



## Editorial

# AMAP - The End of a Beginning

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On the 1st of April 2002 The Australian Midwifery Action Project (AMAP) will draw to a close after three busy years of intense action research and information gathering. The three-year project was funded through a Strategic Partnerships with Industry Research and Training (SPIRT) grant from the Australian Research Council, in collaboration with five Industry partners: NSW Health, SA Health Commission, South Eastern Sydney Area Health Service, Women's Hospitals Australasia and the Australian College of Midwives Inc.

The overall aim of the study was to provide evidence on which to base strategic planning, workforce review, educational reform, and policy direction. The project was conceptualized within two main 'strands'.

STRAND 1 consisted of interrelated studies investigating state and territory differences in service provision, education, policy and regulation associated with midwifery care within maternity services.

STRAND 2 aimed to develop and test strategies for improving midwives' contribution to maternity care through facilitating and supporting institutional and systems reform.

The research team was led by Professor Lesley Barclay and consisted of two full time research midwives, Pat Brodie and Sally Tracy and four associate researchers, Nicky Leap and Linda Saunders (Flinders University, Adelaide), and two well known sociologists, Karen Lane (Deakin University) and Kerreen Reiger (La Trobe University).

A final report will consist of papers that were prepared and submitted separately for publication during the three years.

## STRAND 1

### • Workforce

One of the most alarming concerns that the AMAP study revealed is the lack of comprehensive national data on midwives. Where data is available it

demonstrates the shortage of midwives in each state, with rural and remote areas being particularly affected by short supply [1].

The 'DONS Delphi', a research project seeking the opinions of maternity service managers found that new and innovative models of midwifery care are required to address the demoralisation and attrition rates of Australian midwives [2].

### • Education

Problems in midwifery education such as the cost of post graduate fees, no national monitoring system to ensure consistent standards of midwifery education across the country and no adequate baseline of competence were all revealed during the study. Researchers with the AMAP project collected data from the twenty seven universities providing midwifery education in Australia. In order to present an over view of current educational programs [3], this data collection included curriculum details, theoretical and practice hour requirements, student numbers, attrition rates and vacancies. Recommendations that ensure Australian midwives secure a more competitive position internationally will include revision of the current programs for nurses wishing to become midwives and the introduction of comprehensive three-year undergraduate degree programs in midwifery - the Australian Bachelor of Midwifery. The UK and New Zealand now prepare the majority of midwives in comprehensive three-year undergraduate degree programs and other Western countries have consistently demonstrated a long-standing commitment to specialist 'direct-entry' courses in midwifery. For example in the Netherlands, France, Denmark and Canada midwifery education is only offered through this route. The introduction of the three-year Bachelor of Midwifery continues to highlight the need for reform in the regulation of nursing and midwifery in Australia as well as precipitating debate and consideration of the needs of childbearing women, the community, all maternity service providers, employers and governing authorities.

## • Regulation

Analysis of the various acts and regulations affecting midwifery in Australia found that serious inadequacies exist [4]. The lack of consistency and evidence of discrepancies in the standards of midwifery education and practice regulation nationally, raise concerns about the capacity of the current statutes to adequately protect the public and ensure that minimum professional standards are met.

The development of national standards for the accreditation of the three-year Bachelor of Midwifery programs intensifies the urgent need for regulatory change to bring Australia into line with other Western countries. Appropriate national midwifery competency standards that meet consumer and practitioner expectations and that can be used to guide state and territory regulations, are urgently needed.

## • Organisation of maternity care

The integration of autonomous midwifery practice into mainstream maternity services though a collaborative approach that includes the care of all women, remains a major challenge for service providers, policy makers, medical practitioners and midwives, in both urban and rural settings. Several members of the AMAP research team, in collaboration with others, have produced a resource for midwives and managers to assist the process of setting up new models of midwifery care [5].

## • Consumer Issues

Consumer input is of course vital to any midwifery research and the two sociologists in the research team provided a key role in this area ensuring that the needs of women and communities remain a priority. Karen was principally involved in research into consumer participation in maternity services around Australia, and Kerreen has been researching the professionalisation of midwifery, in particular the tensions, debates and opportunities within the politics of midwifery in Australia [6]. Both Kerreen and Karen took part in the panel of the workshop on the Sociology of Health Day at TASA with Prof. Barbara Katz Rothman, a leading US social scientist involved in birth-related research [7].

## • Rural and remote issues

Data from the AMAP study suggests that rural and remote midwifery may be in decline, with some midwives and employers concerned not only with the lack of availability of midwives, but also the potential

loss of skills and expertise necessary to practise safely. Strategies for change address the importance of Aboriginal health workers and midwives working in partnership as a key to reducing morbidity and mortality in Indigenous communities. and providing care that is acceptable, appropriate and safe. Such strategies are in keeping with World Health Organisation recommendations to improve birth outcomes..

## • Midwifery as a public health strategy

Research comparing the public health outcomes associated with methods of funding midwives in New Zealand and Australia [8]; and costing of the cascade of obstetric interventions for low risk women in childbirth in Australia [9] are among some of the papers that have been submitted for publication from the AMAP project.

## STRAND 2

Identifying processes to strengthen midwifery and maternity care consisted of raising awareness and concern, informing, providing evidence and enabling informed decisions, influencing, activating and stimulating! Wherever the opportunity arose, the research team were engaged in conference presentations to midwives and employers; meetings with commonwealth and state government health and education leaders; meetings with key stakeholders such as employers, regulators, workforce planners, education providers, consumer groups, health service managers, industrial bodies, professional groups and leaders (midwifery, nursing, obstetrics)[10]. Over the three years there were numerous open forums with midwives and the resulting "midwives voices" study will be published in the New Year [11].

During the course of the project both written and oral submissions were prepared for three separate Commonwealth Senate Inquiries (Childbirth Practices, Hospital Funding and Nursing/Midwifery education) [12] [13].

In addition, papers were prepared for the review of nurses regulation in NSW [14]; the National DETYA review of nursing education [15], the AMWAC review of the midwifery workforce and a paper for the health Ministers Meeting in Adelaide on the current indemnity crisis [16]

Further activities involved consultancies with state and regional health services to review maternity services and strategic planning to identify, develop and strengthen midwifery and maternity services.

In conclusion we would like to thank midwives and industry partners for supporting and providing us with the opportunity to live, breathe and dream midwifery research for the past three years. In particular we would like to acknowledge the vision of Lesley Barclay and Anne Cahill (CEO Women's Hospitals Australasia) who always maintained their enthusiasm and interest in our findings as they emerged.

## REFERENCES

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## EDITOR'S COMMENTS

Being the Editor of a journal is never easy and one always makes what one hopes is the right editorial decision to meet the needs of the readers. In this voluntary role I am lucky to have the support of the Editorial Board, the President and the Executive Officer of the College. I would like to apologise to the NSW delegates for their omission from the front cover of the September journal. I can assure you that this was not an intentional oversight just a photo 'cropping' mistake (the photo has been reproduced in this edition on page 21). I have taken steps to ensure that this does not happen again. The December front cover is a family that I had the privilege of being with as a midwife and friend for the birth (and before and after). If you have a photo(s) that you would like on the front cover please submit them. Remember to get permission if you are sending someone else's photo.

Thank you to everyone who has provided me with feedback about the journal. I appreciate your comments and while there is more work to be done, I can assure you that I will not become complacent and will continually look to make the journal better. Please send in your articles, stories, poems and other written works so that I have plenty of content to choose from for both the journal and the news.

I would like to add my best wishes for a happy and safe Christmas to all of you. Do yourself a favour this year and give a colleague a Christmas present - invite a colleague to become a member of the College. That way we can increase the circulation of the journal and gain more strength in numbers!

Safe midwifery for all midwives and mothers

Pauline Glover