

NMBA DEVELOPMENT OF MIDWIFE STANDARDS FOR PRACTICE

**CoNNMO MEETING, MELBOURNE
MAY 2017**

Project team

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Ms Sara Stelfox, Deakin University

Ms Nicki Hartney, Deakin University.

Expert Advisory Group

Constituted by NMBA to provide expert advice to the project team about the development of the standards for the life of the project.

Membership was determined by the NMBA based on experience & expertise in the functional application & content of the standards.

- ACM
- ANMAC
- ANMF
- CATSINaM
- Chief Nurse and Midwifery Officer
- Clinical midwives (1 private practice, 1 rural/remote, 1 health service)
- Consumer
- Midwifery academic
- NMBA members.

Session outline

- Overview of the project progress
- Literature and interview outcomes
- Observations outcomes
- Draft Midwife standards for practice.

Project overview

What: Develop *Midwife standards for practice* as part of the regulatory framework for assessing the midwife's competence to practise. Review the current NMBA National competency standards for the midwife (2006). Recommend standards that reflect current (not aspirational) evidence-based midwifery practice, are up-to-date, meet legislative requirements & align with the other NMBA standards for practice.

Who: Project team working with NMBA, the Expert Advisory Group & midwifery stakeholders with outcomes for midwives, student midwives, midwifery education providers & accreditors, midwifery regulators, employers, policy makers & professional & industrial organisations, as well as consumers & other public stakeholders.

Project overview (continued)

Why: *Midwife standards for practice* provide a framework for midwives' obligations to be competent & safe to practice, across a diversity of roles in Australia. These are obligations for midwives working in hospital care models, in private practice, midwifery students, educators, researchers & policy developers. The Standards provide guidance for consumers & other stakeholders in midwifery practice including regulation, education & employment.

How: Project design will generate & integrate scientific, professional & stakeholder knowledge (Head 2008, 2010) to address the project scope.

Project phases

Commenced July 2016

Scheduled completion March 2018



RESEARCH

July–Dec 2016



CONSULT

Jan-Aug 2017



VALIDATE

Sept 2017-Jan 2018

Phase 1

Phase 2

Phase 3

EAG consultation

Key concepts from the literature

- woman-centred care
- safe and quality care
- collaborative and interprofessional practice
- interpersonal and cultural competence
- information, education, and
- primary health care.

Concepts and issues from the interviews

Focus: safety and quality, collaboration, interprofessional team practice, primary health care, and culturally appropriate care were highly valued. Requested to strengthen and clarify these practices in the Standards.

Issues: use of the word graduate was reported to imply that the competency standards were only for graduate midwives. The Standards need to address the role of midwives in responding to the needs of women with risks that include social disadvantage, unsafe health practices, advanced maternal age and/or chronic conditions.

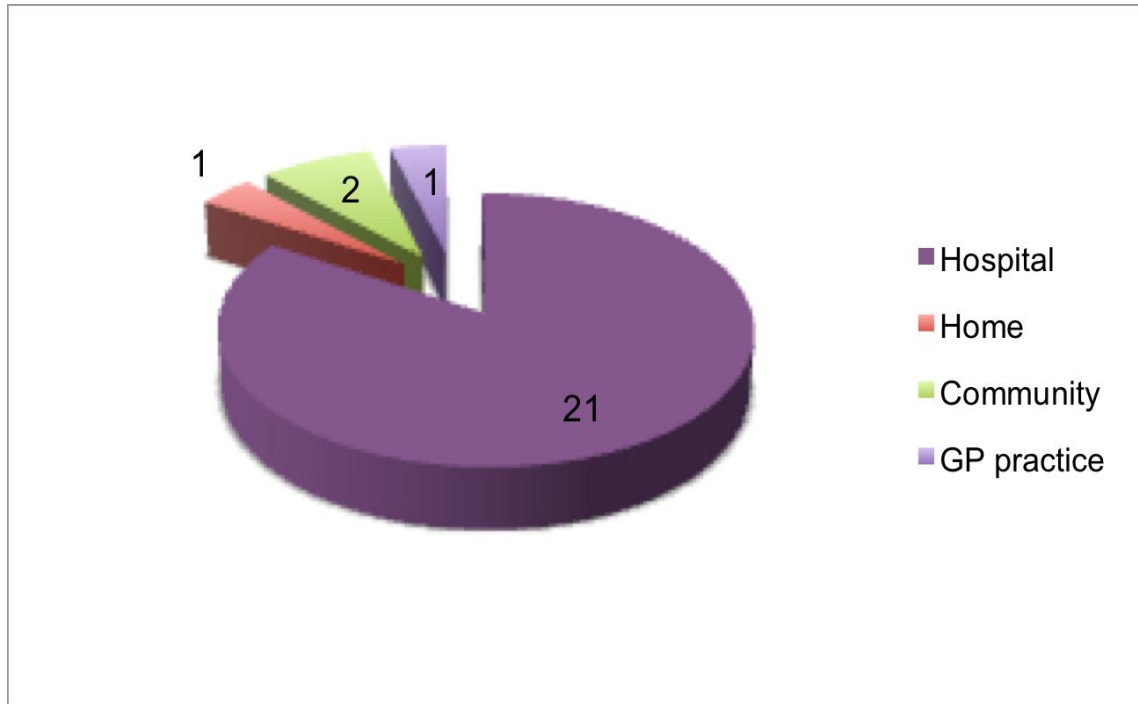
HREC and research governance approvals

1. ACT Health HREC
2. Calvary Health Care Clinical and Research Ethics Committee
3. Deakin University HREC
4. Melbourne Health HREC National Ethics Application Form
5. Northern Sydney Local Health District HREC
6. NT Department of Health and Menzies School of Health Research HREC
7. SA Department of Health HREC
8. Tasmanian Health and Medical HREC, and
9. Qld Health (Townsville Hospital and HREC).

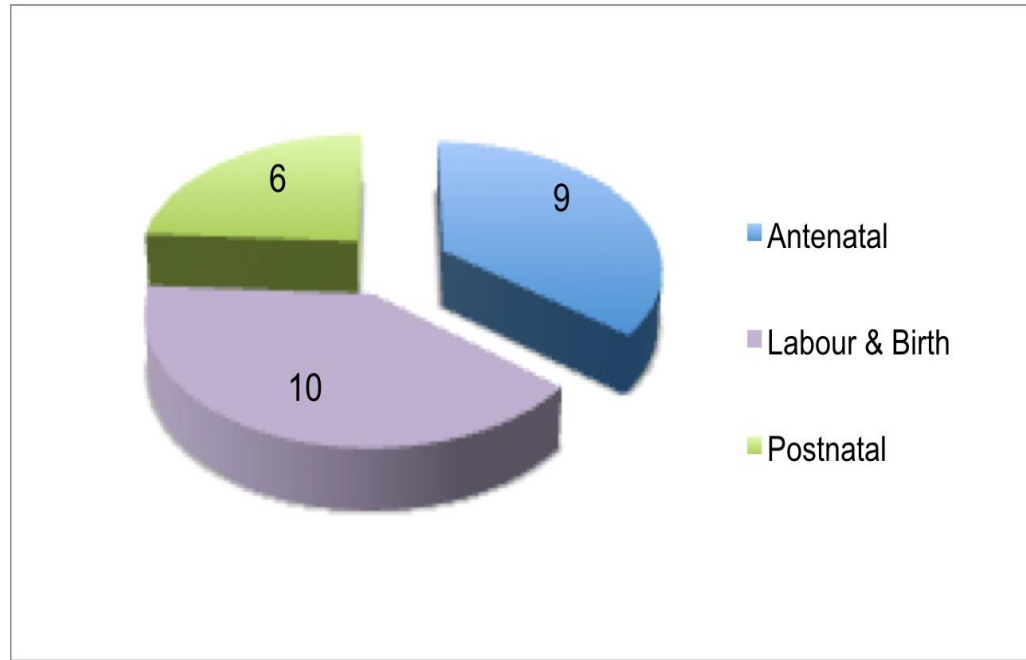
Observation sites

Site	Location ASGS-RA	Reason for inclusion
Tertiary women's hospital	RA1	Tertiary centre in a capital city with more than 2,500 births per annum. Various models of care provided.
General tertiary hospitals with maternity services in capital cities	RA1 RA2 RA3	Four tertiary centres with between 2,500 and 6,000 births per annum. Two in metropolitan capital cities and two in regional areas with large Aboriginal populations. Midwifery models of care included antenatal clinic, maternity inpatient, birthing units and community midwifery.
General hospital with maternity service in regional city	RA2	Rural hospital with >500 births per annum and a range of models of care, including GP-led care.
Private hospital in capital city	RA2	Maternity unit in a busy private hospital with >500 births per annum.
Private midwifery practice	RA1	Midwives in private practice in one state
Remote setting	RA4	Midwives providing midwifery-led woman-centred, antenatal, birthing, postnatal and well-baby care in a small low risk unit with approximately 320 births per annum and a large Aboriginal population.

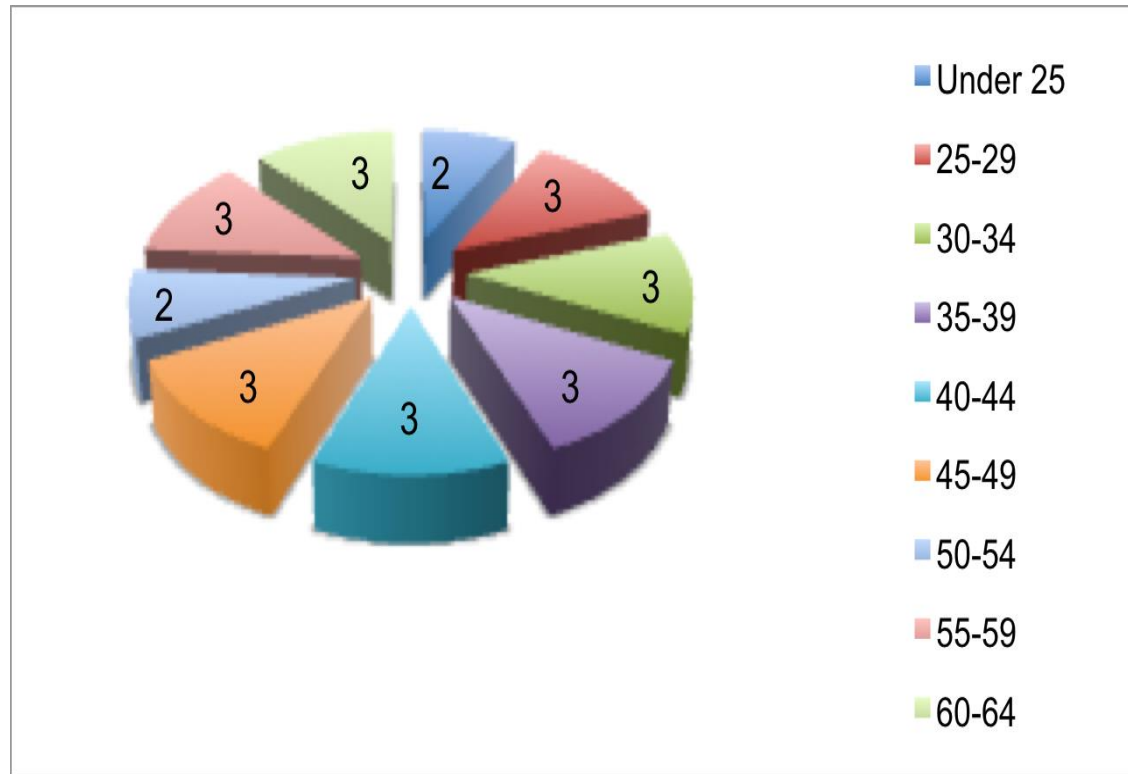
Frequency of observed midwifery practice settings n=25



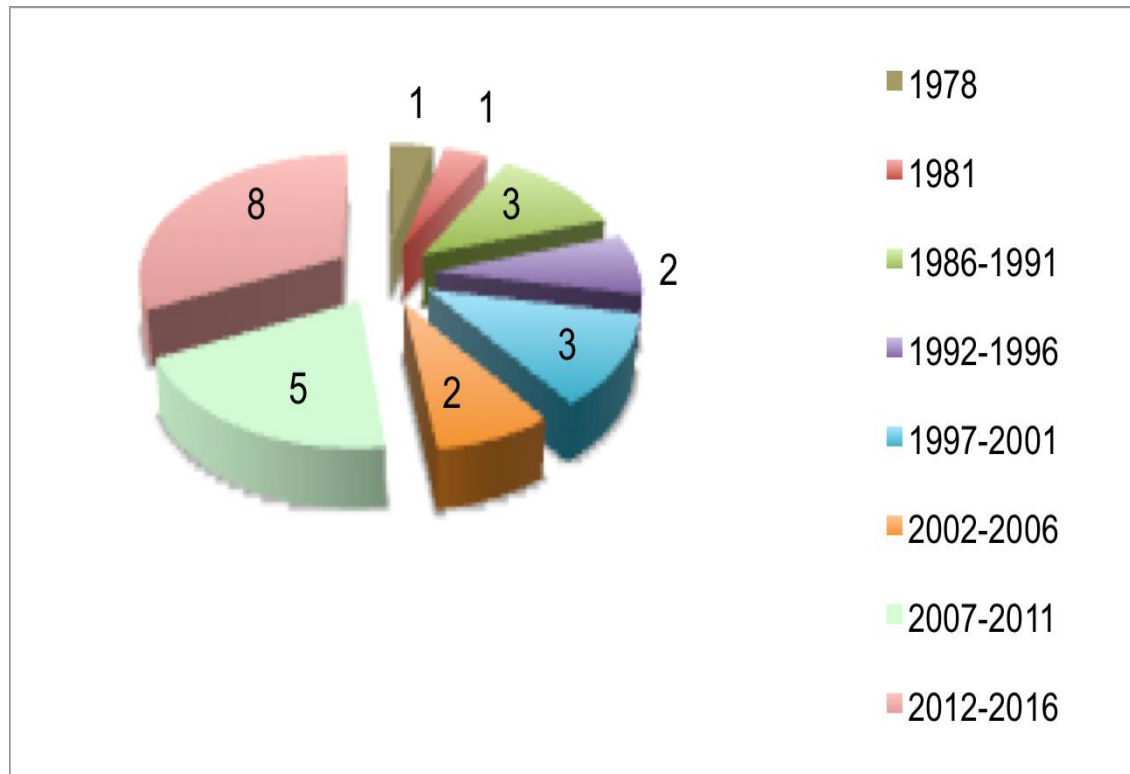
Frequency of observed midwifery areas of practice n=25



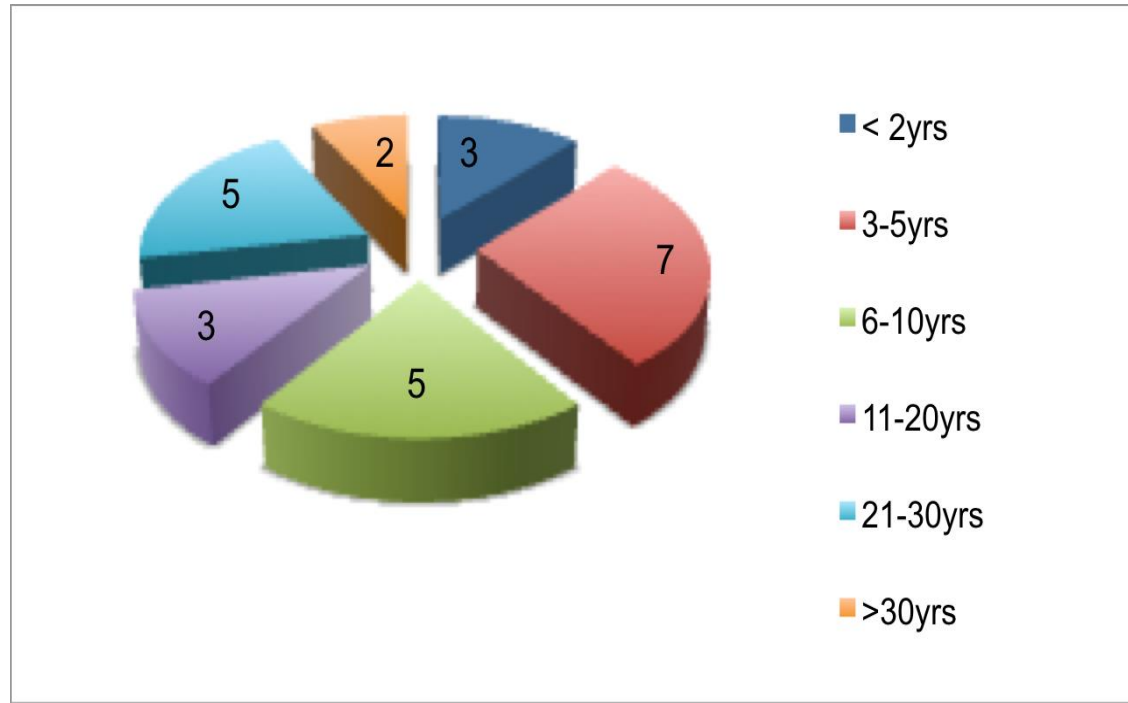
Frequency of age groups of the observed midwives n=25



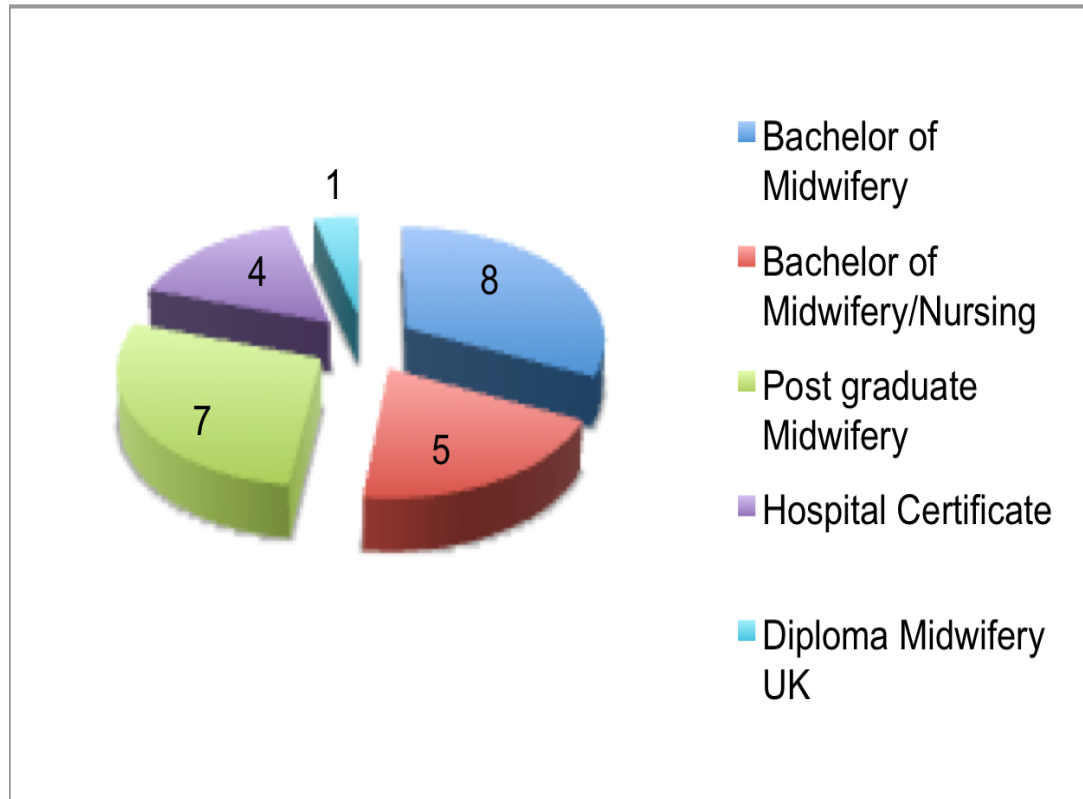
Frequency of year/s of registration as a midwife n=25



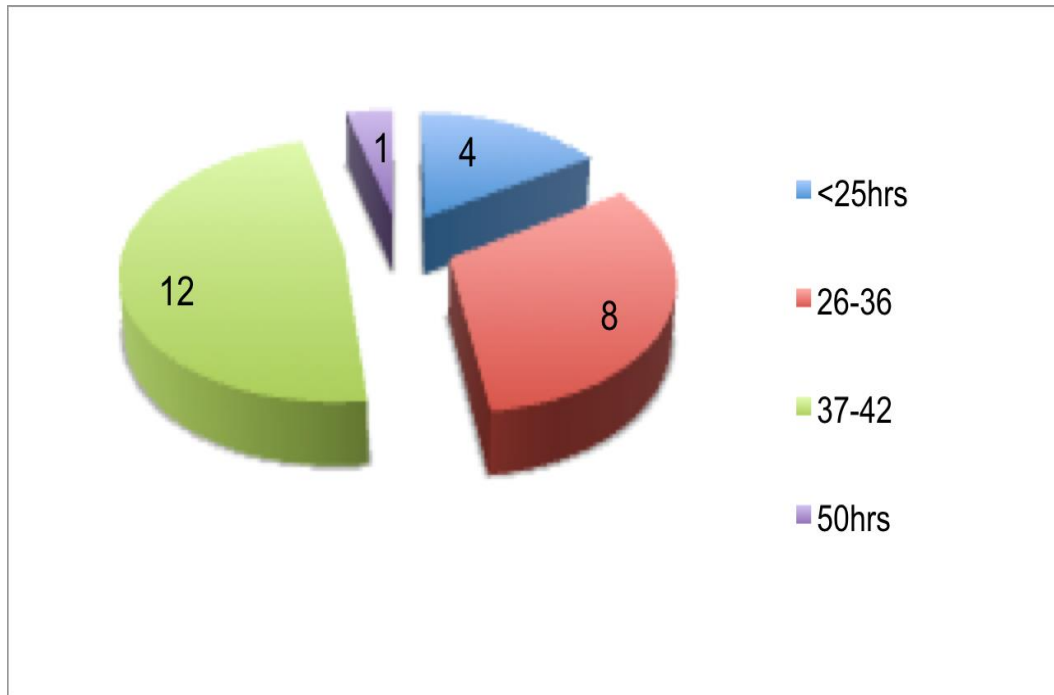
Frequency of year/s in practice as a midwife n=25



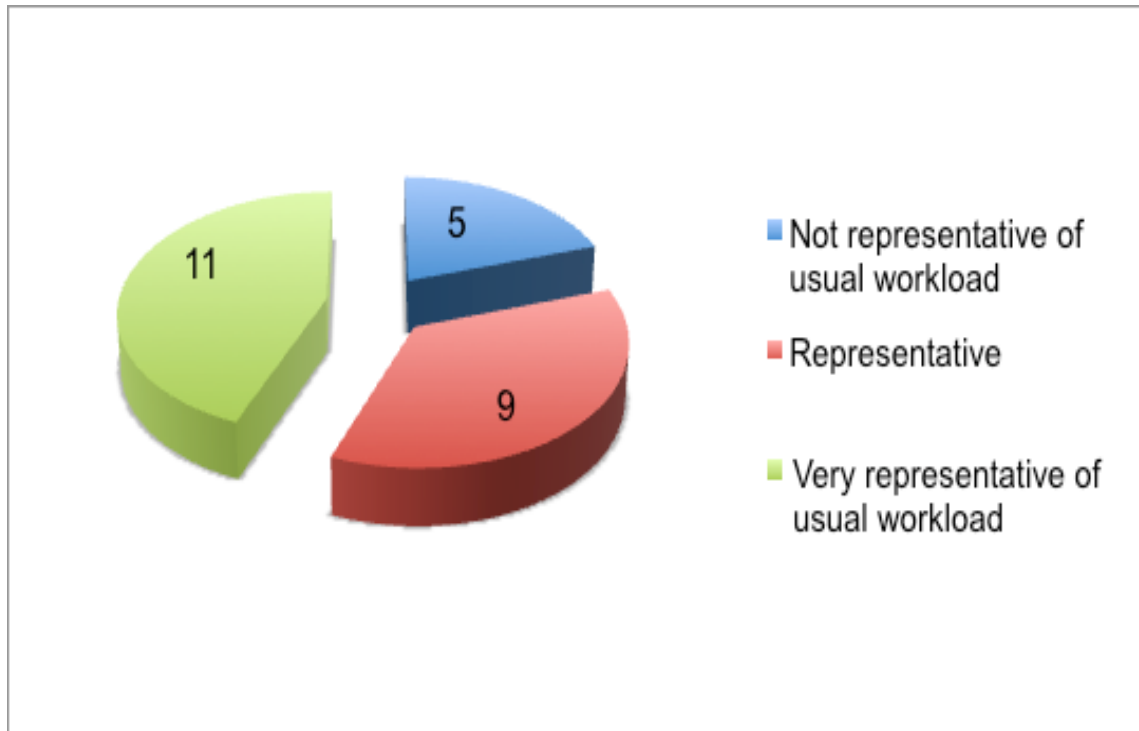
Frequency of initial midwifery qualification n=25



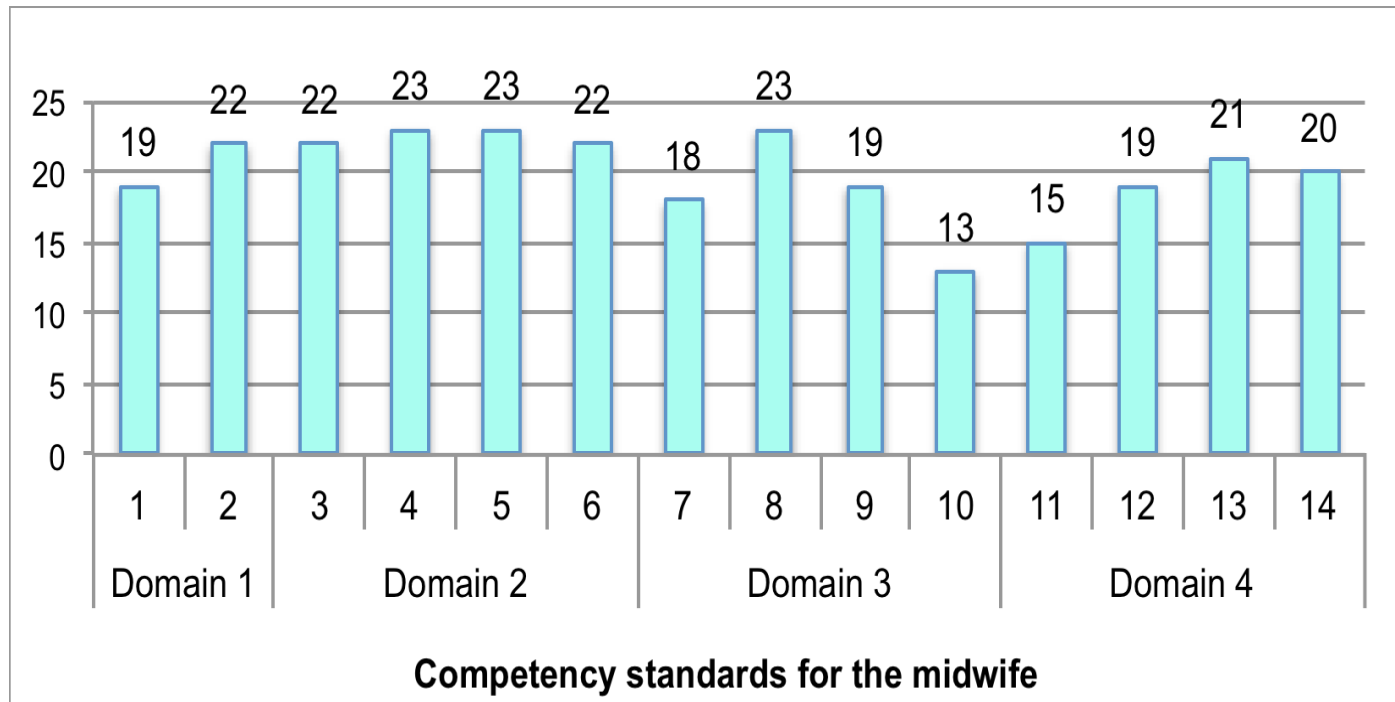
Frequency of hours worked by the observed midwife in the previous week n=25



Frequency of the observed day as representative of usual workload n=25



Frequency of observations of the national competency standards for the midwife n=25



Mapping of practice to competency standards

Most closely related to standards about:

- responsibility and accountability
- communication to facilitate decision-making by the woman
- safe and effective care
- collaboration
- care provision and
- professional development.

Two standards observed least often were about cultural safety and ethical decision-making (52% and 60% of observations).

Standard 14 (Uses research to inform midwifery practice) was evident in mostly as **valuing and supporting** research. Little evidence of the skilled **use** of research.

From competency standards to standards for practice

‘Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a nurse or midwife. For the purposes of this registration standard, 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’ (NMBA Recency of practice registration standard 2011).

Draft standards for Preliminary Consultation

- Standard 1: Promote health and wellbeing for the woman and her family
- Standard 2: Demonstrate professional accountability for midwifery practice
- Standard 3: Engage in respectful partnerships and professional relationships
- Standard 4: Undertake comprehensive assessments
- Standard 5: Develop plans for midwifery practice
- Standard 6: Provide safe and quality midwifery practice
- Standard 7: Evaluate outcomes to inform midwifery practice.

Woman-centred practice

Standard 1

Promote health and wellbeing for the woman and her family

Standard 2

Demonstrate professional accountability for midwifery practice

Standard 3

Engage in respectful partnerships and professional relationships

Undertake comprehensive assessments

Develop a plan for midwifery practice

Provide safe and quality midwifery practice

Evaluate outcomes to inform midwifery practice

Standard 4

Standard 5

Standard 6

Standard 7

Next steps

- Public consultation (open access from NMBA site) July-Aug 2017
- Validation observations Nov-Dec 2017



QPS

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PATIENT SAFETY RESEARCH



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GREAT HEALTH AND WELLBEING



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