Response to the consultation regarding the NMBA Codes of conduct for nurses and midwives

Thank you for the opportunity to respond to this consultation regarding the NMBA *Code of conduct for nurses* and *Code of conduct for midwives*.

This response is made from the midwifery team at the University of Technology through the Centre for Midwifery, Child and Family Health.

We understand that you are requesting feedback on the draft Codes. We recognise that the Codes are important for the professions, the healthcare system and the public as they set out the legal requirements, professional behaviour and conduct expectations for nurses and midwives in all practice settings in Australia. The Codes describe the principles of professional behaviour that guide safe practice, and clearly outline the conduct expected of nurses and midwives by their colleagues and the broader community.

We have responded to the specific issues as outlined in the documents and the online survey.

UTS Midwifery does not support person centred care

UTS midwifery 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 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.

Woman centred care is a focus of the NMBA Competency Standards for the Midwife (NMBA 2006) which have been used in education and regulation for more than a decade. The concept is central to the ANMAC Midwife Accreditation Standards (ANMAC 2014) which directs the education of all midwives in the country. Woman centred care is also a global concept that is promoted and supported by the International Confederation of Midwives and in the Lancet Series of Midwifery (Renfrew, McFadden et al. 2014)

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).

UTS Midwifery strongly supports the Australian College of Midwives' philosophy. This 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. International midwifery literature and research uses 'woman/women' and the 'woman's baby, partner, family, community, GP, obstetrician etc'. A childbearing woman is not in a client relationship with her midwife. The focus of care is a woman and 'person' is inappropriate. Person centred care also removes the woman from the central role in her childbearing experience and renders her invisible.

If woman-centred care is replaced with person centred care then this will pose a problem for all midwives involved in education, research, policy and management. In particular it will affect how we educate midwives - many curriculum documents are underpinned by woman centred care. Person centred care is at odds with the language used in international midwifery literature, policy and research.

We also do not support the word 'client' instead of 'woman'. Dictionary definitions include: someone who engages the services or professional advice of a lawyer, account, advertising agency, architect etc; someone who is receiving the benefits or services of a social welfare agency or government bureau etc; or a customer, consumer. None of the definitions we have found describe the midwife-woman relationship or the partnership model. Most revolve around a customer sort of relationship which we do not feel is appropriate for midwifery.

UTS Midwifery 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. One code of conduct is a backward step in Australian regulation overruling the previous hard-earned respect from nursing about why midwifery should have its own regulation.

The argument for the separation of nursing and midwifery as separate disciples is now some decades old in Australia. Over the last decade, Australian midwifery has its own internationally recognised definition, scope of practice, national code of ethics and professional conduct; decision-making framework; continuing professional development and standards review; as well as education and practice standards (ANMC 2006, ANMAC 2013).

As early as 1985, the distinction between nursing and midwifery was identified in the literature (Barclay 1985). The Australian Midwifery Action Project (AMAP) in the early 2000s, provided a body of evidence to substantiate the problem of continuing invisibility of midwifery in regulation and education (Tracy, Barclay et al. 2000, Brodie and Barclay 2001, Leap and Barclay 2001, Brodie 2002, Leap 2002, Leap and Barclay 2002, Barclay, Brodie et al. 2003, Leap, Barclay et al. 2003). This work and others (Bogossian 1998) highlighted how the lack of consistency and evidence of discrepancies in the regulatory standards of midwifery education and practice nationally, questioned the capacity of the statutes to protect the public adequately and ensure that minimum professional standards could be met. The lack of distinction from nursing in both education and regulation, was also shown to limit innovation and development of a more

flexible, responsive and sustainable workforce that could improve outcomes through greater access to midwifery services.

For more than two decades the midwifery profession in Australia has argued for greater clarity and understanding of the significance of the title 'midwife' in terms of the role, as well as the different body of knowledge and scope of practice of midwives. They argue that 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 minimization of harm.

In 2001, in Victoria and South Australia, legislation was changed to enable a direct entry midwifery program to commence meaning that a midwife did not first need to be a registered nurse. Other states followed with NSW changing the *Nurses Act (1991)* in 2004 to enable a similar course to commence. Such a program is now available in all states and territories (except Tasmania). Direct-entry programs are the predominant way to become a midwife in many countries including the UK, New Zealand, Canada and many European countries. Direct-entry midwives undertake a 3 or 4 year Bachelor program and, on registration, are able to function to the full scope of the role of the midwife as per the International Definition of the Midwife (ICM 2008). This is a unique aspect of the registration of midwives.

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.

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).

UTS Midwifery supports working in partnership rather than a Professional relationship

We believe that the work midwives do is a partnership and this is in line with our philosophy of midwifery care. This has been part of midwifery since 1995 when the partnership model was articulated by our colleagues in New Zealand (Guilliland and Pairman 1995, Leap and Pairman 2006).

Thank you again for the opportunity to comment. We hope that these comments will be constructive in the process of developing the codes. We present our views in the interests of improving the codes and ensuring that they are relevant for midwives in Australia and will be able to serve their purpose.

Please feel free to contact me for any further information.

Yours sincerely

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