

FEEDBACK FROM CURRENT BACHELOR OF MIDWIFERY COURSE COORDINATORS

Collated by Janice Butt, ACM Midwifery History Project member

Bachelor of Midwifery course coordinators were asked a series of questions about the course as well as being encouraged to share any additional information about their experiences.

All respondents gave permission to share information as part of the Australian Midwifery History Group Project. The following feedback has been collated from responses received with any direct quotes attributed to specific respondents.

What has been the experience of providing a BMid course, including any barriers or facilitators that have been encountered?

Evidence of some 'push back' to offering a Bachelor of Midwifery with preference by universities to offer a dual degree or extend the post-graduate options for nurses to become midwives. There was also a lack of understanding by many midwives who also had a nursing qualification and did not appreciate the fact that there were students who only wanted to be midwives.

Facilitation appears to have been enhanced by effective communication between universities and health services including active involvement of academic midwives in clinical placement settings and clinicians contributing to curriculum development. In more recent times support has been provided by an increasing number of overseas midwives migrating to Australia who were not registered as nurses first.

'It has been a positive experience with excellent partnerships with industry, the graduates are highly regarded and sought after.' (Dr. Angela Brown, Uni SA).

Has a lack of a nursing qualification impacted on the course participants/course progression?

There was overwhelming agreement that the lack of a nursing qualification was not an impediment to the Bachelor of Midwifery students. Any initial uneasiness from health service staff appears to have quickly dissipated when they saw how skilled students and graduates were in midwifery care.

'Being an ACU non-nurse midwife has not impacted graduates at all: some have progressed into management, leadership, specialist or executive positions, a number work in special care nurseries or NICUs, several are in continuity of midwifery / midwifery group practice in either an employed or a privately practising capacity, and we have

many of our former students in our sessional academic team.' (Dr. Lynne Dunne, ACU).

'I believe in many cases a lack of nursing qualification is a benefit to midwifery students, as they start from the perspective of a 'wellness model' philosophy. Because of their nursing background many nurses doing a midwifery course find it hard to leave behind the 'sickness model' and cannot help but refer to women as patients and see them as people with illnesses.' (Dr. Lesley Kuliukas, Curtin University).

How easily, and in which settings, have graduates achieved employment on completion of the course?

'We manually track graduate outcomes and 100% of graduates achieve employment within 6 months. This employment is obtained within clinical placement sites; however, some graduates have needed to move interstate or rurally to obtain positions. We are frequently asked by NZ health services to encourage graduates to apply within their service. We also have many graduates that are employed directly into MGP models.' (Associate Professor Amanda Carter, Griffith University).

'When the course first started it was hard for students and then graduates to be accepted but as time went on and their unique perspective shone through, they were welcomed in both metro and country hospitals.' (Dr. Lesley Kuliukas, Curtin University).

Dr. Lesley Kuliukas, Curtin University continued by sharing this interesting account:

'The story of a course sceptic (let us call her Sarah). This is about a very experienced midwife who told me she was against the BMid when it started and felt it would be a disaster to have midwives who were not nurses looking after women. A few years later I bumped into Sarah in the hospital café, and she told me she was a convert. When I asked why, Sarah told me the story of an occasion when she was on a shift on the labour ward and a woman, in the later phase of the first stage of labour, arrived clearly about to birth. Sarah was precepting two students, a BMid student and a Nurse Grad student. Sarah said their different philosophies were very evident. The Nurse Grad student started rushing around the room, clearly panicked, checking the resuscitation cot, getting the documentation together and asking the labouring woman lots of questions that she was unable to answer as she was having frequent strong contractions. The BMid student threw a blanket onto

the floor and got the woman down onto all fours, reassured her that the baby was almost here, put some gloves on and calmly helped the woman birth her baby. Sarah said the different philosophies were so evident; one panicked, worried that something was going to go wrong and one calm, quiet and confident that everything was going to go right.

Of course, this is just two people, and the scenario could easily be flipped but it made me smile that a true sceptic could see that a student with a clean slate will see things very differently to one steeped in illness and complexity.'

'Absolutely not [an impediment to employment]. UniSA graduates gain employment in all midwifery areas including public, private and group practice settings in metropolitan, rural and remote areas.' (Dr. Angela Brown, UniSA).

Any other information that you would like to share?

Comments reflected a strong commitment to a curriculum built on a woman centred philosophy, a preference not to incorporate existing nursing units and a focus on reflection and critical thinking.

'The woman-centredness and educational philosophies of the Bachelor of Midwifery programs at ACU are enacted through a theoretical framework of partnership

called Werna Naloo, which means 'we, us, together' in the language spoken by the Gunai people of Gippsland, southeast Victoria. The model is based on the Midwifery Partnership Model developed in New Zealand in the mid-1990s and adopted by Victorian midwifery programs in 20021, and it reflects our abiding commitment to women and other birthing people being at the centre of maternity care, and to the midwife being with the woman or birthing person, their baby and their family, whatever family means to them. (Dr. Lynne Dunne, ACU)

Continuity of Care Experiences (CoCs) were identified as a highly valuable component of the course with some universities requiring their students to complete more than the minimum requirement of the Midwife Accreditation Standards required by the Australian Nursing and Midwifery Accreditation Council.

'Students within the BMid program are required to undertake 20 CoC experiences, which exceeds the ANMAC requirements. Our work has demonstrated the enhanced learning that occurs within these experiences as well as the benefits to women's experiences and maternal and infant outcomes.' (Dr. Jenny Gamble & Associate Professor Amanda Carter, Griffith University)

'There was – and remains – a need to strongly advocate for the advancement of midwifery education.' (Dr. Jenny Gamble).

References

1. Cutts D, David PM, McIntyre M, Seibold C, Hopkins F, Miller M (2003) Werna Naloo - 'We Us Together': the birth of a midwifery education consortium. *Journal of Advanced Nursing* 41(2), 179-186



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