



Nursing and Midwifery Board of Australia
c/o AHPRA
GPO Box 9958
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Monday, 16 October 2017

To whom it may concern

Re: NMBA Public Consultation February/March 2017 Midwifery Code of Conduct

I am writing on behalf of the Australian College of Midwives. Thank you very much for the opportunity to comment on the draft Code of Conduct for midwives. The ACM is not commenting in a general way on the Code of Conduct for nurses, as it is for the nursing profession to decide on its own code.

Drafting of the code

The ACM strongly disagrees that the principles and content of the code reflect the conduct required of midwives, and that the information in this draft code of conduct for midwives in Australia has been presented clearly. The NMBA proposes to remove woman centred care and call the care we do as being person centred. The ACM does not support 'person centred care'. Woman centred care is a fundamental philosophical approach for midwives in Australia and for midwifery more broadly. Woman-centred care is an essential concept in midwifery that is integral to the way roles and standards are defined, how services are developed, and to global notions of empowerment.

Woman-centred care is a concept that implies that midwifery care:

- is focussed on the woman's individual, unique needs, expectations and aspirations, rather than the needs of the institutions or professions involved
- recognises the woman's right to self-determination in terms of choice, control, and continuity of care from a known or known caregivers
- encompasses the needs of the baby, the woman's family, her significant others and community, as identified and negotiated by the woman herself
- follows the woman across the interface between institutions and the community, through all phases of pregnancy, birth and the postnatal period. It therefore involves collaboration with other health professionals when necessary
- is 'holistic' in terms of addressing the woman's social, emotional, physical, psychological, spiritual and cultural needs and expectations.

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Keeping woman at the centre of care is fundamental to the work of midwives. Woman-centred care is a fundamental concept in midwifery that is integral to the way roles and standards are defined, how services are developed and to global notions of empowerment (Leap 2009).

The ACM's philosophy is that 'midwifery is founded on respect for women and on a strong belief in the value of women's work of bearing and rearing each generation. Midwifery considers women in pregnancy, during childbirth and early parenting to be undertaking healthy processes that are profound and precious events in each woman's life. These events are also seen as inherently important to society as a whole' (ACM 2004).

Person centred care does not describe the central concept of midwifery or for midwives.

Separate or combined code of conduct for midwives and nurses

The ACM does not support a combined code for midwives and nurses, but rather supports separate codes for nurses and midwives. Midwifery and nursing are recognised internationally as separate professions. Whilst nursing has a broad role and scope of practice underpinned by 'person-centred' care, midwifery has a discreet sphere of practice underpinned by 'woman-centred care' as defined in the ICM Definition of a Midwife.

In 2010, legislation recognised midwifery as a distinct, separate profession to nursing. Midwifery is defined as an autonomous practice and therefore a separate register for midwives has been in place since 2010. The concepts that define the unique role of midwives include:

- Responsible and accountable in their own right for the pregnancy, labour and birth and postnatal care of mothers and babies without complications
- Being experts in normal pregnancy, labour and birth and the postnatal period to six weeks postpartum
- The detection of complications
- The co-ordination and facilitation of access to medical care or other appropriate assistance
- The management of maternity emergencies as appropriate
- The ability to practise in any setting – community, home, hospital, clinics or health centres
- A focus on health promotion and disease prevention that views pregnancy as a normal life event
- Advocacy for women so that they are respected as partners in their care and their voices are heard
- 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
- Cultural sensitivity, including working with women and health care providers to overcome those cultural practices that harm women and babies.

Further, in 2015, the Independent Review of the National Registration and Accreditation Scheme for Health Professions made a recommendation that the *Health Practitioner Regulation National Law 2009* be amended to reflect and recognise that nursing and midwifery are two professions regulated by one National Board (Recommendation 27). The public needs to be aware if they are receiving care from a midwife, a nurse, a

doctor or a student of any health profession. Protection of title is of little importance unless the public understand the significance of the title and how they are protected under the Act. The skills and practices of the nursing and midwifery professions are distinct and different. Regulators have a responsibility to properly inform the public and employers to ensure maximum protection of the public and the minimisation of harm.

With ever increasing numbers of single registrant midwives graduating from Bachelor of Midwifery programmes, or entering Australia as Registered Midwives (and not a nurse and a midwives) from other countries such as the UK, New Zealand, and Canada, it is unacceptable and untenable to present them with joint practice standards such as the code of conduct.

Midwifery is recognised within Australia and internationally as a separate profession with a specific scope of practice. A midwife is 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 post-partum period (defined in Australia as up to six weeks after birth), to conduct birth on the midwife's own responsibility and to provide care for the newborn and the infant. This scope of practice is unique to midwives, as defined by the International Confederation of Midwives, and quite distinct from the responsibilities of nurses.

Nursing and midwifery are separate disciplines with midwifery having unique practice contexts that must be reflected in a Code of Conduct for Midwives. One code of conduct is a backward step in Australian regulation overruling the recognition at the highest political levels that midwifery should have its own regulation.

Use of 'person' in the nursing code

The ACM respects the right of the nursing profession to decide on the terminology for their own code of conduct. However, the ACM notes that 'person' is reflected in the 'Registered nurse standards for practice', so for the sake of consistency, should be repeated in the code of conduct for nurses.

Use of 'person', 'woman' or another term in the midwifery code

The ACM does not support the use of the term 'person' but rather contends that the term 'woman' is put back into the code for midwives.

The International Confederation of Midwives says that midwives are "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 definition provides a framework for midwifery practice and education midwifery throughout the world, and is woven throughout all Australian midwifery regulatory and professional standards, codes and guidelines.

The NMBA has endorsed the ICM's definition of a midwife in its own documents such as the *Safety and quality guidelines for privately practising midwives* and *Fact sheet: Context of practices for nurses and midwives*. Further, this ICM definition of a midwife is integrated in the ANMAC education and program standards which are endorsed by the NMBA, in documents such as the *Midwifery Accreditation Standards* that state that a midwifery curriculum is underpinned by a "woman-centered philosophy." To change

“woman” to “person” flies in the face of not only internationally recognised terminology, but also contradicts the NMBA own position and endorsements.

The NMBA further argues that ‘person’ should be used because it is more appropriate in situations when a newborn baby is cared by someone other than its mother, for example, if a baby is given up at birth to be fostered/adopted by a male person. Even if the end outcome is a baby who is being care for independent of their mother, the majority of the time period of a midwife’ scope of practice is the period of time the fetus is in utero, and midwifery care is focused on the mother-baby dyad. Indeed, both nationally and internationally, it is recognised that ‘woman centred 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’ (ACM Philosophy Statement).

A further point that has been raised is that the terminology ‘person’ is more appropriate in situations where birthing women actually identify as men. These situations are extremely rare. The NMBA must trust midwives to care for those people in an appropriate and relevant manner. Changing the central concept of midwifery based on several isolated instances is not appropriate at this time, although the ACM acknowledges that this may need to be reviewed in the future.

The NMBA has also made the point that the code is used by midwives who are not necessarily in clinical practice, and the word ‘person’ is more relevant for the situations that researchers, managers, educators etc find themselves in. Nevertheless, the vast majority of midwives are clinicians working with women, and the work of non-midwifery clinicians is driven by, and focused on (in one way or another) improving maternity services and midwifery care for women.

Term 'professional relationship' to describe the interaction between the midwife and the woman receiving care

The ACM supports working in partnership rather than a Professional relationship. ACM believes that the work midwives do is a partnership and this is in line with our philosophy of midwifery care. This Partnership Model has been part of midwifery since 1995 when it was articulated by our colleagues in New Zealand (Guilliland and Pairman 1995, Leap and Pairman 2006). Similarly, the content under ‘Boundaries’ in the proposed Code is not on par with the Continuity of Care Model where midwives demonstrate their professional judgement within the Partnership Model.

Promoting the Codes

The ACM supports the use of social media, NMBA newsletter, email and website to disseminate awareness of the new codes.

Further comments

The ACM is disappointed that the literature review that has underpinned the review of the Code of Conduct has not been made available to the public. This makes it very difficult for midwives, nurses and the wider public to give fully informed feedback because they do not have access to the evidence that underpins the draft code. Further, the approach taken by the NMBA in reviewing the Code of Conduct, Code of Ethics and practice standards has been piecemeal, making it very hard for practitioners to see the full picture of regulation. The ACM recommends that in the future, the three

documents are reviewed holistically so that the nexus between each element of practice is clear to all.

If you would like to discuss the response of the ACM, or further clarify any of the feedback, please contact [REDACTED]

Yours sincerely,

[REDACTED]
Ann Kinnear
Chief Executive Officer

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