Midwife standards for practice

Introduction

The Nursing and Midwifery Board of Australia (NMBA) undertakes functions as set by the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). The NMBA regulates the practice of nursing and midwifery in Australia, and one of its key roles is to protect the public. The NMBA does this by developing standards, codes and guidelines which together establish the requirements of the professional practice framework for the professional and safe practice of nurses and midwives in Australia.

Registration as a midwife means you need to meet the NMBA’s mandatory registration standards. Midwives are required to practise within the relevant NMBA standards, codes, guidelines and frameworks.

The following questions answer common queries about the Midwife standards for practice (the standards).

What are the standards for?

The Midwife standards for practice are the core practice standards that provide the framework for midwifery practice. The standards:

- communicate to the general public the standards that can be expected of midwives
- determine the eligibility for registration of people who have completed a midwifery program of study in Australia
- determine the eligibility for registration of midwives who wish to practise in Australia but have completed courses elsewhere
- assess midwives who wish to return to work after being out of the workforce for a defined period, and
- assess midwives who need to show that they are competent to practise.

The standards are for all midwives across all areas and contexts of practice. The standards have been tested through observations of midwife practice in a range of locations and settings. They are to be read in conjunction with NMBA standards, codes and guidelines available on the NMBA website.

These standards replace the National competency standards for the midwife that were first published in 2006 by the Australian Nursing and Midwifery Council (ANMC) and adopted by the NMBA in July 2010 at the commencement of the National Registration and Accreditation Scheme (the National Scheme).

The standards were developed following extensive literature and evidence reviews, gap analysis, a survey of midwives, interviews with midwives, observations of midwives in practice, and consultation with consumers and other stakeholders including education providers.

Why did you remove the term ‘competency’ from the standards?

Research suggested that confusion existed between the use of the term ‘competency-based assessment’ in the vocational education and training (VET) sector and use of the term ‘competency’ in other settings.
What are the key features of the standards?

The *Midwife standards for practice*:

- comprise seven standards that are interconnected
  - each standard has criteria that specify how the standard is demonstrated
  - the criteria are to be interpreted in the context of an individual midwives practice
  - the criteria are not exhaustive and enable rather than limit the development of an individual midwifes scope of practice
- are framed within a woman-centred approach
- use the principles of midwifery continuity of care, primary health care and cultural safety
- are for all midwives across all areas of practice
- are designed to be read in conjunction with NMBA standards, codes and guidelines, and
- the glossary is also important to understanding how key terms are used in the standards.

Do the standards cover what is expected of a midwife in relation to accountability, delegation and supervision?

Yes. The standards indicate the standard of practice expected of a midwife in relation to accountability, delegation and supervision. It is essential that the standards, and the definitions taken from the glossary in the standards as provided below, are read in conjunction with NMBA standards, codes and guidelines.

Definitions

The following definitions relate to the use of these terms in the *Midwife standards for practice* and are taken from the *Midwife standards for practice* glossary.

**Accountability** means that midwives answer to the persons 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.

**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’s or babies’ health needs. The midwife who is delegating retains accountability for the decision to delegate. The midwife is also accountable for monitoring 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.

**Midwife** is a person with prescribed educational preparation and competence for practice who is registered by the NMBA. The NMBA has endorsed the following ICM definition of a midwife and applied it to the Australian context (Nursing and Midwifery Board Australia, 2017). The International Confederation of Midwives definition of a midwife is ‘A midwife is a person who has successfully completed a midwifery education programme that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is recognized in the country where it is located; 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. A midwife may practise in any setting including the home, community, hospitals, clinics or health units.’ (International Confederation of Midwives, 2017, p. 1).
Standards for practice in this document are the expectations of midwifery practice. They inform the education standards for midwives, the regulation of midwives and determination of the midwife’s capability for practice, and guide consumers, employers and other stakeholders on what to reasonably expect from a midwife regardless of the area of midwifery practice or years of midwifery experience. They replace the previous National competency standards for the midwife (2010).

Supervision includes managerial supervision, professional supervision and clinically focused supervision.

For more information

- Midwife standards for practice
- Audit information on the NMBA website
- Visit www.nursingmidwiferyboard.gov.au under Contact us to lodge an online enquiry form
- For registration enquiries: 1300 419 495 (in Australia) +61 3 9275 9009 (overseas callers)

Document history

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