



Midwife standards for practice

Consultation report

June 2018

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Foreword

The Nursing and Midwifery Board of Australia (NMBA) works in partnership with the Australian Health Practitioner Regulation Agency (AHPRA) in the regulation of nurses and midwives in Australia.

The NMBA sets the national standards, codes and guidelines that nurses and midwives must meet to be registered in Australia. These standards include five core registration standards, required under the Health Practitioner National Law, as in force in each state and territory (the National Law) and other profession specific registration standards. These standards, codes and guidelines provide nurses, midwives, employers and the public with information about the minimum standards required to practice as a registered nurse and/or registered midwife in Australia.

Since the start of the National Registration and Accreditation Scheme (the National Scheme) in 2010, the NMBA has established a systematic process to review, consult on and develop all standards, codes and guidelines.

AHPRA on behalf of the NMBA contracted Deakin University in 2016 to develop the *Midwife standards for practice* (the standards), incorporating the first review since 2006 of the *National competency standards for the midwife*. The standards have been consulted on extensively throughout their development.

Across the project phases over 526 contributors identified themselves as midwives employed in positions that ranged from direct clinical, policy development, academia, manager, employer, educator and quality improvement roles participated in the development of the standards. Over 300 midwives responded to the public consultation along with approximately 76 other people who identified themselves as not in a midwifery role. 12 participants in the public consultation identified themselves as healthcare consumers or midwifery advocates.

The feedback received in the public consultation, together with the evidence and key outcomes from the project phases contributed to the final version of the standards. The standards have been tested through observations of midwives in practice across a range of locations and settings in each state and territory.

The NMBA considered and approved the final draft of the standards on 22 March 2018.

The standards are for all midwives across all areas of practice. They are to be read in conjunction with all applicable NMBA companion documents, such as the mandatory registration standards, codes and guidelines, including the *Code of conduct for midwives*, the *Decision making framework* and the International Confederation of Midwives (ICM) *International code of ethics for midwives* which is the guiding document for ethical decision-making for midwives in Australia.

The standards were published on the NMBA website from 1 May 2018 to allow midwives, and other users such as educators, managers and consumers, time to become familiar with the new requirements and to facilitate transition from the *National competency standards for the midwife* to the *Midwife standards for practice*.

From 1 October 2018, the *Midwife standards for practice* will come into effect replacing the *National competency standards for the midwife*.

The NMBA and AHPRA would like to thank all those who were involved in the project and responded to the consultation.

1. Introduction

Section 35 of the National Law allows the NMBA to develop or approve standards, codes and guidelines for nursing and midwifery.

Prior to the commencement of the National Registration and Accreditation Scheme (the Scheme) the *National competency standards for the midwife* were developed by the then Australian Nursing and Midwifery Council. These competency standards were adopted by the NMBA in July 2010 at the commencement of the National Scheme.

In order to ensure that there are contemporary, relevant and useful standards which reflect current midwifery practice in all contexts the NMBA commissioned a project to develop a new set of standards. AHPRA on behalf of the NMBA contracted Deakin University in July 2016 to manage the development of the *Midwife standards for practice* incorporating the first review since 2006 of the *National competency standards for the midwife*.

The standards have been developed through research, observations of midwifery practice and consultations with key stakeholders that were conducted in three project phases:

- Phase one – literature review, interviews and observations of midwifery practice
- Phase two – key stakeholder and open public consultations
- Phase three – validation of the standards in a second round of observations.

An Expert Advisory Group (EAG) established by NMBA received regular reports on the development of the standards and provided input into each phase of the project.

In total, close to 600 stakeholders both individuals and organisations, engaged or participated in the development of the standards.

There were approximately 526 contributors to the development of the standards who identified themselves as a midwife. This number does not include the midwives on the EAG. Midwives who participated were employed in midwifery positions that ranged from clinical midwife, manager, employer, educator, midwifery advisor, policy development and academic. Other participants included registered nurses, enrolled nurses, lactation consultants, and 12 participants who identified themselves as midwifery advocates or consumers.

The standards are enabling and suitable for all midwives in all practice settings. They reflect the midwife's continuous woman-centred professional relationship which may extend from preconception to the postnatal period and acknowledge the role midwives play across the health system more broadly.

The seven interrelated standards are framed within a woman-centred approach and contain criteria that specify how the standard is demonstrated. The criteria are to be interpreted in the context of the individual midwife's practice.

The new standards align with existing NMBA standards, codes and guidelines. They provide guidance to ensure midwifery services are provided without discrimination and are provided in a culturally safe way for Aboriginal and Torres Strait Islander Peoples. The glossary is also important to understanding how key terms are used in the standards.

The standards replace the *National competency standards for the midwife*.

1.1 The main issues

Since the introduction of the National Scheme in 2010, the NMBA has established a process to review, consult on and develop all standards, codes and guidelines in keeping with good regulatory practice.

The *National competency standards for the midwife* were originally developed and published in January 2006, under the Australian Nursing and Midwifery Council (ANMC) working in conjunction with the state and territory nursing and midwifery regulatory authorities. These national standards are an integral component of the regulatory framework which guides midwives to provide safe and competent care. With the commencement of the National Scheme, this publication became the

property of the NMBA, as the body responsible for the regulation of midwives. Although the design was updated to rebrand the competency standards to reflect current ownership in August 2013, the content or intent of the original document has not changed and has not been reviewed since 2006. Reviewing the National competency standards for the midwife will ensure they are evidence-based and aligned with international best practice.

1.2 Consultation process

The National Law requires National Boards to undertake wide-ranging consultation on the content of any proposed standard, code or guideline.

In undertaking the development of the standards, the NMBA followed the agreed process set out in the [Consultation process](#) document which is published on the AHPRA website. The process included an assessment of the standards against the [Procedures for the development of registration standards](#) which include the Council of Australian Governments (COAG) principles for best practice regulation.

Phase one

Phase one in the development of the standards involved a literature review and consultation interviews. Interviews were conducted with CNMOs in the Commonwealth and state and territory offices about the midwife role, scope of practice and current standards. Following on the review of evidence and interviews, information about potential gaps in the current *National competency standards for the midwife* were investigated through real-time observations of 25 midwives providing antenatal, labour and birth and postnatal care in hospitals, community settings and in a home setting.

The findings from the literature review and consultation interviews were integrated with the analysis of observation data to inform a first draft of the standards with seven underpinning standards that were designed to apply to the practice of all midwives, regardless of area of practice.

Phase two

The first draft standards were reviewed through preliminary consultation with NMBA key stakeholders. There was strong support for the following properties in the first draft of the standards:

- the focus on woman-centred care philosophy
- the attention to cultural safety
- the recognition that midwifery practice is not restricted to clinical care
- the standards' diagram
- the alignment with the registered nurse standards to assist the understanding of these standards for those midwives who also hold nursing registration, and
- the use of existing NMBA definitions with some minor edits proposed e.g. remove *nurse* from the definition of practice, and refer to *women* rather than *people* in the definition of collaboration.

Feedback from the EAG on the draft standards was generally positive with many suggested clarifications and improvements. These changes included strengthening references to midwifery, safety and cultural safety and primary healthcare as well as adding the terms *allocation*, *consultation*, *collaboration*, *cultural safety*, *midwife* and *primary healthcare* to the glossary and removing the word *person*.

Feedback from key stakeholders informed the development of the second draft standards which were made available for the public consultation.

From 3 July to 25 August the NMBA consulted on the draft *Midwife standards for practice* via a public online survey that was accessed via the NMBA website and contained the following documents:

- a background paper
- cross mapping of the draft revised standards to the *National competency standards for the midwife*, and
- second draft standards.

The NMBA also publicised the consultation through a media release and newsletters.

The draft standards were available for review and comments and suggested improvement were invited. The online survey comprised four demographic and 34 other questions related to the content of the standards.

1.3 Breakdown of responses

A total of 442 responses were received online, and 18 email responses were received from midwives and midwifery stakeholders in organisations, government offices, committees, and as individuals.

Midwives and midwifery students provided most responses (81%, n=318), and 45% (n=142) reported they worked in clinical practice, and 60% (n=187) were employed in hospitals. The age of the majority of the midwife or midwifery student respondents (55%, n=176) was between 45 and 59 years. Responses were received from 12 consumers and/or midwifery advocates.

2. Overview of responses

There was significant overall support for the second draft standards with suggested improvements from approximately one third of the online responses and three quarters of the written responses. Many of the suggestions related to preferred words or phrasing in the introduction and sections of the standards document. More strategic suggestions sought strengthening of the partnership between the midwife and the woman, promoting normal childbirth and the continuity of midwifery care. All suggestions that accorded with the project brief were considered and many were included.

Consumer voices

There were 12 responses from consumers or midwifery advocates. One maternity consumer group provided commending the focus on woman-centred care and stating that they endorsed the standards as appropriate for Australian women and babies and that they were encouraging for the future, with no suggestions for alteration. Other online responses from consumers and/ or midwifery advocates also commended the focus on woman-centred care. There were two responses also highlighting that consumers needed to have a strong voice in decision-making about their care. Midwives were viewed by consumers as needing to be clear and direct in advising a woman if they believe her desires conflict with best practice or safety, and work within a team which places the safety of women and babies above all else.

Summary of changes and other decisions

All suggested amendments were reviewed and either included as proposed or similar wording, or not supported when considered in relation to the other responses. Amendments were made to address any identified gaps, and clarify and simplify language and expression. Many suggestions became redundant once major or strategic edits had been made to the draft standards.

A summary of the key themes and outcomes is provided in Table 1 below.

Table 1 - Themed responses

Theme	Responses and outcome
Support for draft standards	<p>Most responses supported or made no suggestions for improvement, reasons for support were because they:</p> <ul style="list-style-type: none"> • reflect current practice • focus on woman-centred care philosophy • focus attention on cultural safety • recognise that midwifery practice is not restricted to clinical care • are easier to understand with the Standards figure • align with the Registered nurse standards for practice • use existing NMBA definitions.

<p>Suggestions to use and/or reference other definitions</p>	<p>NMBA definitions were used for standardisation and consistency. For this reason, suggestions to use and reference other definitions such as for evidence base practice, partnership, collaboration, cultural safety, ACM <i>National midwifery guidelines for consultation and referral</i> or amalgamate the new draft <i>Code of conduct for midwives</i> with these draft standards for practice were not adopted.</p> <p>Some definitions such as primary healthcare, were revised as the changes were deemed to be significant improvements on NMBA definitions.</p> <p>Many suggested edits to the proposed text were received though many of these suggestions became redundant when edits based on other feedback were made.</p>
<p>Partnerships, professional relationships and accountability</p>	<p>There were 15 responses requesting strengthening of references to the midwife woman partnership, the promotion of normal physiological birth and continuity of care 'given the strength of evidence supporting caseload midwifery for all women'. Partnership was proposed as a core component of midwifery and women-centred practice.</p> <p>In contrast, there were about 20 responses that described the midwife's relationship with the woman in ways that raised concerns about understanding of accountability, collaboration, practice and professional relationships.</p> <p>The existing NMBA definitions of accountability, collaboration, practice and professional relationships, the significance of responses supporting the text in the draft Standards and the context given to partnership in the Renfrew et al paper informed the decision to foreground professional relationships as the context for midwives to work with woman, colleagues and other health practitioners.</p>
<p>Continuity of care</p>	<p>A small number of responses sought aspirational standards particularly in relation to continuity of care.</p> <p>'Most midwives are working in models and ways that are not providing optimum care for women and newborns. Any weakening and removal of reference to promoting continuity of care models and advocating for/ supporting and proving continuity of care would in my opinion be unethical and set practice back. We cannot set standards to meet what we have got - the standards should determine where we should be'.</p> <p>In contrast, providing care within a continuity framework was viewed as 'problematic' or 'a voluntary option'.</p> <p>'No matter how desirable this model of care is, it does not belong in the standards of practice against which the practice of all midwives is measured'.</p> <p>The definition of continuity of care was refined and confirmed by the EAG as defined in the glossary.</p>
<p>Reference to direct clinical practice</p>	<p>Many of the suggested amendments referred directly to clinical practice. These suggestions prompted checking if the suggested responsibility, behaviour, activity or practice</p>

	<p>was a gap in the existing draft, and if so whether this could be described in a generic manner.</p> <p>These standards are written for the midwife as a single entity without differentiation of levels or scopes of practice so include clinical and non-clinical practice therefore these suggested amendments were not supported.</p>
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The revisions of the draft standards stemming from the analysis of the public consultation responses resulted in the following changes to the draft:

- more consistent use of terms and expression of midwifery practice and professional relationships throughout the draft standards, and particularly in the introduction
- changes to the titles of two of the seven standards, the standards figure, and six of the standard stem statements
- four criteria were removed, three new criteria were added and minor changes were made to many other criteria, and
- glossary definitions have been aligned with the recently launched Code of conduct for midwives, with two new terms added (woman and competency), and some minor edits.

3. Validation observations and further revisions post consultation

The third draft standards were refined through a second round of structured observations of midwives' practice in each state and territory and in urban, regional, rural and remote locations. These observations involved observing the practice of 35 midwives in clinical and non-clinical roles.

Overall the observations provided well defined and positive evidence that the draft standards and criteria were used without difficulty to map the practice of the observed midwives. All standards were observed in all observations and, with one exception, the criteria were evident in 86% of the observations. A few criteria were reported by one or two observers to be similar, and three criteria were about aspects of practice that were less visible in these one-off time limited observations of practice.

The EAG was provided with an overview of considerations triggered by the analysis of the observation data at a face-to-face meeting in Melbourne on 31 January 2018. The proposed draft standards received general support with much discussion and feedback provided on the draft standards.

4. Final outcomes

The standards align with existing NMBA standards, codes and guidelines in language and the proposed structure. Where appropriate existing NMBA definitions have been used. These standards also reference relevant definitions from the ICM and Congress of Aboriginal and Torres Strait Islanders Nurses and Midwives (CATSINaM). A few new definitions have been developed for the purposes of these standards, e.g. *woman-centred practice* and *midwifery continuity of care*. Woman-centred practice in these standards is both a philosophy and a concept that embraces all aspects of midwifery practice.

5. Conclusion

The NMBA has finalised the project to revise the current *National competency standards for the midwife* and develop the *Midwife standards for practice*. This report describes the project and provides a summary of the feedback to the consultation undertaken.

The NMBA received and considered carefully a wide range of views in developing the standards. The intent of the NMBA was to develop standards which reflect current midwifery practice in all contexts and are contemporary, relevant and useful.

The standards have been written for the practice of the profession of midwifery rather than that of the individual midwife. For this reason, the standards will require interpretation within the specific contexts and some midwives may need further support to do this.

In revising standards, codes and guidelines, the NMBA must balance its statutory duty to protect the public with the other objectives of the National Law and their underlying regulatory principles, such as proportionality and fairness for those subject to their regulation. The NMBA believes that this balance has been achieved in the new standards. The NMBA will also continue to monitor the effectiveness of the new standards and the emergence of any new evidence in this area. Further reviews of the standards will be conducted in future, incorporating new research and any information gathered about how the revised standards are working in practice.

The NMBA and AHPRA thank all those who contributed to the review process and provided valuable feedback on these important issues.