

From: [REDACTED]
To: [nmbafeedback](#)
Subject: Review of Registration standards for the eligible midwife
Date: Wednesday, 5 November 2014 2:42:40 PM

I write in response to the “Review of Registration standards for the eligible midwife”.

I am a Registered Midwife currently not practicing as I have 2 small children. I plan on returning to the paid workforce in the next 12 months and have missed Midwifery very much. Before going on maternity leave, I was working in a Caseload model of care in a Tertiary centre. Before that, I was a rotating midwife cycling through all areas of midwifery care. My career goal is to provide the best possible continuity of midwifery care to women and their families. My aim is to care for all women in collaboration regardless of risk factors, assisting them to birth in their chosen location and continuing care until six weeks postpartum. In the short term, I will be returning to work in a rural public hospital where medical staff are not available 24 hours. In this instance, the ability to prescribe and order tests is paramount.

“Registration as a midwife constituting the equivalent of 3 years full time / 5000 hours within the past 6 years across the continuum of care or specified context of practice.”

When I return to work I will not fulfil these criteria and possibly never will. Taking on 20 Caseload women per year is not a workload I see myself being able to maintain in the next twenty years. However, I feel as a responsible, autonomous practitioner, I can practice safely and within the scope of my knowledge. The number of hours should not automatically exclude me from eligibility.

Should the registration standard require an eligible midwife to practice across the continuum of care or should eligible midwives be able to have a specified context of practice listed on their notation?

I believe that there are many expert clinicians in Midwifery that practice in only one area. This should not exclude them from the benefits of eligibility. For women, having access to an expert midwife providing care for lactation with Medicare rebates could be the difference between seeking this kind of assistance or not. Realistically, particularly with regards to breastfeeding, our current public health system is failing women. More financially viable access for women is vital.

Many thanks for the opportunity to respond.

Regards,

Rebecca Quiring

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