The Australian 'Direct Entry' Midwifery Education Newsletter

Number 2, November 1999.

Flinders University (Adelaide) and the University of South Australia have joined forces to co-ordinate the development of a national framework for 'Direct Entry' Midwifery (DEM) education in Australia. A project officer has been appointed for 3 months, Jackie Kitschke, to work with Nicky Leap from Flinders University on this exciting development in midwifery. Jackie and Nicky are working within a team formed from representatives of both universities.

Public Forum

Following the Stakeholders Forum that was reported on in the first newsletter, a Public Forum about midwifery education was held on the 4/11/99 at Enterprise House. Mothers, midwives, potential students and interested parties were at the forum to debate the issues surrounding the introduction of 'Direct Entry' Midwifery programmes in South Australia. The audience heard from a number of invited speakers and was then given the opportunity to present their opinions in the form of a 2-minute presentation if they wished.

Jen Bryne, **the Midwifery Course Coordinator from Flinders University** opened and chaired the forum, welcoming everyone to participate in the debate and sharing the enthusiasm of the universities with the audience.

Apologies: Judith Clare – Dean of the School of Nursing, Flinders University, Lea Stevens – Labour Party, Judy Brown – DHS.

Annette Summers, Head of the School of Nursing at the University of South Australia spoke on behalf of both the University of South Australia and Flinders University about this exciting collaboration in the education of midwives in this state. Annette informed the forum of the discussion between universities at a national level, around developing a national framework with work commencing on this in Adelaide in December.

Nicky Leap, Senior Research Fellow, Midwifery, Flinders University, then gave an overview of DEM. No definition of a midwife states a midwife has to be a nurse. DEM education is a 3-year undergraduate degree course. Many universities around Australia are keen to work together to have similar structures. This will also provide an important source of support for when the new DEM graduates emerge into a potentially hostile environment.

Why DEM? To provide better services for women and babies, provide continuity of carer models of maternity care, be in line with the rest of the Western world. DEM would enable Australian midwives to work anywhere in the world, reduce the cost and waste of resources of educating midwives in the current system and address the serious recruitment and retention problem of midwifery in Australia.

Nicky shared her 10-year vision:

Australia produces midwives who are able to work as practitioners able to look at innovative ways of working with women.

Education programmes that enable qualified midwives to be able to work anywhere in the world in any setting regardless of whether or not that they have also got a nursing qualification.

An Australian Midwifery system to be proud of that enable both women and midwives to be empowered by working in partnership throughout their experience in childbirth.

Chris Cornwell, Divisional Nursing and Midwifery Chief, Women's and Babies Division, Women's and Children's Hospital gave the forum her view of the future lack of midwives based on the DHS SA midwifery labour force studies in 1994, 1996, and 1999. If midwifery staffing numbers remain the same and all students complete their course and then become midwives, then by 2004 SA will be 265 full time midwives short. Added to this is the fact that 53% of SA midwives are over 40 years old and we need 132 midwives graduating per year (currently we are well below this number). So Chris estimates the attrition rate will be closer to 400 than the above mentioned 265. To prevent this shortfall Chris believes we should:
educate more midwives, quicker.
introduce and rapidly increase the numbers of direct entry midwives.
But we **must** also:
realise midwives can't go on doing the same things in the way they always have in Australia
use skills in an appropriate way and use them properly, not waste them
re-skill midwives and polish up the skills that are there but have just become dormant
introduce continuity of carer models of midwifery care.
have industrial arrangements to allow midwives to work in continuity models.
have changed methods of funding midwifery care at a Federal and State level.
have National & State changes to legislation regulating midwives.
'If we don't do it our daughters will have to do it and our granddaughters may not be cared for by midwives'.

Marilyn Prieditis, Director of Nursing, Port Pirie Hospital (a regional, rural centre), identified issues surrounding maintaining midwifery skills in hospitals where there are small numbers of births per year. She gave an example of a hospital with 60% of its staff being midwives. Four women birthed there in one year meaning that about 10 people shared these births for their continuing skills updating. Marilyn highlighted the fact rural women want a doctor at the birth and may not elect midwifery options of care in favour of medical models. It is time for rural areas to look at the maternity services and the mid-north area have set up a midwifery working party to address all of these issues and collaborate with GPs, the community and nurses to work together and not be at loggerheads.

Elizabeth Woods, President of the ACMI SA Branch, stated that the ACMI and ICM support DEM. Elizabeth said midwives know why we need DEM but how, when and where? When-? 2001. Where – anywhere women spend their pregnancy, early mothering and where they work. How – with sound planning, consultation with the many stakeholders namely women and midwives. Midwives must:
Not allow nurses to govern our practice or profession.
Not let administrators and some of the medical profession haunt us for want of maintaining the status quo.
Midwives need:
To maintain the courage and stamina to achieve the legislation that recognizes us.
A midwives act.
To provide continuity of care and the best way forward will be by taking up a caseload.
To be recognized as a professional group with the ability to obtain provider numbers in compliance with planned reimbursement services provided.
Our own industrial award
To continue to be able to gain admitting privileges to birthing centres and maternity health units and be able to refer women to other health professionals.
To enter into team practices that will provide the ideal learning environment to student midwives.
To share our thoughts and creative ideas to allow the best models for midwives and students to emerge.

'We must do it now and we must ensure nothing stops us'.

Cheryl Glennie, consumer, spoke of the importance of educating consumers about childbirth as women are told it is not normal and the parameters of what is normal are shrinking. For example she was told that as a woman having her 4th child she was high risk. The community needs to be educated, lets start with children, about birth being normal, about empowerment and critical thinking.

Project Officer

Name: Jackie Kitschke
Hours: 3 days per week for a 3-month contract (initially until November, now extended to 20/2/00)
Location: between UniSA and Flinders Uni
Usual Place of Employment: Women's and Children's Hospital.
Usual Position: Midwife working in the Birthing Centre.
Contact Details:
at Flinders Uni phone no 82013655, Jackie.Kitschke@flinders.edu.au
or at UniSA phone no 83026512
jacqueline.kitschke@unisa.edu.au
Home contact email address jackiek@arcom.com.au if needed.
Nicky Leap's contact email is Nicky.Leap@flinders.edu.au

Robyn Parkes, a Registered Nurse Educator from the Royal Adelaide Hospital asked 10 questions:

Will the students be taken from nursing undergraduate positions, where are they actually coming from?
How much overlap is likely to occur between the midwifery and nursing course?
Is it ethical for universities to operate a boutique course in an area that has an alternative entry path for what in Australia will have limited employment opportunities?
Is it cost effective to offer boutique courses?
Is this a fad being whipped into a future scenario? At work I am presently grappling with the educational needs of DE psychiatric nurses from long ago who now need education to enable other work prospects.
Are midwives aware that students in this course may be 17-year-old girls and boys, turning 21 as they emerge as midwives?
Would the DEM workforce be more attractive to school leavers than another health profession course?
Is midwifery paddling upstream in white water?
Would it be better to introduce new models of care to midwives first and then argue the education parameters separately?
Is continuity of care an educational issue or an industrial one?

Gus Dekker, Obstetrician at North West Adelaide Health Service (recently from Holland) shared his personal view of midwives as autonomous practitioners, a completely different and separate profession from nursing. In Holland women go to midwives for childbirth and only consult a doctor if a problem arises, viewing childbirth as a normal life event. His personal bias is 'that you do not need an epidural'. In Amsterdam where he worked the midwives 'attacked' him because the epidural rate was less than 10% and they thought this was too high! Lyell McEwin Hospital is changing their maternity models with midwives triaging pregnant women and providing care for most women instead of doctors.

Jenny Watkins, a potential DEM student, clearly stated that:
I want to be a midwife and I'm passionate about it.
I want to study through a DEM programme
I am 30 years old, have another degree and do not want to study something that I don't want to do.
I want to work with women during that very specific time of pregnancy, childbirth
I don't want to study nursing as I don't want to be a nurse.
I want to study in a course that is women-centred, consumer focused, holistic, develops the 'art' of midwifery, designed so that midwives are assigned to women and not institutions.
I want to follow a large number of women through their pregnancies providing many and varied learning opportunities.
I want to be a part of a proud, defined, autonomous profession promoting normal, healthy, caring, affordable, accessible service to birthing women.

Roz Donellan – Fernandez, Midwives Action Lobby Group (MALG), congratulated the universities on their collaboration, the national coordination and introduction of DEM. MALG believes DEM will be important for 2 reasons. Firstly to produce midwives who can practise in a diverse range of settings. Secondly DEM education will bring improved standards in maternity services. Roz gave a history of the regulation of midwifery by nursing this century and identified some states and countries with midwifery acts of parliament that recognize midwifery as a separate profession. She promised that MALG would continue to lobby the Nurses Board, health departments and politicians to gain midwifery legislation that is separate from nursing.

Anne Bleakley, SA Independent Midwives, said they supported DEM, reiterating the issues around midwifery standing separately from nursing and new models of maternity care addressed by previous speakers.

Milly Griggs, a nursing student, stated she is only doing nursing so she can become a midwife and is concerned that undertaking the current midwifery education will leave her 'under-skilled' upon midwifery graduation. Lack of antenatal sessions with women, the requirement of only 10 births to register as a midwife were her concerns at the same time acknowledging that communication and some nursing skills she is acquiring in the meantime will be helpful to her in the future as a midwife.

Sandra Kanck, the Honorable Deputy Leader of the Australian Democrats, spoke of her admiration of midwives, identifying her great grandmother as a midwife in South Australia. She became involved with SA midwives 5 years ago when called upon for support in the Nurses Act issue and offered her support and help again around the DEM issues.

The discussion from the floor generated some interesting questions and debate. The main points to emerge were:
The possibility of apprenticeships,
Bridging the gap between the current system of midwifery education and future courses. Fears that the 'new' graduates will be a lot better than the ones currently undertaking midwifery education

Important to change the way midwives practise now to help bridge this gap
Excitement around the huge potential for different midwifery models of care 'splurging out in SA'
Can enrolled nurses do DEM? Absolutely!
New midwifery legislation important as education programmes must protect the DEM student and DEM midwives need to be able to register and work
Who is stopping midwifery legislation and what is the power behind it?
What about provider numbers for midwives, prescribing rights etc?
How valuable is life experience in the criteria to become a midwife or a nurse?
Is 20 years of age too young to register as a midwife or a nurse?
Sandra Kanck felt inspired and energized by the discussion.
Heather Hancock, Midwifery course Coordinator at the University of South Australia, closed the forum with a summation of the debate. Heather grouped the debate under the headings of the three 'C's: 'Choice, Continuity of Care and Control'.
Choice: for women in their childbirth options especially in rural areas. There is a requirement for choice in education options i.e. registered and enrolled nurses, Aboriginal health workers, as the ultimate aim is for good education for midwifery not a whimsical, trivial, light 3-year course. Whilst this change in direction for midwifery education is very exciting and challenging it is also frightening and intimidating for some. Information giving and sharing along the way is important for the successful implementation of this new midwifery education innovation.
Continuity of Care: is important for women and also for midwifery students. There needs to be collaboration not only with universities across the states but also with the health disciplines so there is good consensus and consistency to identify problems that exist with state registration. This is currently lacking and the way DE midwives are treated by registration boards is unforgivable. Continued working with the profession is important and forums like this one along the way are vital so that everyone has a place to voice concerns and share ideas.
Control: women need control. For this to occur we must address the change barriers in a peaceable way. Barriers such as funding and provider numbers. We have 4 years to sort all of this before the first DEM graduates appear. The students need to be empowered to be able to handle an environment that will meet them with some friction.
'We will get it right, we have to get it right. It is important not to mess it up, to do it thoroughly and really soundly for the students and the profession'. Our current graduates are brilliant and that is in 1-year full time and 2 years part time courses. Just think what we can do with 3-year courses!

The Birth of the National Framework

The SA working party meets regularly to discuss the direction of the DEM Project. It was at one of these meetings that the idea of a retreat to design a national framework for DEM curricula to be built on was first muted. The group identified people from other states known to be working on developing DEM programmes. These people (representatives from each state and territory) were then invited to a 2-day retreat to be held in December in Adelaide. The purpose of the retreat is to establish a one or two year plan for developing a national framework and common curriculum components for DEM.
Funding was sought from various sources one of which was the state branches of the ACMI. They have responded to the news of this retreat with excitement and support not to mention their generosity in providing funding.
A facilitator has been employed, an agenda sent out on the e waves with great debate ensuing about what a framework is and how this 2 days can best be spent to launch DEM education Australia wide. There is much enthusiasm around this project and the need for collaboration recognized as vital if DEM is to become a reality.
There will be a report in the next newsletter of the outcome of the 2-day retreat. There is a commitment from all participants to disseminate information about all

the issues generated from the retreat.

The Mailing List

If you wish to be added to the mailing list to receive this newsletter please contact me at the addresses listed on page 3 in the description of the Project Officer. Please include details of your occupation, employer, address, telephone number and e-mail address. To keep costs at a minimum and trees at a maximum we are distributing the newsletter by e-mail and ask the recipients to copy and distribute widely. Thank you.

Resource List

Any articles, books, curriculums or information regarding DEM that we have collected has been included in a reference list that we are compiling. If you have any resources (i.e. Curricula from DEM courses, evaluations etc) please let us know so we can add them to our list.