Dear NMBA,

On behalf of the Australian College of Midwives (ACM) New South Wales Branch we wish to place on record our objections to the language used in the recent publication of the draft Code of Conduct for Midwives by the Nursing and Midwifery Board of Australia.

We do not support the removal of the term ‘woman centred care’ and its replacement with the term ‘person centred care’ to describe midwifery care. This change would represent a significant shift away from the internationally recognised definition of Midwifery as a ‘woman centred’ profession. Women centred care is the cornerstone of the current Australian College of Midwives philosophy of midwifery (see link https://www.midwives.org.au/midwifery-philosophy).

The term midwife means ‘with woman’ and midwifery is a profession which supports women during pregnancy, birth and the postnatal period. The woman is seen in the context of her significant others:

“Midwifery care encompasses the needs of the woman’s baby, and the woman’s family, her other important relationships and community, as identified and negotiated by the woman herself”

The term person-centred care does not reflect the philosophy of midwifery and we strongly object to the use of this term.

The draft code also fails to acknowledge that the midwifery scope of practice is defined as working in partnership with women. The term partnership has been replaced in the code with working in a “professional relationship” with “people”. This does not adequately capture the key essence of the partnership philosophy as articulated in the International Definition of the Midwife.

“The key midwifery concepts that define the role of the midwife include:

- partnership with women to promote self-care and the health of mothers, infants, and families;
- respect for human dignity and for women as persons with full human rights;
- advocacy for women so that their voices are heard;”

These deviations from our national and international definitions of the midwife represent a significant shift away from established midwifery language embedded within health policy and university curricula. The ramifications for our profession from these language changes would be significant. We are strongly opposed to these changes.

Midwifery and Nursing are two separate professions as identified by the NMBA with different registrations, definitions of practice, scope of practice, code of ethics, competency standards and underlying philosophies. The suggestion that the code of practice could be merged for these distinct professions is most concerning and we would not support any proposal to merge the two codes. We strongly advocate for two separate codes for the two distinct professions.

Sincerely,

Australian College of Midwives NSW Branch