NMBA Midwife standards for practice

Public Consultation Background Paper

3rd July 2017

Introduction

This paper provides a background to the Public Consultation for the Nursing and Midwifery Board of Australia (NMBA) Development of Midwife standards for practice project. The project objective is to review the *National competency standards for the midwife* (2006) and develop *Midwife standards for practice* (Standards). A brief overview of the research and consultation with key stakeholders and the findings that informed the early drafts of the Standards is provided, along with a summary of developments to produce the draft Standards that are made available for public comment by all stakeholders in the standards of midwifery practice.

The complete draft Standards document includes an introduction with a definition of midwifery in Australia, a figure showing the relationship of the standards to each other and framed within woman-centred care, a purpose and use statement, seven standards and associated criteria, and a glossary of terms. This document is included as Appendix A and a map of these standards to the current *National competency standards for the midwife* is available as Appendix B.

Project phases and stakeholders

While the final Standards will have a social value for those generally interested in standards of midwifery practice, the starting point for development has been writing principally for midwives and those who regulate, educate, employ and manage midwives. The project contract requires that the final Standards reflect current (not aspirational) evidence-based midwifery practice, be up-to-date, meet legislative requirements and align with the other NMBA standards for practice. These requirements have created intentional design features in the drafting of the Standards with the implications of this discussed later in this paper.

The project has been designed to use mixed methods in three phases of research, consultation and validation. The NMBA receives monthly reports on the project activities, with regular written reports providing detail on the literature review, round one observations and the Preliminary Consultation. Future reports will address this Public Consultation, the round two observations and a final report. Each written report includes the information necessary for NMBA to understand the recommended changes, and their rationales in the versions of the Standards that are developed in each project phase.

The project team led by Professor Cate Nagle includes senior midwives and policy development experts from Deakin University, La Trobe University, James Cook

University, Federation University, Victoria University, Mercy Hospital for Women, Australian Catholic University, and the Australian Nursing and Midwifery Federation.

For this project, an Expert Advisory Group (EAG) with experience and expertise in the functional application and content of the standards has been established by the NMBA. The EAG has three members from the Australian Health Practitioner Regulation Agency (AHPRA) Community Reference Group along with AHPRA midwifery project staff. Other key stakeholder groups represented on the EAG are as follows:

- Midwives in clinical practice (urban, rural/regional and privately practicing)
- Australian College of Midwives (ACM)
- Australian Nursing and Midwifery Federation (ANMF)
- Australian Nursing and Midwifery Accreditation Council (ANMAC)
- Council of Deans of Nursing and Midwifery (Australia and New Zealand) (CDNM)
- Congress of Aboriginal and Torres Strait Islander Nurse and Midwives (CATSINaM)
- Chief Nursing and Midwifery Officers/Offices (CNMOs), and
- the NMBA.

The EAG is regularly briefed about each phase of the project and meets face to face to provide expert advice to the project team about the development of the Standards.

Completed project activities

An extensive review has been undertaken of the relevant literature and evidence for midwifery standards. CNMOs and nominated midwifery advisors in the Commonwealth, and all state and territory offices have provided views on the midwife role, scope of practice and the current competency standards for the midwife as relevant to the development of Standards. A principal of the team responsible for development of the current *National competency standards for the midwife* was also interviewed. Following ethics and governance approvals from the relevant entities in each state and territory, a sample of midwives working in the major areas of midwifery practice were observed at work. All findings from these structured and semi-structured processes have been cross checked and mapped to the current standards to scope commonalities and differences and identify the necessary features of standards of practice for midwives in Australia.

An early draft of the Standards developed by the team was refined through a workshop with the EAG, and subsequently through an eight-week consultation with invitations to comment extended to the following NMBA key stakeholder groups:

1. Australian College of Midwives (ACM)
2. AHPRA - AROE (National Executive and State/Territory Managers)
3. AHPRA - Community Reference Group (CRG), and
4. Australian Government Department of Health - Commonwealth CNMO
5. Australian Nursing and Midwifery Accreditation Council (ANMAC)
6. Australian Nursing and Midwifery Federation (ANMF)
7. Congress of Aboriginal and Torres Strait Islander Nurse and Midwives (CATSINaM)
8. Council of Deans of Nursing and Midwifery (CDNM)
9. Health Workforce Principal Committee (HWPC)
10. NMBA State/Territory Boards
11. ACT Health – CNMO
12. NSW Ministry of Health - CNMO

13. NT Department of Health - Acting CNMO
14. Nursing and Midwifery Council of New South Wales (NMC)
15. QLD Department of Health - CNMO
16. SA Department of Health and Ageing - CNMO
17. TAS Department of Health & Human Services - CNMO
18. VIC Department of Health - CNMO
19. WA Department of Health – CNMO
20. Australian College of Nursing (ACN).

The result of these processes is the draft Standards that is provided in this Background Paper for Public Consultation.

The following pages provide a brief overview of the significant findings and considerations that have informed the drafting of the Standards to this point in the project.

Key findings to date

While there is little published research about standards of practice for midwives, there is evidence of midwives' capacity to positively change health, education, and social systems for women and their babies. Using midwifery knowledge and skills that respect women and their circumstances, midwives make the most of the normal processes in reproduction and early life, and reduce interventions in childbirth (Homer et al., 2014; Renfrew et al., 2014; Sandall, Soltani, Gates, Shennan, & Devane D., 2016; ten Hoope-Bender et al., 2014; Tracy et al., 2013; United Nations Population Fund (UNFPA), 2011).

Midwifery research outcomes and stakeholder aspirations for midwifery practice are included in this project only as they inform the development of the Standards. Many midwifery research studies target specific models of care or contexts of practice (Corcoran, Catling, & Homer, 2016; Institute of Medicine and National Research Council, 2013; Tracy et al., 2013; Yelland, Riggs, Small, & Brown, 2015). Others focus on one country addressing local needs and outcomes (Homer et al., 2014; Lopes et al., 2016; Page, 2014; ten Hoope-Bender et al., 2014). These findings provide evidence to direct and substantiate what midwives can do, such as might be used in the development of clinical practice guidelines or the design of models of care. These findings also serve an important function in initiating and justifying the health system-level shifts that are necessary for midwifery to contribute to quality health services (Renfrew et al., 2014).

Issues that were not addressed in this analysis include contested professional boundaries, changing consumer interests and positioning maternity services to a proposed full midwifery scope (Davis, Foureur, Clements, Brodie, & Herbison, 2012; Sandall, Hatem, Devane, Soltani, & Gates, 2009). Such matters fall outside of the project brief to reflect the current practice of all midwives within Australia. In contrast, findings about improved understanding and responses to the needs of Aboriginal and Torres Strait Islander peoples and consumer participation in health care, resonate directly with the current circumstances and standards of practice for all midwives regardless of the setting, so were included as part of the review (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Australian College of Midwives, & CRANAplus., 2016; Kruske, 2013).

Most midwives who are registered with NMBA to practice in Australia provide direct care of women and their baby/ies in different models of service delivery (Australian Insititue of Health and Welfare, 2016). Other midwives work in a range of roles that include midwifery

regulation, education, management and policy development (Australian Insititue of Health and Welfare, 2016).

To develop standards relevant for the midwives on the NMBA register further information about midwifery roles and standards was generated through consultation with key stakeholders. This initial information has been incorporated into the early draft Standards and will be further supplemented through responses to this Public Consultation, revised drafts of the Standards, and clarification of those Standards through a second round of observations of midwives at work in clinical and non-clinical roles.

The starting point for the development of the Standards has been significant concepts and practices that were evident in the structured review of the best guiding evidence from national and international publications, and the non-commercial or grey literature, and subsequently reinforced and exemplified in practice through the key stakeholder consultations. These concepts or practices are as follows:

- woman-centred care
- safe and quality care
- collaborative practice
- interpersonal and cultural competence
- education, information and primary health care (Homer et al., 2009; Homer et al., 2007; Renfrew et al., 2014).

Foundations for practice standards for the midwife

International approaches to standards for midwives vary from lists of knowledge, skills and attributes for entry to practice, to broader principle approaches to professional standards for practice. All of the reviewed midwifery standards and guidelines showed some level of integration of the definition of the midwife from the International Confederation of Midwives (ICM) (American College of Nurse-Midwives, 2011; Canadian Midwifery Regulators Council, 2008; Health Regulation Department Dubai Health Authority, 2009; International Confederation of Midwives, 2011, 2013; Japanese Nursing Association, 2013; Midwifery Council of New Zealand, 2007; New Zealand College of Midwives, 2006; Nursing & Midwifery Council, 2009, 2012, 2015; Nursing and Midwifery Board Australia, 2006, 2015; Nursing and Midwifery Board Ireland, 2015; The Swedish Institute, 2014; United Nations Population Fund (UNFPA), 2011; World Health Organisation, 2011).

Though the ICM definition was viewed by most stakeholders as enabling of the recent developments that have occurred in midwifery in Australia, there was consensus that the draft Standards need to reflect the current scope of practice of the midwife. It was recommended that the Standards be explicit in referring to the practice of all midwives, not only those at entry to practice or those who practice in labour and birth. Most stakeholders acknowledged that not all midwives would work across the full scope of practice as defined in the current midwife standards. Concerns were expressed in some CNMO interviews about the new graduate on entry to practice having the capacity to practice safely across all areas such as in the home.

References to safety and quality, collaboration, interprofessional team practice, primary health care and culturally appropriate care in the current *National competency standards for the midwife* were valued, with requests made to retain and strengthen and clarify these practices in the Standards. Safety has association with midwifery knowledge and skills that are based in evidence (Homer et al., 2009, p. 679). For others **safety and quality** were

associated with the accountability, responsibility and advocacy to use evidence in providing informed advice to get the best outcomes for women and their baby/ies and families. Documentation was raised as a significant issue by some stakeholders, particularly where women make decisions that are outside accepted guidelines. Advocacy was also linked to issues such as gender equity or coping with disadvantage. Stakeholders also requested that emphasis be given in the Standards to the midwives' capacity to respond to the needs of women with risks that include social disadvantage, unsafe health practices, age and/or chronic conditions.

Woman-centred care was strongly supported as the midwifery philosophy that translates to the provision of safe, supportive and holistic attention to the woman's individual, unique needs, expectations and aspirations, rather than the needs of institutions or professions (Homer et al., 2007). This care extends to the woman's baby/ies and is skilled, collaborative and culturally appropriate (Homer et al., 2009, p. 679). For some stakeholders, the Standards needed to also include this responsibility as advocating for the baby/ies and improved baby outcomes, and responding to the role of partners.

Recent changes in midwifery practice have improved access for Australian women and their families to quality (evidence-based and culturally competent) and expanded models of care to reduce inequities, including for Aboriginal and Torres Strait Islander peoples and rural and remote communities (Australian Health Ministers' Advisory Council, 2016). These midwifery services reinforce the need for skilled **collaboration**, consultation and referral in achieving health outcomes and safety. In Australia there are national guidelines to facilitate maternity care providers to establish and maintain collaborative arrangements so that women receive the appropriate needs based care (Australian College of Midwives, 2014; National Health and Medical Research Council, 2010). Aboriginal and Torres Strait Islander women are reported to experience a disproportionate burden of illness in pregnancy and childbirth and have babies who are less healthy (Commonwealth of Australia, 2009, p. 29). The importance of skilled collaboration is further emphasised for Aboriginal and Torres Strait Islander peoples (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives et al., 2016; Kruske, 2013), and through guidelines for **consultation and referral** (Australian College of Midwives, 2014). **Culturally safe care** is not restricted to indigenous communities or services (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, 2014, 2017a, 2017b), with some findings that refugee and humanitarian entrants to Australia have increased needs for continuity in care and cultural sensitivity in the management of complex medical and psychological issues (Correa-Velez & Ryan, 2012; Small et al., 2014).

Stakeholder support for midwifery as **primary health care** was evident as promoting health and wellbeing to maximise the best outcomes for the woman, her baby/ies and family. Midwives were described as having a key role in the equity and access to maternity care, and responding to the increasing incidence of smoking and illicit drug use, domestic violence, obesity, mental health issues as well as chronic conditions. The demand for midwife skills in **education, information,** health promotion and public health extends across the scope of midwifery (Brown, Sutherland, Gunn, & Yelland, 2014; Fenwick, Butt, Dhaliwal, Hauck, & Schmied, 2010; Homer et al., 2009; Renfrew et al., 2014). Further examples of this responsibility can be seen in interprofessional workforce and service delivery competency standards for primary maternity services, including those provided by midwives (access UTS, Maternity Services Interjurisdictional Committee, & National Health Workforce Taskforce, 2009; Homer et al., 2007). An example of the need for clarity in the Standards

was restricting understanding about primary health care to that of a model of first level care that is not available, and therefore not relevant to the practice of many midwives in Australia.

As an **interprofessional practice** midwifery shares some practices with other health care practitioners (access UTS et al., 2009; Nursing and Midwifery Board Australia, 2015). Examples include being accountable and responsible, promoting safe and effective research based decisions and care, providing education and emotional support, advocating for others, communicating effectively, planning and evaluating care, acting on professional development and overlap with standards and expectations of nurses and other health professionals (Nursing and Midwifery Board Australia, 2015).

The practice of the observed midwives mapped most closely to *National competency standards for the midw*ife that were about responsibility and accountability, communication to facilitate decision-making by the woman, safe and effective care, collaboration, care provision and professional development. Cultural safety and ethical decision-making were not observed often, and valuing and support for research was more visible than the use of research in practice.

For some stakeholders, the **purpose and use** created challenges to produce standards for practice for all midwives. There was a view that the Standards needed to be clear about the clinical skills that midwives need. In contrast, it was acknowledged the Standards could describe the scope of the profession of midwifery but individual's scope, confidence and capability was variable so Standards would never capture all that what midwives do. The Standards were described as a base document, an overarching description of the field of practice, as the starting point from which other documents would specify the details.

Where suggestions aligned with the project brief these were included in the revisions. Many suggestions such as those about **clinical practice** were not included. As an example, requests to make it clear that midwives should prevent, identify or respond to women with deteriorating clinical conditions was not added in those words, such expectations are implicit within numerous criteria that refer to identifying and managing complexity and risk, comprehensively assessing and planning, practicing safely and evaluating and monitoring progress towards the expected practice goals and anticipated outcomes.

In summary

Consultation on the early drafts of the Standards had strong support for the following:

- the focus on woman-centred care in the Standards as both a philosophy and practice that embraces all aspects of midwifery
- the attention to cultural safety
- the recognition that midwifery practice is not restricted to clinical care
- the Standard's figure
- the alignment with the registered nurse standards to assist the understanding of these standards for those midwives who also hold nursing registration, and
- the use of existing NMBA definitions with some minor edits proposed e.g. remove nurse from the definition of practice, and refer to women rather than people in the definition of collaboration.

There were suggestions to strengthen these concepts:

- midwifery philosophy with specific reference to the midwife-woman partnership
- accountability and responsibility

- safety and quality
- primary health care
- professional collaboration and interdisciplinary practice, and
- research and evidence-based practice.

There was a clear directive to address gender bias and reference gender orientation/ recognition of non-specified gender, simplify language and align definitions with those in the NMBA Code of conduct for the midwife. One stakeholder wanted statements to be directly measureable, and two stakeholders preferred the clinical specification that was provided in the *National competency standards for the midwife (2006)*.
In addition to the points above changes between versions of the draft Standards are summarised as follows:

- development of a definition of the midwife for the Australian context with acknowledgement of the ICM definition of the midwife
- reference to woman and her baby using language that does not restrict the role of the midwife in providing care to only newborns or babies
- changes to the wording of two of the seven standards
- changes to the wording and order of many criteria and addition of new criteria, and
- rewording of eleven glossary terms, and addition of two new definitions in the glossary.

The draft Standards for practice for the midwife

The draft Standards are written for the midwife as a single entity without differentiation of levels or scopes of practice. They are broad and do not refer to singular practice settings or roles, such as hospitals, homes or labour and birth. Similarly, they do not single out people such as students, researchers, policy makers, health care teams or doctors that only some midwives may work with. They are concise to promote midwives' use of the Standards to understand and communicate their practice, and to be more meaningful for other users.

The Standards situate midwifery practice in clinical and non-clinical roles as the promotion of health and wellbeing in relation to pregnancy, birth and parenting, with inherent responsibilities and accountabilities for safety and quality that occurs in the context of respectful collaborative relationships. The Standards acknowledge the involvement of others while clearly positioning midwifery practice as focused on the needs of the woman.

The draft Standards document has an introduction with a definition of the midwife and description of practice to be used by the individual to determine their individual midwife scope of practice. There is a figure showing the relationships of the standards to each other and as framed with woman-centred care. There is also a description of the purpose and use of the Standards, followed by the seven standard statements with criteria and a glossary of the key terms used in the document. The glossary provides definitions of terms that are consistent with existing NMBA publications and related to the use of terms in the Standards document. See Appendices A and B.

Next steps

The Public Consultation commences on the 3rd July 2017 and will be available for an eight-week period. Clicking on the link on the NMBA website will provide access to the opportunity to provide feedback and comment on each section of the draft Standards. Following the Public Consultation, the penultimate draft of the revised Standards will be validated in a second round of observations of midwives practice during November – December 2017.

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