



## Midwifery

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

The Australian Nursing and Midwifery Federation supports the definition of a midwife provided by the International Confederation of Midwives.<sup>1</sup>

*A midwife is 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 Global Standards for Midwifery Education; 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.*

A National Maternity Services Plan 2010 – 2015 was developed in consultation with all peak professional and industrial bodies representing midwives in Australia, to improve maternity services. ANMF supports this plan.<sup>2</sup> The ANMF still awaits the full implementation of this post 2015.

### **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.<sup>3</sup>
2. Midwives have skills and knowledge relating to the care of women, including: preparing for pregnancy; during 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 be consulted when designing the workforce to provide midwifery care.
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 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 carer;<sup>4</sup> and a focus on health promotion and illness prevention. All of these key concepts of midwifery practice are particularly important for Aboriginal and Torres Strait Islander women to reduce perinatal mortality and morbidity, thereby closing the gap in reproductive and other health outcomes related to pregnancy, birth and longer term health outcomes. Aboriginal mothers and babies, have the poorest outcomes of any population group in Australia.



6. Midwifery courses leading to registration as a midwife are developed in conjunction with the professional and industrial bodies that represent midwives.
7. 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.
8. Midwives must be registered by the Nursing and Midwifery Board of Australia (NMBA) and must meet and comply with the NMBA *National Competency Standards for Midwives in Australia*,<sup>5</sup> the *Code of Professional Conduct for Midwives in Australia*,<sup>6</sup> the *Code of Ethics for Midwives in Australia*,<sup>7</sup> and the *Decision Making Framework*.<sup>8</sup>
9. 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.
10. 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.
11. 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.
12. All midwives should be able to access professional indemnity insurance.
13. Privately practicing eligible midwives should have access to workable arrangements to facilitate collaborative practice with hospital and health services.
14. Industrial agreements should be available for midwives to accommodate different models of midwifery care including continuity of care midwifery models.
15. 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.

endorsed November 2005

reviewed and re-endorsed November 2009

reviewed and re-endorsed November 2012

reviewed and re-endorsed November 2015

#### References

1. International Confederation of Midwives. 2011. *Definition of the Midwife*. Available at: <http://www.internationalmidwives.org/assets/uploads/documents/Definition%20of%20the%20Midwife%20-%202011.pdf>
2. National Maternity Services Plan. 2011. Available at: <http://midwives.rentsoft.biz/lib/National%20Maternity%20Services%20Plan%20Feb%202011.pdf>
3. International Confederation of Midwives. *Position statements*. Available at: <http://www.internationalmidwives.org/>
4. Ibid.
5. Nursing and Midwifery Board of Australia. 2006. *National Competency Standards for the Midwife*. Melbourne. NMBA. Available at: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>
6. Nursing and Midwifery Board of Australia. 2008. *Code of Professional Conduct for Midwives in Australia*. Melbourne. NMBA. Available at: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>
7. Nursing and Midwifery Board of Australia. 2008. *Code of Ethics for Midwives in Australia*. Melbourne. NMBA. Available at: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>
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: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx>