Midwifery

Midwives work in consultation with women and their families during pregnancy, birth and postnatal care, for the woman and her newborn. As a provider of primary health care, midwives offer services that are relevant, accessible, safe and affordable to community needs. Midwives practice in a variety of models of care and settings in order to meet the needs of women and their families.

The Australian Nursing and Midwifery Federation (ANMF) supports the definition of a midwife provided by the International Confederation of Midwives.¹

A midwife is a person who has successfully completed a midwifery education programme that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is recognized in the country where it is located; who has acquired the requisite qualifications to be 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.

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

It is the policy of the Australian Nursing and Midwifery Federation that:

1. Childbirth is a normal physiological event, which may have significant physical, physiological, psychological, emotional and social effects for women, their infant(s) and their families.²

2. Midwives have skills and knowledge relating to the education and care of women, including: preparing for pregnancy; pregnancy, childbirth, and the postpartum period; and in the care of a newborn infant(s) to the age of at least 6 weeks.

3. Midwives are the optimal providers of midwifery care and should lead evidence-based midwifery workforce planning.

4. Midwifery workforce planning should be informed by national data collection, to ensure safe, quality services which offer a range of choices in their mode of delivery.

5. Midwives work within a defined scope of practice, which enables key concepts of midwifery practice including: partnership with women; respect for human dignity; care of the childbearing family; promotion of safe motherhood; cultural respect and safety; the right of women to choose a midwife as their primary carer³, and a focus on health promotion and illness prevention.

6. All key concepts of midwifery practice outlined in point 5 are particularly important for Aboriginal and Torres Strait Islander women to promote equity and reduce perinatal mortality and morbidity. Midwifery practice can assist in closing the gap in reproductive and other health outcomes related to pregnancy, birth and longer term health. Aboriginal mothers and babies, have the poorest outcomes of any population group in Australia.

7. Midwifery courses leading to registration as a midwife are developed in conjunction with the professional and industrial bodies that represent midwives.
8. Students of midwifery must have access to high quality clinical education, supervised and assessed by midwives, that prepares them for safe and collaborative practice in all aspects of maternity care.

9. Midwives must be registered by the Nursing and Midwifery Board of Australia (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.

10. 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. 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 and/or doctor following care given by the registered nurse.

11. Nurses who are not midwives may only provide maternity care delegated to them, in accordance with their state/territory legislative requirements, and under a care plan developed by a midwife responsible for the individual woman’s care.

12. Re-entry to practice, supervised practice and refresher programs should be readily available and meet the individual learning needs of the midwife returning to midwifery practice. These programs should be provided in a flexible manner and include an option for distance education and locally arranged clinical placements.

13. All midwives should be able to access professional indemnity insurance.

14. Privately practicing midwives should have access to workable arrangements to facilitate collaborative practice with hospital and health services.

15. Industrial agreements should be available for midwives to accommodate different models of midwifery care including continuity of care midwifery models.

16. The birthing woman may be accompanied by an unregulated birth attendant (for example, a Doula) to assist and support the woman and partner during birthing; not to assist the midwife. At all times a midwife is responsible and accountable for the midwifery care provided.

References
3. Ibid.

ANMF Policy – Midwifery