

Draft Midwife Standards for practice

Introduction

Midwifery is a profession grounded in woman-centred and evidence-based maternal health care for the woman¹ and her family. Midwifery is provided through respectful partnerships and professional relationships. The midwife, as defined internationally by the International Confederation of Midwives², and registered by the Nursing and Midwifery Board of Australia, is educated, competent and authorised to provide safe, effective delivery of quality services that promote health and wellbeing for pregnancy, birth and parenting.

The midwife is responsible and accountable for maintaining the capability for their midwifery practice that may include:

- providing support, care and advice during preconception, pregnancy, labour and the postpartum period
- facilitating normal childbirth and identifying complications for the woman and her baby/ies
- accessing medical care or other appropriate assistance, and
- implementing emergency measures.

Using primary health care principles, the midwife provides health counselling and education including antenatal education and preparation for parenthood. The midwife's practice may extend to women's health, reproductive and sexual health, and child and family health care.

The midwife works with the woman and her baby³, partner, family and community as identified and negotiated by the woman herself. The woman and her baby may be healthy or have health issues, or other challenges such as social disadvantage. The midwife is also responsible for her/his own practice within the broad health system. Where relevant, this involves collaboration, consultation and referral to other services or health practitioners.

In Australia, Health Practitioner Regulation National Law, as in force in each state and territory (the National Law) protects the title 'midwife'. A midwife is a regulated health practitioner who holds registration as a midwife with the Nursing and Midwifery Board of Australia. Midwives are accountable to the public and the profession for their practice of midwifery.

¹ Use of the word woman in this document refers to the person giving birth. The word woman in midwifery is generally understood to be inclusive of the woman's baby, partner and family.

² (International Confederation of Midwives, 2011, p. 1) This definition is currently under review.

³ The word baby in this document refers to the newborn/s, the infant/s and child or children as relevant to the individual midwife's scope of practice.

Midwifery is not restricted to the provision of direct clinical care⁴. Midwifery practice extends to any role where the midwife uses midwifery skills and knowledge. This practice includes working in clinical and non-clinical relationships with the woman and other clients as well as working in management, administration, education, research, advisory, regulatory, and policy development roles.

Midwives recognise the importance of history and culture to the woman's health and wellbeing of her family. Midwifery practice promotes culturally safe care as a fundamental right for all women and acknowledges the impact of colonisation on the cultural, social and spiritual lives of Aboriginal and Torres Strait Islander peoples, which has contributed to significant health inequity in Australia. The *Midwife standards for practice* are to be read in this context.

Midwife standards for practice:

- Standard 1: Promotes evidence-based maternal health and wellbeing
- Standard 2: Engages in respectful partnerships and professional relationships
- Standard 3: Demonstrates the capability and accountability for midwifery practice
- Standard 4: Undertakes comprehensive assessments
- Standard 5: Develops plans for midwifery practice
- Standard 6: Provides safe and quality midwifery practice
- Standard 7: Evaluates outcomes to improve midwifery practice.

Purpose and use of these standards

The purpose of the *Midwife standards for practice* is to provide a framework for assessing the midwife's practise. The standards are for use by all midwives across all areas of practice. They also inform women, and others including those who regulate, educate, collaborate with and manage midwives on what to expect from a midwife's practice:

- in the development of midwifery curricula by universities
- to assess midwifery student and new graduate performance
- as part of the annual renewal of registration process
- to assess midwives educated overseas seeking registration and employment in Australia
- to assess midwives returning to work after breaks in service
- as part of professional conduct matters, and
- to communicate to consumers the standards that they can expect from midwives.

These standards are to be read in conjunction with the applicable NMBA standards, codes and guidelines⁵. The glossary in this document is also important for understanding how key terms are defined in these standards.

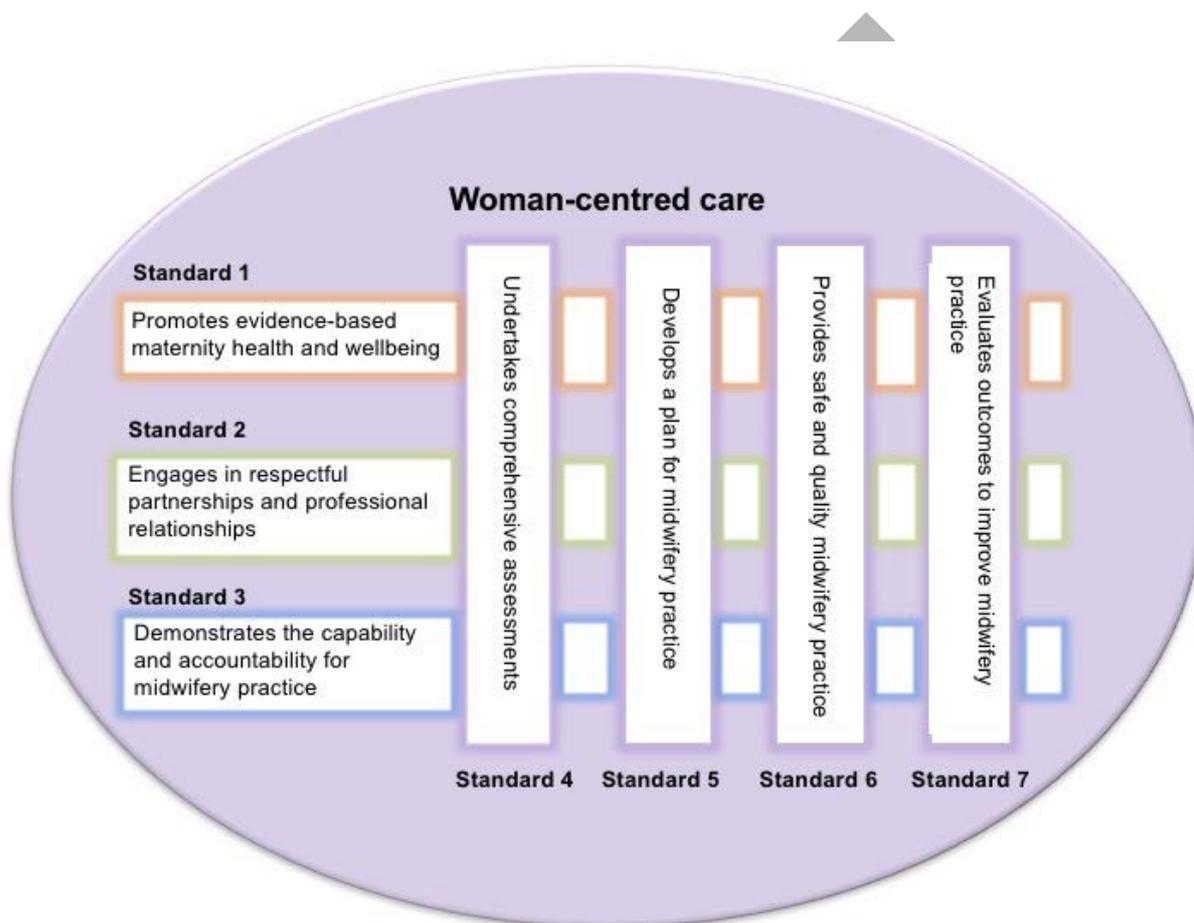
⁴ See also the NMBA definition of practice in the glossary in these *Midwife standards for practice*, which aligns with the Australian Health Practitioners Regulatory Authority definition of practice for all registered health practitioners.

⁵ This NMBA website provides details of their regulatory standards, codes and guidelines for midwifery practice, including *Code of conduct for the midwife*, *Code of ethics for midwives*, *National framework for the development of decision-making tools for nursing and midwifery practice*, *Supervision guidelines for nursing and midwifery*, and *Guidelines for mandatory notifications*. Midwives will also be aware of other sources such as clinical guidelines that underpin safe and quality midwifery practice.

Figure 1 shows the seven interconnected standards framed within a woman-centred approach. Standards one, two and three relate to each other as well as to each dimension of practice within standards four, five, six and seven.

Each standard has criteria that specify how that standard is demonstrated. The criteria are to be interpreted in the context of each midwife's practice. The criteria are not exhaustive and enable, rather than limit, the development of an individual midwife's scope of practice.

Figure 1. Midwife standards for practice



Standard 1: Promotes evidence-based maternal health and wellbeing

The midwife supports women's wellbeing by providing safe, quality maternity health care for the woman and her baby and family using the best available evidence, and primary health care and cultural safety principles⁶ as foundations for practice.

The midwife:

- 1.1. identifies what is important to women and uses evidence-based information to promote informed decision-making, participation in care, and self-determination

⁶ See glossary in this document for definitions of primary health care and cultural safety principles.

- 1.2. accesses, analyses, and uses the best available evidence, that includes research findings, for safe, quality midwifery practice
- 1.3. promotes reproductive health and minimises the potential for complications through health assessment, health education and health promotion
- 1.4. recognises the social, economic, cultural, historic and behavioural factors influencing the health and wellbeing of women and their families
- 1.5. advocates for equitable access to maternity care for the woman, her baby, family and the wider community
- 1.6. supports midwifery continuity of care
- 1.7. enables the development, implementation and evaluation of relevant public health initiatives and programs
- 1.8. identifies and promotes the integral role of midwifery practice and the midwifery profession in influencing better health outcomes for women.

Standard 2: Engages in respectful partnerships and professional relationships

The midwife engages purposefully in kind, compassionate and respectful partnerships with the woman and her baby, partner and family. The midwife also has professional relationships with colleagues and the community. These relationships are conducted within a context of mutual trust, respect and cultural safety⁷.

The midwife:

- 2.1. supports the choices of the woman, with respect for families and communities in relation to maternity care
- 2.2. partners with women to strengthen women's capabilities and confidence to care for themselves and their families
- 2.3. practices ethically, with respect for people's dignity, privacy, confidentiality, equity and justice
- 2.4. acts to mitigate any discrimination that may be associated with race, age, disability, sexuality, gender orientation, power relations and/or social disadvantage
- 2.5. promotes cultural safety in practice that is holistic, free of bias and exposes racism
- 2.6. respects that family and community underpin the health of Aboriginal and Torres Strait Islander peoples
- 2.7. communicates to develop, maintain and conclude professional relationships in a way that differentiates the boundaries between professional and personal relationships
- 2.8. participates in and/or leads collaborative practice
- 2.9. uses reflection and feedback to recognise diversity, and address own attitudes, biases and values and their potential impact on practice.

⁷ See also the NMBA definition of professional relationships in the glossary in these standards which aligns with the definitions in the NMBA Code of conduct for the midwife.

Standard 3: Demonstrates the capability and accountability for midwifery practice

The midwife meets the requirements of their role by being accountable to the women and their baby in their care. The midwife is also accountable to their colleagues, the midwifery profession including students, and to the wider community for safe, competent, ethical practice.

The midwife:

- 3.1. understands and works within her/his scope of practice
- 3.2. participates in continuing professional development to maintain the required knowledge and skill base for safe and effective practice
- 3.3. practises within relevant legal parameters and professional standards, codes and guidelines
- 3.4. engages in timely consultation, documentation and referral
- 3.5. contributes to a culture that supports learning, teaching, knowledge transfer and critical reflection
- 3.6. uses appropriate processes to identify and manage complexity and risk
- 3.7. responds to the health and wellbeing of self and others to promote informed decision-making.

Standard 4: Undertakes comprehensive assessments

The midwife in all contexts of practice continuously gathers and uses information and evidence to inform her/his midwifery practice.

The midwife:

- 4.1. works in partnership to determine factors that affect, or potentially affect, the health and wellbeing of women, baby, families, communities and populations
- 4.2. uses a range of assessment techniques to systematically collect relevant and accurate information
- 4.3. analyses information and data and communicates assessments and anticipated outcomes as the basis for midwifery practice
- 4.4. assesses the resources that are available to inform planning.

Standard 5: Develops a plan for midwifery practice

The midwife analyses all relevant information and evidence to inform the planning she/he undertakes as the basis of practice.

The midwife:

- 5.1. uses assessment data and best available evidence to develop a care plan with the woman, or a plan for practice
- 5.2. collaboratively constructs plans for midwifery practice until options, priorities, goals, actions, outcomes and timeframes are agreed with the woman, and/or relevant others

- 5.3. co-ordinates resources effectively and efficiently for planned actions
- 5.4. documents, evaluates and modifies plans accordingly to facilitate the agreed outcomes.

Standard 6: Provides safe and quality midwifery practice

The midwife uses comprehensive knowledge and skills to provide safe and quality and responsive midwifery practice.

The midwife:

- 6.1. actively contributes to quality improvement and research activity
- 6.2. provides safe and responsive practice that is quality focussed
- 6.3. works to achieve the agreed goals and outcomes that meet the needs of women, babies and their families
- 6.4. is responsible for consultation and referral and/or escalation in situations that are outside the individual's scope of practice
- 6.5. provides and accepts effective and timely direction, allocation, delegation, teaching and supervision to ensure that practice is safe and evidence-based.

Standard 7: Evaluates outcomes to improve midwifery practice

The midwife takes responsibility for the evaluation and continuous improvement of their practice.

The midwife:

- 7.1. evaluates and monitors progress towards the expected practice goals and anticipated outcomes
- 7.2. revises plan and actions based on evidence and what is learned from evaluation
- 7.3. determines, documents and communicates priorities, goals and outcomes, where relevant with the woman, and/or with other relevant persons, groups and organisations.

Glossary

These definitions relate to the use of terms in these *Midwife standards for practice*.

Accountability means that midwives answer to the people in their care, the NMBA, their employers and the public. Midwives are accountable for their decisions, actions, behaviours and the responsibilities that are inherent in their midwifery role. Accountability cannot be delegated. The midwife who delegates activities to be undertaken by another person remains accountable for the decision to delegate, for monitoring the level of performance by the other person, and for evaluating the outcomes of what has been delegated (Nursing and Midwifery Board of Australia, 2013). See below for the related definition of 'Delegation'.

Allocation or assignment is different from delegation and involves asking another person to provide care on the assumption that the required care activities are normally within that person's responsibility and scope of practice. See also the definition of delegation below and the NMBA's National framework for the development of decision-making tools for nursing and midwifery practice (Nursing and Midwifery Board of Australia, 2013).

Criteria in this document refer to the expectations of the actions and behaviours of the midwife that demonstrate these *Midwife standards for practice*.

Collaboration or collaborate refers to all members of the health care team working in partnership with women and other consumers of midwifery practice, and each other to facilitate access to the highest standard of health care. Collaborative relationships depend on mutual respect. Successful collaboration depends on communication, consultation and joint decision making within a risk management framework, to enable appropriate referral and to ensure effective, efficient and safe health care (Nursing and Midwifery Board of Australia, 2013, p. 16).

Consultation or consult refers to the seeking of professional advice from a qualified, competent source and making decisions about shared responsibilities for care provision. It is dependent on the existence of collaborative relationships, and open communication, with others in the multidisciplinary health care team (Nursing and Midwifery Board of Australia, 2013, p. 16).

Continuity of care in health is generally concerned with the cooperative achievement of quality care over time. *Midwife continuity* of care refers to a continuous woman-centred relationship provided to the woman by a known midwife or midwives.

Cultural safety was developed in a First Nations' context and is the preferred term for midwifery and nursing. Cultural safety is endorsed by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), who emphasise that cultural safety is as important to quality care as clinical safety. However, the 'presence or absence of cultural safety is determined by the recipient of care, it is not defined by the caregiver' (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, 2014, p. 9).

Cultural safety is a philosophy of practice that is about how a health professional does something, not [just] what they do. It is about how people are treated in society, not about their diversity as such, so its focus is on systemic and structural issues and on the social determinants of health. Cultural safety represents a key philosophical shift from providing care regardless of difference, to care that takes account of peoples' unique needs. It requires nurses and midwives to undertake an ongoing process of self-reflection and cultural

self-awareness, and an acknowledgement of how a nurse's/midwife's personal culture impacts on care.

In relation to Aboriginal and Torres Strait Islander health, cultural safety provides a decolonising model of practice based on dialogue, communication, power sharing and negotiation, and the acknowledgment of white privilege. These actions are a means to challenge racism at personal and institutional levels, and to establish trust in health care encounters (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, 2017a, p. 11).

In focusing on clinical interactions, particularly power inequity between patient and health professional, cultural safety calls for a genuine partnership where power is shared between the individuals and cultural groups involved in health care. Cultural safety is also relevant to Aboriginal and Torres Strait Islander health professionals. Non-Indigenous nurses and midwives must address how they create a culturally safe work environment that is free of racism for their Aboriginal and Torres Strait Islander colleagues (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, 2017b).

Delegation is the relationship that exists when a midwife devolves aspects of midwifery practice to another person. Delegations are made to meet the woman and her baby/ies' health needs. The midwife who is delegating retains accountability for the decision to delegate. The midwife is also accountable for monitoring of the communication of the delegation to the relevant persons and for the practice outcomes. Both parties share the responsibility of making the delegation decision, which includes assessment of the competence and risks. For further details see the NMBA's National framework for the development of decision-making tools for nursing and midwifery practice (Nursing and Midwifery Board of Australia, 2013).

Evidence-based practice involves accessing and making judgements to translate the best available evidence into practice. Evidence-based practice is based on the most current, valid, and available research.

Midwife is a person with prescribed educational preparation and competence for practice who is registered by the Nursing and Midwifery Board of Australia. The Nursing and Midwifery Board of Australia has endorsed the ICM definition of a midwife and applied it to the Australian context.

The International Confederation of Midwives define a midwife as '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' (International Confederation of Midwives, 2011, p. 1).

Person/people refers to those individuals who have entered into a therapeutic and/or professional relationship with a midwife. These individuals will sometimes be health care consumers, at other times they may be colleagues or students, this will vary depending on who is the focus of practice at the time. Therefore, the words person or people include all the women, newborn, infants, clients, consumers, families, carers, groups and/or communities, however named, that are within the midwife's scope and context of practice.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a midwife. Practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/ or use their professional skills' (Nursing and Midwifery Board Australia, 2016b).

Primary health care principles include improving access and reducing inequity, increasing the focus on health promotion and prevention, screening and early intervention, and improving quality, safety, performance and accountability (Australian Health Ministers' Conference, 2011, p. 78).

Professional relationship is an ongoing interaction that observes a set of established boundaries or limits that is deemed appropriate under governing standards. The midwife is sensitive to a person's situation and purposefully engages with them using knowledge and skills with respect, compassion and kindness. In the relationship, the person's rights and dignity are recognised and respected. The professional nature of the relationship involves recognition of professional boundaries and issues of unequal power (Nursing and Midwifery Board Australia, 2017).

Referral involves a midwife sending the person to obtain an opinion or treatment from another health professional or entity. Referral usually involves the transfer (all or in part) of responsibility for the care of the person, usually for a defined time and for a particular purpose, such as care that is outside the referring practitioner's expertise or scope of practice (Nursing and Midwifery Board Australia, 2017).

Scope of practice refers to the boundaries within which the profession of midwifery is educated, competent and permitted to perform by law. The actual scope of the individual midwife's practice will vary depending on the context in which the midwife works, the health needs of women and baby/ies in her care, the level of competence and confidence of the midwife and the policy requirements of the service provider (Nursing and Midwifery Board Australia, 2016a; Nursing and Midwifery Board of Australia, 2013).

Standards for practice in this document are the expectations of the midwife's practice. They inform the education accreditation standards for midwives, the regulation of midwives and determination of the midwife's capability for practice. These standards guide consumers, employers and other stakeholders on what to reasonably expect from a midwife regardless of the area of practice or years of experience. They replace the previous *National competency standards for the midwife* (Nursing and Midwifery Board Australia, 2006).

Supervision includes managerial supervision, professional supervision and clinically focused supervision as part of delegation. For details see the NMBA Supervision guidelines for nursing and midwifery (Nursing and Midwifery Board of Australia, 2015).

Woman-centred care recognises the woman's baby/ies, partner, family, and community, and respects cultural and religious diversity as defined by the woman herself. Woman-centred care considers the woman's individual circumstances, and aims to meet the woman's physical, emotional, psychosocial, spiritual and cultural needs. This care is built on a reciprocal partnership through effective communication. It enables individual decision-making and self-determination for the woman to care for herself and her family. Woman-centred care respects the woman's ownership of her health information, rights and preferences while protecting her dignity and empowering her choices. Woman-centred care is also the focus of midwifery practice in non-clinical settings.

References

- Australian Health Ministers' Conference. (2011). National Maternity Services Plan.
<https://www.health.gov.au/>
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. (2014). Towards a shared understanding of terms and concepts: strengthening nursing and midwifery care of Aboriginal and Torres Strait Islander people. Canberra: CATSINaM.
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. (2017a). The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (Version 1.0). Canberra: CATSINaM.
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. (2017b). Position Statement: Embedding Cultural Safety across Australian Nursing and Midwifery. (April). International Confederation of Midwives. (2011). Definition of the Midwife.
<http://www.internationalmidwives.org/>
- Nursing and Midwifery Board Australia. (2006). National competency standards for the midwife
www.nursingmidwiferyboard.gov.au
- Nursing and Midwifery Board Australia. (2017). Code of conduct for midwives.
www.nursingmidwiferyboard.gov.au
- Nursing and Midwifery Board Australia. (2016b). Registration standard: Recency of practice.
www.nursingmidwiferyboard.gov.au
- Nursing and Midwifery Board of Australia. (2013). A national framework for the development of decision-making tools for nursing and midwifery practice.
www.nursingmidwiferyboard.gov.au
- Nursing and Midwifery Board of Australia. (2015). Supervision guidelines for nursing and midwifery. Melbourne, Vic: Nursing and Midwifery Board of Australia.