TWENTY YEARS ON: A PERSONAL REFLECTION ON THE DEVELOPMENT OF THE BACHELOR OF MIDWIFERY IN AUSTRALIA

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The introduction of the BMid in Australia enabled the articulation of midwifery as a separate profession from nursing and the potential for midwives to practise according to the full role and sphere of practice of the midwife. This influenced the widespread development of services in which midwives are now able to provide midwifery continuity of care. I trust my personal story will shed light on just how far we have come in 20 years.

I moved to Australia from England in 1997 in order to start a new life alongside my Australian family. I had been coming and going to Australia for twelve years and had a reasonable understanding of the organisation of maternity care in the two countries. I was not hopeful that I would be able to find a place in the Australian midwifery community. There were serious doubts about whether I could be registered as a 'direct entry' midwife who had never been a nurse. Through the immigration process, the Australian Nursing Council (ANC) had made it clear that my qualification would not be recognised in Australia and that 'Nurses Boards' only issued a midwifery practising certificate as an addition to a 'Registered Nurse' (RN) registration.

In the unlikely event that I would be able to get registered, I could not envisage how or where I might practise in Australia. I was mindful that this was a country where approximately one third of pregnant women were choosing private obstetricians for their maternity care; where midwives in private hospitals and most rural health services provided very little antenatal care and had few opportunities in these settings to do anything other than to 'labour sit' women under 'doctor's orders', calling the medical practitioner to come and 'catch the baby'. I knew that few midwives in the public health service were able to offer continuity of care; that community midwifery and postnatal home visiting were not seen as an essential part of mainstream maternity service provision; and that there were no publicly funded home birth services.

In England, I had been a member of a community based midwifery group practice, the first group of self-employed midwives to 'contract in' to the National Health Service. We were acknowledged in the ground breaking government document, Changing Childbirth (Department of Health, 1993) as the 'cutting edge' example of what could be achieved in terms of offering disadvantaged women 'choice, control and continuity of care' in a community based midwifery group practice. Whilst working autonomously, providing care for women from booking through to four weeks following birth, we had developed collaborative relationships with obstetricians and midwives in local NHS hospitals as well as with a range of community-based practitioners and agencies. Through our policy of 'decision making in labour', over 70% of the women in our care gave birth at home, with impressively good outcomes. We achieved what some of us in the community of childbirth activism had been working towards for many years.

A sliding doors moment

Soon after I moved to Australia, a chance meeting at a social gathering changed the course of my life. Professor Judith Clare, Dean of Nursing at Flinders University in South Australia had lived through the radical developments in New Zealand midwifery in the previous decade. She told me she was formulating a proposal that the School of Nursing at Flinders University would collaborate with the University of South Australia in an initiative to bring people together from across Australia to develop an agreed framework for the introduction of three-year Bachelor of Midwifery programs. She also had a vision to influence regulation, policy and practice in order to enable the widespread development of midwifery continuity of care. Judith invited me to come to the university and be part of making that happen. She dismissed my protests that I was an activist, not an academic, and almost convinced me that my view of the potential of an academic career was extremely limited and old fashioned. To my surprise, she was right on both counts. I joined the midwifery team at Flinders University and thus began my new midwifery life in Australia. But first I had to get registered…

Registration as a 'RN, limited to practise midwifery'


NURSES BOARD

LIMITATIONS

RN

SOUTH AUSTRALIA

Having been refused registration by the Nurses Board in South Australia where I was living, I embarked upon the process of finding a state regulatory board that would register me, knowing that once registered in one state, the system of mutual recognition would allow me to practise in any other state or territory, as well as in New Zealand. My portfolio, demonstrating over 20 years of experience in midwifery, bulged with examples of practice, references and documents from the UK regulatory body. In New South Wales (NSW), I was told that this would not be taken into consideration; instead I would have to produce the original transcript from my midwifery education programme in order to register. The midwifery school, the maternity unit, and the area health authority where I completed my 'training' had all closed down some years ago. If it had not been for the rigorous detective work of my daughter, I would not be able to tell this story. In a box in the cellar of a university north of London, she was able to find a tiny card listing the numbers of clinical experiences I had completed as a student.

I returned to the Nurses Board in NSW. Alarmingly (in terms of protecting the public), after handing over the little card, I was given the title of 'Registered Nurse (RN) and Certified Midwife (CM) in NSW; this enabled me to return to South Australia and register under mutual recognition. Here I was given my practising certificate laminated into an A4 document stating that I was now a 'Registered Nurse limited to practise midwifery'. Along with those who had been found guilty of professional misconduct or who were registered as being 'physically or mentally incapacitated', I was placed on the register of nurses whose practice had been limited for some reason. This meant that I was not on the Board's mailing list, any correspondence to 'nurses with limited practising certificates' having to be passed in front of the Chief Executive Officer for approval. I discovered this by accident when enquiring why I had not received any mail or routine communications from the Board. It would be some years before I was at last able to register as a midwife in Australia, along with graduates of the initial BMid programs.

New Models of Care Conference

The first task set for me by Judith Clare in my so-called role as a 'nurse limited to practise midwifery' was to liaise with midwives at the Women's and Children's Hospital (WCH) in Adelaide and contribute to the organising of a 'Midwifery Models of Care' conference. The aim was to showcase midwifery continuity of care models that were already happening across Australia. In 1996, Lesley Page from the UK had visited WCH and inspired the midwives to work towards setting up midwifery group practices providing continuity of care for women regardless of identified risk factors.

Looking back, this conference was a watershed moment for Australian midwifery, engendering a sense of optimism and purpose. Educating midwives through the BMid to work in midwifery continuity of care roles was a theme in discussions throughout the conference and in growing debates about developing a framework for the introduction of BMid programs in Australia.

Inaugural meeting of the Australian College of Midwives BMid Taskforce
15th/16th July 2000, held in the ACMI National Office in Melbourne

Standing left to right: Diane Cutts (VIC); Carol Thorogood (WA); Jan Pincombe (SA); Jackie Kitschke (BMid Project Officer); Jenny Browne (ACT); Nicky Leap (BMid Project Coordinator); Kathleen Fahy (QLD); Hilary Hunter (NSW); Bev Turnbull (NT). Sitting left to right: Trish David (TAS); Vanessa Owen (President, Australian College of Midwives).

National standards for the introduction of BMid programs

An overview of the collaborative processes that led to the development of national education standards for all midwifery education programs is presented on the Australian Midwifery History website alongside publications that describe these process and relevant documents, including a comprehensive reading list. https://australianmidwiferyhistory.org.au

The story of a collaborative approach to the development of a framework for BMid courses, with outcomes that could be evaluated, is a tribute to the midwifery leaders who were active in the Australian College of Midwives at that time. The sharing of ideas, expertise and resources was seen as an important alternative to the prevailing culture of competition and secrecy in universities.

The ACMI BMid Taskforce members made a commitment to representing their states/territories and to ensuring that information concerning the BMid was gathered and disseminated at a local level. This included the circulation of a Bachelor of Midwifery Information Pack, holding public forums in the community and engaging with universities, health services, regulatory bodies and consumers at every opportunity.

Feminist process and consensus decision making in the BMid Taskforce

In my role as Convenor of the BMid Taskforce, I worked with a group of midwifery leaders who were committed to the concept of 'woman centred care', and feminist process. All meetings started with a feminist 'round' where each group member was assured of confidentiality and given space to talk about what was going on in her life – at home and at work – if she wanted. We made a conscious effort to listen to each other; to avoid situations where any one individual dominated; and to respect different opinions but be open to 'persuasion'. Common values and goals enabled this approach as well as extraordinary bursts of productivity and commitment to making change happen.

Through a dynamic process of consensus decision-making, we 'nutted out' the justification for every word of the innovative standards and policy statements that we crafted, circulating them widely for comment and information sharing. In so doing, we learnt from each other, took risks in order to explore possibilities, embraced the power of laughter, and developed strong friendships that are the cornerstone of collective action.

Defining midwifery as a separate profession to nursing

The BMid was developed in a climate of intensive opposition from nursing organisations, in particular the Australian Nursing Federation (ANF). Strong arguments that midwifery was a branch of nursing and that the BMid would never happen in Australia were frequently published as 'opinion' pieces and statements from senior nurses within the ANF. In response, the BMid Taskforce began to publish informative documents identifying the role and scope of practice of the midwife and a definition of 'woman centred care'. Importantly, we devised the ACM Philosophy Statement, which remains on the ACM website today.

Working towards inclusivity: standards for ALL midwifery education programs

The ACMI Standards for the Accreditation of three-year BMid Programs were finally adopted as the ACMI Education Standards for Midwifery Education with an aim for these to be the standards for ALL programs leading to initial license to practise midwifery in the future, regardless of routes of entry to the profession.

The ACMI Position Paper on Midwifery Education (2004) pays tribute to the significant body of work that was developed in response to the introduction of the BMid. I feel privileged to have been part of the collective action that enabled the crafting of these documents by a dedicated, skilled and passionate group who did great work for the College.

In 2004, the peak body for state and territory nursing regulatory authorities changed its name to the Australian Nursing and Midwifery Council and began to set up separate systems from nursing for the regulation of midwifery. The ACM Midwifery History Project will continue to add publications, documents and stories to the website identifying how standards developed for the introduction of the BMid influenced this significant change in the regulation of midwifery in Australia.

ACMI Position Paper: Midwifery Education (2004)

The ACMI* recognizes multiple routes of entry into midwifery and values graduates from all programs. The ACMI strongly supports the establishment of undergraduate midwifery programs. The ACMI recognizes that midwifery and nursing are distinct professions each with its own philosophy, ethics, body of knowledge and scope of practice.

The discrete and independent nature of the profession of midwifery is fundamental to all curricula that lead to registration as a midwife. Midwifery curricula must enable students to acquire the knowledge, skills and attitudes necessary to practise to the full role and scope of midwifery as defined by the ICM/FIGO/WHO (1992). Programs of midwifery education must therefore reinforce and promote the recognition of midwifery as a separate professional identity.

The theoretical and clinical practice components of all midwifery programs are underpinned by the ACMI Framework for Midwifery, which incorporates the following:

ACMI Midwifery Philosophy
ACMI National Code of Ethics
ACMI National Standards for Midwifery Practice
ACMI National Midwifery Competencies ACMI National Midwifery Guidelines for Consultation and Referral
ACMI Standards for Midwifery Education
ACMI Framework for Continuing Professional Development

The ACMI is committed to collaborating with regulatory authorities on the accreditation of all midwifery education programs conducted in Australia. The ACMI promotes and expects all midwives as part of their professional obligations to engage in regular, relevant and high quality ongoing education and practice, supported by the *ACMI Framework for Continuing Professional Development.*

**At this time the ACM was still using the title Australian College of Midwives Incorporated (ACMI).*