen area of practice to enable dual registered nurse/midwives to be employed for their normal hours of work.

Ensuring security, safety and support for all midwives to enable them to provide the best care for the whole community during the time of the COVID-19 health crisis must be the top priority of governments and employers. This includes personal, professional, occupational and financial security and safety.

This guideline sets out the Australian Nursing and Midwifery Federation's (ANMF's) priorities for midwifery workforce surge strategies and principles for redeployment of midwives during the COVID-19 pandemic in Australia.

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[1] World Health Organization. Strengthening the Health Systems Response to COVID-19 Technical guidance #1 Maintaining continuity of essential health care services while mobilizing the health workforce for COVID-19 response (1 April 2020) Available at: http://www.euro.who.int/__data/assets/pdf_file/0007/436354/strengthening-health-systems-response-COVID-19-technical-guidance-1.pdf?ua=1 (Accessed 14 April 2020)

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ANMF PRIORITIES FOR MIDWIFERY WORKFORCE SURGE STRATEGIES

** All strategies employed to surge the midwifery workforce during the COVID-19 pandemic must guarantee that the **right staff, with the right skills are in the right place at the right time to ensure that every individual receives the right care**.*

1. Retain the currently employed midwifery workforce across all sectors and increase workforce capacity by increasing the hours of part-time, casual and temporary staff.

2. Increase the skills of currently employed midwives to be able to provide midwifery care in the context of caring for pregnant, birthing and postpartum women and neonates with positive COVID-19 infection.

3. Recruit midwives, who have recently left the workforce, supported by appropriate regulatory arrangements and refresher training/upskilling, to return to work in an area commensurate with their skills and scope of practice.

4. Increase and fast-track, as appropriate, employment of newly graduated midwives.

5. Where appropriate, employ second and third year undergraduate bachelor of midwifery students, and postgraduate midwifery students in accordance with the Nursing and Midwifery Board of Australia's (NMBA) framework for employment of students in approved programs of study.[2]

6. Increase the hours of work for international students of NMBA approved undergraduate midwifery programs.

ANMF PRINCIPLES FOR REDEPLOYMENT OF MIDWIVES

** All strategies employed to surge the midwifery workforce, including redeployment, during the COVID-19 pandemic must guarantee that **the right staff, with the right skills are in the right place at the right time to ensure that every individual receives the right care**.*

All midwives being deployed must be authorised, competent and confident and educated to practice.

a. Ensure the health, safety and protection of all midwives in frontline health services delivery.

b. Ensure midwives, across all public, private and community sectors, are provided with evidence-based COVID-19 training and access to personal protective equipment.

c. Initiate rapid training mechanisms and necessary supports for key capacities and preparation for redeployment, including diagnosis, triage, clinical management, essential infection prevention and control, and other skills as required.

d. Address industrial and related issues to enable rapid response and assist redeployment, including allocation of financial resources to ensure timely payment of salaries, paid sick and pandemic (quarantine) leave and other entitlements.

e. Ensure physical, emotional and legal protections are in place for midwives redeployed to a midwifery area different from their usual area of practice and are supported by appropriate education, training, mentorship and supervision.

f. Identify domestic support measures (e.g. travel, accommodation, childcare, care of ill or disabled family members) that could enhance midwife flexibility for redeployment.

g. Address work, health and safety concerns relating to COVID-19.

h. Reassign midwives in high risk categories for COVID-19 complications to settings and/or duties that significantly reduce the risk of exposure.

i. Provide training for increased telehealth and telephone support service utilisation by midwives to ensure ongoing support to pregnant and postnatal women, their neonates and families, and to reduce the risk of exposure for midwives, particularly for those in high risk categories for COVID-19 complications.

j. Establish communication platforms that ensure the midwifery workforce is regularly and frequently informed of changes in health service demands, service delivery arrangements, training opportunities etc.

k. Provide mental health and psychosocial supports for midwives employed and redeployed during the COVID-19 pandemic.

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[2] Nursing and Midwifery Board of Australia. COVID-19 Employment of students enrolled in NMBA-approved nursing programs of study [Internet]. Nursing and Midwifery Board of Australia. Canberra, Australia. Updated 31 Mar 2020. Available at: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/COVID19-guidance.aspx (Accessed 14 Apr 2020).

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