

POSITION STATEMENT

Midwives as Maternal Child and Family Health Practitioners

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Position Statement on

Midwives as Maternal, Child and Family Health Practitioners

The Australian College of Midwives supports midwives, who are not also nurses, to undertake education, leading to qualification, in Maternal, Child and Family Health (MCFH). Given the benefits of continuity of carer, midwives are well placed, with the appropriate qualification, to work beyond six-weeks postnatal and continue through to provide care across the first 2,000 days - from conception to age five.

Regulation

- There are no statutory impediments to midwives without a nursing qualification to work in this area. MCFH is not a registrable qualification therefore there are no legislative barriers to progressing this opportunity for midwives who do not hold an additional qualification as a nurse.
- Use of the title 'MCFH nurse' is problematic as 'nurse' is a protected title (Nursing & Midwifery Board of Australia, 2019). Where MCFH roles are inclusive of the title 'nurse', these roles must be filled by a registered nurse (Australian Nursing & Midwifery Federation, 2021). To reduce differences in nomenclature, consider alternative titles such as 'MCFH practitioner' or 'MCFH midwife'.

Scope of Practice

• The Nursing and Midwifery Board of Australia (NMBA) Midwife Standards for Practice (2018) includes that 'midwives may extend their individual scope of practice beyond the postnatal period through additional education, competency and authorization', furthermore the Standards (NMBA, 2018) support that 'the midwife's practice may extend to women's health, reproductive and sexual health, and child and family health care'.

Contemporary Midwifery Education

- Development of midwifery curricula leading to midwifery registration follows national accreditation standards for both theory and practice.
- Midwifery education is underpinned by a philosophy of woman-centred care inclusive of a broader family focus. The knowledge and skills taught and consolidated in Bachelor of Midwifery programmes prepare midwives with proficiency in maternal health, lactation, infant nutrition, perinatal mental health, counselling, family violence, family planning, and early childhood immunisations, all of which have direct relevance to MCFH.

Workforce Needs

 Scoping (Queensland Health, 2019) has identified that fragmented and often ad-hoc support between maternity and child health services exists including a gap in universal access to health care for this period in the family's life stage.

- Midwives with MCFH qualifications address a critical shortage of MCFH workers and in no way displaces the value of nurses with MCFH qualifications.
- In rural and remote areas there is a need for both midwives and MCFH workers to occupy roles. Upskilling a midwifery workforce addresses these gaps and addresses emerging health issues and improves clinical outcomes and consumer experience.
- ACM strongly advocates for improvement in access to universal care and care for women and babies, especially Aboriginal and Torres Strait Islander families and other vulnerable and at-risk families; this as a critical point to closing the gap and Australia addressing the Sustainable Development Goals (Australian Government, n.d.).

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