



midwifery

The Australian Nursing Federation supports the definition of a midwife provided by the International Confederation of Midwives.¹

A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise 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.

It is the policy of the Australian Nursing Federation that:

1. A National Maternity Action Plan must be developed in consultation with all peak professional and industrial bodies representing midwives in Australia, to improve maternity services.
2. Childbirth is a normal physiological event, which may have significant physical, physiological, emotional and social effects for women, their infant(s) and their families.²
3. Midwives have specialist skills and knowledge relating to the care of women, including: preparing for pregnancy; during pregnancy, childbirth, and the postpartum period; and in the care of a newborn infant(s).
4. Midwives are the optimal providers of midwifery care and should be consulted when designing the workforce to provide maternity care.

5. Midwifery workforce planning should be informed by national data collection, to ensure safe, quality services which offer a range of choices in their mode of delivery.
6. Midwives should be able to work to their full scope of practice, with the key concepts of midwifery practice including: partnership with women; respect for human dignity; cultural sensitivity; the right of women to choose a midwife as their primary carer;³ and a focus on health promotion and illness prevention - particularly for Indigenous women to reduce perinatal mortality and morbidity, thereby closing the gap in birth outcomes.
7. Courses leading to authorisation, registration or endorsement as a midwife are developed in conjunction with the nursing and midwifery professional and industrial bodies that represent midwives.
8. Students of midwifery must have access to high quality clinical education supervised by midwives that prepares them for safe and collaborative practice in all aspects of maternity care.
9. Midwives must be endorsed or authorised by their State/Territory Nursing and Midwifery Regulatory Authority and must meet and comply with the Australian Nursing and Midwifery Council (ANMC) *National Competency Standards for Midwives in Australia*.⁴ the *Code of Professional Conduct for Midwives in Australia*,⁵ the *Code of Ethics for Midwives in Australia*,⁶ and the *Continuing Competence Framework for Nurses and Midwives*.⁷
10. Midwives who are self employed or who work in isolated practice must have processes in place to demonstrate they continue to meet the ANMC *National Competency Standards for Midwives in Australia* and to monitor the safety and quality of their practice; and that they have established collaborative networks, supports and referral processes.
11. Competency programs must be available and accessible for those midwives who require them, for example, midwives working exclusively in a discrete area of practice, such as a birthing unit; or in facilities where there are a limited number of births; or when midwifery skills and knowledge are only required in unexpected and emergency situations, such as in remote or rural areas.
12. Nurses who are not midwives may provide care for pregnant or birthing women in emergency or exceptional circumstances when there is no midwife or doctor available.
13. Nurses who are not midwives may only provide maternity care, delegated to them in accordance with their State/Territory legislative requirements, and under a care plan developed by a midwife responsible for the individual woman's care.

14. Re-entry to practice and refresher programs should be readily available and meet the individual learning needs of the midwife returning to midwifery practice. These programs should be provided in a flexible manner and include an option for distance education and locally arranged clinical placements.
15. All midwives should be able to access professional indemnity insurance.
16. Eligible midwives should be able to order relevant laboratory tests, diagnostic investigations and prescribe a specified range of medicines commonly used in maternity care.
17. Eligible midwives who are not employees should be able to receive reimbursement for maternity care from the public insurance system (Medicare) as well as from private health insurance companies.
18. Industrial agreements should be available for midwives to accommodate different models of midwifery care including continuity of care midwifery models.
19. Midwives may be assisted by an unregulated birth attendant (for example, a Doula) but at all times the midwife is responsible for the care provided.

endorsed november 2005

reviewed and re-endorsed november 2009

references

1. International Confederation of Midwives. 2005. *Definition of the Midwife*. Available at: <http://www.internationalmidwives.org>
2. International Confederation of Midwives. *Position statements*. Available at: <http://www.internationalmidwives.org>
3. Ibid.
4. Australian Nursing and Midwifery Council. 2006. *ANMC National Competency Standards for the Midwife*. Available at: <http://www.anmc.org.au>
5. Australian Nursing and Midwifery Council. 2008. *ANMC Code of Professional Conduct for Midwives in Australia*. Available at: <http://www.anmc.org.au>
6. Australian Nursing and Midwifery Council. 2008. *ANMC Code of Ethics for Midwives in Australia*. Available at: <http://www.anmc.org.au>
7. Australian Nursing and Midwifery Council. 2009. *ANMC Continuing Competence for Nurses and Midwives*. Available at: <http://www.anmc.org.au>