Friday, 20 December 2024

Parliament of Tasmania
Att: Mary de Groot
Secretary

RE: Questions on Notice – Public hearing of the Select Committee on Reproductive, Maternal and Paediatric Health Services in Tasmania

Dear Mary

I refer to correspondence dated 31 October 2024 requesting questions on notice following ACM appearance before the Inquiry into Reproductive, Maternal and Paediatric Health Services in Tasmania. Please find below responses to the two questions, and additional information that supports ACM appearance that was not able to be provided in person on the day.

The Australian College of Midwives (ACM) is the peak professional body for midwives in Australia; and welcomes the opportunity to provide a written response to the questions on notice provided by the ***Select Committee on Reproductive, Maternal and Paediatric Health Services***. ACM represents the professional interests of midwives, supports the midwifery profession to enable midwives to work to full scope of practice (SoP), and is focused on ensuring better health outcomes for women, babies, and their families.

Midwives are primary maternity care providers working directly with women and families, in public and private health care settings across all geographical regions. There are 33,288 midwives in Australia and 1,356 endorsed midwives[1]. ACM is committed to leadership and growth of the midwifery profession, through strengthening midwifery leadership and enhancing professional opportunities for midwives.

1. For the state and territories that have separate midwifery degrees, could you please provide statistics regarding the uptake of separate midwifery undergraduate degrees in comparison to those completing midwifery study after completing an undergraduate nursing degree?

The distribution of midwifery graduates varies across states and territories. Tasmania has the lowest number of registered midwives, with 586 dual-registered midwives (midwifery and nursing) and only 86 registered midwives. This equates to just 1.09% of all midwives registered in Australia. The nearest figures for registered direct entry midwives is Northern Territory and the ACT, with 111 and 246 direct-entry midwives, respectively [2].

The uptake of the Bachelor of Midwifery program across Australia, demonstrates an increasing trend compared to postgraduate midwifery programs offered to registered nurses and other health professionals. Data indicates that in 2021, there were 1,518 students commencing a Bachelor of Midwifery, marking a 7.6% increase from 2020 and a 40% growth over the past decade [3]. Similarly, first-year direct-entry midwife registrations increased by 29% between 2014 and 2021, with 906 new registrations in 2021[3]. This reflects the increasing preference for standalone midwifery programs as a pathway to registration.

Single degree Bachelor of Midwifery programs are offered at 16 Australian universities, while 13 universities provide Graduate Diploma of Midwifery or similar postgraduate programs [4]. Data submitted by Australian universities to the Commonwealth Department of Education, Skills and Employment (DESE) demonstrated in 2020, there were 2,046 equivalent full-time student load (EFTSL) enrolments in Bachelor of Midwifery programs, compared to 417 EFTSL enrolments in Graduate Diplomas of Midwifery. ACM recommends Tasmanian parliament submit a request to DESE for this sector level data should its value add to report recommendations. This disparity highlights the higher intake and demand for direct-entry midwifery programs. This high demand is also reflected in tertiary admissions application data for 2025 direct entry midwifery undergraduate bachelor degree; for instance, the Universities Admissions Centre (UAC) received 508 first preference applications out of a total number of 1932 applications across all preferences (1-5) for a midwifery course in NSW and ACT.

Specific examples from universities underline this growth. A Queensland university reports an increase in Bachelor of Midwifery graduates, with 35 in 2022, 40 in 2023, and 46 in 2024. Moreover, over 600 applications have already been received for the 2025 intake. Another Queensland university has seen a steady increase in Bachelor of Midwifery graduates with numbers increasing from 41 in 2022 to 56 in 2024 and over 500 applications received for the 2025 intake. Further, a university offering the Bachelor of Midwifery in both QLD and Victoria has seen an average of 60 graduates per year in QLD and 50 per year in Victoria, with numbers for 2025 anticipated to reach 80 graduates at each campus. A NSW university reports 30–40 graduates annually from its Bachelor of Midwifery program, with a steady intake of 25 graduates per year from its Master of Midwifery program, a postgraduate entry to registration course. In a Victorian university, 163 graduates completed the Graduate Diploma of Midwifery program over the past three years with current advocacy work being undertaken to launch a Bachelor of Midwifery program to meet demand. Following the success of their postgraduate entry level Masters of Midwifery program (a program for nurses and other health professionals to gain midwifery registration), with an average of 35 graduates per year, another Australian university is soon to launch a Bachelor of Midwifery program to meet the growing demand for midwifery undergraduate programs and expects to enrol 40 students annually, with at least 80 applications already received for 2025.

These statistics underscore the increasing preference for standalone midwifery degrees as a direct entry into the profession. The growth in Bachelor of Midwifery programs reflects their alignment with workforce needs as identified in the recent Midwifery Futures report commissioned by the Nursing and Midwifery Board of Australia and the rising interest in pursuing midwifery, separate from nursing. Postgraduate pathways are still vital.

In relation to workforce and building upon clinical skills, capacity and capability, a contributing factor reported to ACM by members regarding workforce sustainability, education and retention is the lack of a university presence dedicated to the midwifery

workforce in Tasmania. A vested interest from a university such as University of Tasmania (UTAS) or as mentioned previously co-badging with a mainland university into both midwifery undergraduate and postgraduate education would strengthen experiences for midwives and help to grow, retain and sustain the midwifery workforce from within Tasmania.

2. Could you please provide data regarding the experiences of birth and the potential occurrence of birth trauma in birthing centres as opposed to in hospitals.

Research highlights substantial differences between women's experiences of birth and the potential for birth trauma in birthing centres compared to hospitals. Birth trauma is frequently associated with medicalised models in hospital environments, where factors such as a lack of privacy, restrictive policies, brightly lit clinical settings, and unfamiliar caregivers can contribute to feelings of isolation and loss of control. These conditions, compounded by overly directive care and increased use of technology, often deny women agency in their birthing experiences, increasing the risk of trauma [5-7]. In contrast, women seeking alternative birth settings, including birth centres, often do so to avoid trauma and achieve satisfying, empowering experiences [5, 8, 9].

Studies consistently report higher satisfaction levels among women birth in birth centres. For example, a Canadian study found that women birthing in an birth centre co-located within a hospital setting, experienced more positive perceptions of their role in decision-making, security, and control than women in a hospital-based birth unit [6]. Similarly, a Norwegian randomised control trial demonstrated that women birthing in birth centres reported significantly higher satisfaction with intrapartum care compared to those in obstetric led units [10]. In England, the introduction of a freestanding birth centre resulted in marked improvements in women's satisfaction with care practices, choices, and information provision compared to hospital care [11]. These findings align with evidence that birth centre models, which prioritise agency, respect for physiological processes, and reduced unnecessary intervention, better meet women's expectations and support positive birth experiences [8, 12]. Birth centres create a supportive environment in which women feel trusted and respected, leading many to describe their experiences as "transformational" and "life-changing" [5].

Women who have experienced previous birth trauma in hospitals often choose birth centres to avoid repeating these negative experiences. By ruling out the restrictive and intervention-heavy clinical environments of hospitals, women proactively reclaim control over their birthing processes, emphasising agency, autonomy, and empowerment [7, 9]. This assertion of power is not only life-enhancing for individual women and families but also has the potential to drive broader cultural change in maternity care [5].

Overall, the evidence underscores the value of birth centres in providing safe, satisfying, and empowering birth experiences, with significantly lower associations with trauma compared to hospitals. By supporting women's autonomy and fostering environments of respect and trust, birth centres offer an essential alternative option to hospital-based maternity care, reiterating the need for expanded access to these models of care [5-7, 9-12].

3. Additional information to support the written submission, parliamentary appearance and questions on notice in specific relation to North West (as provided by Ms Anita Dow, member for Braddon):

ACM acknowledge that there was an independent review of Quality, Safety and Management in the North West Maternity Services in Tasmania, commissioned in November 2020. From this report, 15 recommendations were made. Recommendation 1 included '*a one employer and single governance structure, under the Tasmanian Health Service, be implemented for the provision of all public maternity services in the north west of the state. This aligns with the delivery of public maternity services elsewhere in the state and provides opportunities to move toward a more fully integrated and networked statewide service'*. The North West Maternity Services Transition Project was established and the ACM Tasmania branch and its members acknowledge that this transition was at times difficult for staff. Unfortunately, ACM understands from its members that midwives have left the maternity service and the North West has been heavily reliant on agency staff. The transition project team worked to provide cultural leadership and a cultural framework to improve the culture within the North West.

Further to this when the initial consolidation of services occurred in 2016 and the Mersey Community Hospital birthing services ceased, it was not just the birthing services that were lost but the skills of a professional group of dedicated midwives. Since the transition, some staff have been upskilling in their clinical practice to work in all areas of maternity care. Midwives have also had the opportunity to upskill their clinical knowledge and clinical skills by taking advantage of the ACM Refresher Program for Midwives refresher course offered through the Office of the Chief Nurse and Midwifery Officer. The clinical midwifery educators have also provided extensive educational workshops and in-services to meet the needs of the midwives. However, they are a small team and ACM branch, and its members acknowledge further education support is needed for a junior and transient workforce.

The ACM Tasmania Branch have acknowledged that the women in the North West who utilise the maternity services have voiced their experiences through social media, newspapers and have developed a Birth in Tasmania Facebook page. ACM acknowledge that not all women have positive maternity care experiences, however there is current research occurring surrounding the experiences of maternity care in Tasmania. Please refer further to submission 15 to the Inquiry from the University of Tasmania and the NSW Birth trauma inquiry report.

ACM Tasmania branch highlights there is limited research surrounding maternity care and services in Tasmania, and there are minimal midwives undertaking research in Tasmania. It is important that research occurs within the Tasmanian context that targets maternity care and services to ensure appropriate maternity services are designed and evaluated for women and the midwives who work within it. This would ensure appropriate models of care are placed within the context of Tasmania and importantly build capacity in both clinical and research.

4. ACM referred to a designated Chief Midwife and Midwifery Leadership in the Inquiry (refer Transcript)

Please find ACM's position on Midwifery Leadership attached.

Thank you for the opportunity to provide further feedback to the Inquiry. Should you require any further information or evidence, please contact Chief Midwife, Alison Weatherstone. ACM looks forward to the outcome and recommendations of this inquiry.

Yours sincerely,

[redacted] [redacted]

Alison Weatherstone

ACM Chief Midwife

Dr Zoe Bradfield

ACM President

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[redacted]

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Australian College of Midwives

ACM: For midwives. With women. For the future.

POSITION STATEMENT

Midwifery Leadership in Australia

Issued August 2023

The Australian College of Midwives position on Midwifery Leadership in Australia

The Australian College of Midwives (ACM) is the **national peak professional body for midwives in Australia** and supports continuous improvement of the midwifery profession. Evidence affirms that midwives working to their full scope of practice, including sexual and reproductive health and maternal, child & family health are well positioned, to provide comprehensive primary maternity care to women.

Midwifery was recognised as a separate profession from nursing in 2017[1] with the update of National Law, yet the leadership that supports the profession has not evolved to recognise this significant legislative change. The adoption of the International Confederation of Midwives professional framework of Midwifery in Australia would enable higher quality midwifery services, more fulfilling careers for midwives supporting the retention, sustainability, and future proofing of the midwifery workforce, and enhanced reproductive health for all women, newborns and their families[2,3].

The profession of midwifery and the decisions about midwifery care must be led and developed by midwives for midwives. The paucity of midwifery expertise in leadership roles, which is vital to effectively guide, inform, and support midwifery practice and maternity care needs to be addressed as a matter of urgency. Now is the time to act to ensure contemporary expert midwives lead all aspects of midwifery practice and policy. The ramifications for not progressing this way will be felt by birthing women accessing maternity services and the midwifery profession in Australia.

Background

In 1982, a Commonwealth Chief Medical Officer advisory role was established as the then Director-General of Health was not a doctor[4]. Since that time this position has been held by a physician with public health or specialty clinical experience with the role evolving over that time from the provision of public health advice to being a bridge between the government and the profession. As the role changed, other health professions began to advocate for a similar role for their own profession[5]. Nursing was the first to succeed when, as part of the 2007 election campaign, the Australian Labour Party agreed to appoint a chief nurse. In 2008, preceding changes to National Law for separation of the professions, and following up on this promise, Minister for Health Nicola Roxon announced the appointment of position of Chief Nursing and Midwifery Officer (CNMO)[6]. Operationally this position has worked in a similar way to that of the medical counterpart – as a bridge between the government and the profession, and as a source of advice on high level nursing policy issues. Many view this as an influential leadership position within the nursing profession. There is, however, no requirement for the incumbent to hold registration as a midwife and therefore leaving the profession of midwifery vulnerable.

Since their inception, policy advisers reported to a Chief Nursing Officer (CNO), who had a direct line of reporting to the jurisdictional health minister. The employment of midwives into advisory roles to lead midwifery practice and maternity policy within the health departments was always considered essential to developing evidence-based, woman-centred maternity services in all settings across the country. Over time, these roles have increasingly been filled by nurses, with no midwifery expertise, making decisions and high-level contributions to policy development, education, and practice on behalf of a separate and distinct profession: midwifery with limited midwives occupying middle to senior and executive management roles to fill provide information on issues and impacts to midwifery and maternity care.

With an ever-growing body of evidence, and increasing involvement of consumers in their care, governments in many countries including Australia, are developing new policies for maternity services that require a greater role and increased responsibilities for midwives[7]. The State of the Worlds Midwifery Report[8] identified three overarching key themes being;

- to grow and promote midwifery leadership;
- to scale up midwifery led models; and
- to develop the midwifery workforce.

The Nursing and Midwifery Board of Australia, in 2020 established the national Midwifery Notification Committee to ensure that all midwifery notification matters were regulated separately from nursing, and only considered by midwives, in conjunction with community members.[1,9]. This recognition followed significant advocacy by ACM and was welcomed by midwives and consumer groups across the country[10]. Following this there was an assumption and expectation within the midwifery profession that in light of such recognition, policies and structures would align with legislation.

While some progress has been achieved, an area that remains unaddressed is the Commonwealth and jurisdictional health departments continue to operate the combined titles of Chief Nursing and Midwifery Officer (CNMO), without allowing for a distinct focus on midwifery. The last two years has primarily concentrated all CNMO's foci to nursing, with the effects of Covid-19 on the community and the workforce, however a longstanding and absent lens on and support to the midwifery and maternity services remains. The ACM recognise the recent appointment of a Commonwealth Midwifery Advisor role, but this is not enough. Midwives need an equal voice at the table, they need recognition, equal status, and visibility to advocate for what is best for the profession and for women. The complexity of maternity care and the demand for services is increasing as evidenced by significant workforce 'crises' nationally. Due to this increasing complexity and demand, and to the growing body of evidence affirming the importance of contemporary midwifery, an authoritative midwifery leadership role, the same to that of nursing leadership, is required in concert with a midwifery leadership pipeline across all levels from Clinical Midwife to Executive level management in local health services who report to a statewide Chief Midwife across each jurisdiction.

Role of the Chief Midwife

The Commonwealth Chief Midwife can lead the profession nationally prioritising maternity reform, advance the benefits of continuity of midwifery carer models for women of varying complexity, inform a redesign of the care model rebalancing services across hospital and community, and guide governance for public and private homebirth service models. Policy related to these issues needs to be informed by explicit midwifery expertise and midwifery voices. It is the ACM's opinion that this can only be achieved through the appointment of a distinct Commonwealth and jurisdictional Chief Midwife, and a distinct Midwifery leadership pipeline across jurisdictions. The establishment of these roles will provide strategic leadership to the profession and establish and refine the needed policy responses that will underpin continued ready and safe access to quality midwifery services.

Key Issues

Currently there is no requirement for the CNMO nor their jurisdictional counterparts to be qualified as a dual nurse and a midwife and, in most cases this position is held by a nurse without any midwifery qualifications, knowledge or expertise. There is an impression that those who hold these titles can represent both professional groups, regardless of their qualifications and thus a misrepresentation and undermining of the profession under National Law. This situation has significant policy, education, and

practice implications because these roles are being carried out without credible midwifery input, expertise, and knowledge whereby midwifery input to government is depleted.

This illustrates the wider problem of lack of visibility, clarity and understanding of the role of the contemporary midwife in Australia. Non-midwives informing midwifery policy is not in the public's best interest. The poorly informed, high-level decision and actions currently in relation to midwifery practice are having a flow on effect at service provision level. The diminution of a skilled midwifery workforce, and dilution of skilled evidence-based midwifery practice including midwifery led models of care, is having a negative effect on the profession nationally. These concerns are now supported by strong evidence that reveals the negative impact on midwifery morale, job satisfaction alongside workforce development and retention[11]. This is also occurring in other settings where universities offering midwifery education programs have changed their names from 'Schools of Nursing and Midwifery' to 'Schools of Nursing'; again, rendering midwifery invisible.

Midwifery Leadership – ICM Professional Framework

1. Midwifery Philosophy
2. Essential Competencies for Midwifery
3. Education
4. Regulation
5. Research
6. Association
7. Midwife-led continuity of care model of practice
8. Leadership
9. Enabling Environment
10. Commitment to Gender Equality and Justice, Equity, Diversity and Inclusion

International Confederation (ICM) of midwives highlights the midwifery profession relies on strong leadership at every level, from individual midwives to midwives' associations, to ICM and to Government[2].

There are ***6 key areas*** of Midwifery leadership

1. Political strategic leadership
2. Operational leadership
3. Regulatory leadership
4. Education leadership
5. Research leadership
6. Clinical leadership

Midwifery Leadership: Recommendations

ACM supports the recent recommendations outlined in the Council of Deans Future of Midwifery Workforce in Australia position paper[3]. Namely, Developing leadership, addressing occupational burnout, strengthening professional recognition, mainstreaming midwifery continuity of carer and sustaining growth and quality of experience in professional experience placements.

The Australian College of Midwives is committed to supporting the ongoing leadership and sustainability of the midwifery profession. Core to this is the implementation of the following recommendations and an ongoing commitment from State and Federal governments to prioritise Midwifery leadership to support evidence based maternity care and continue to improve outcomes for women and babies in Australia;

1. **The appointment of a Commonwealth Chief Midwife**

2. **The appointment of a Chief Midwife in every jurisdiction to work with the Commonwealth Chief Midwife to drive maternity care policy direction and reform across Australia.**

3. **The establishment of a Nationally implemented midwifery leadership pipeline from Clinical Midwife through to middle, senior and executive level management, ensuring midwifery leadership is represented at each level of decision making.**

Key strategies, documents and resources to support Midwifery Leadership in Australia

- Woman-centred care – Strategic directors for Australian Maternity Services
- Australian National Breastfeeding Strategy
- Continuity of Midwifery Care models of care
- Birthing on Country
- Baby Friendly Health Initiative

The Australian College of Midwives acknowledges the Traditional Custodians of the land on which we work and live.

END

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