Education

The Australian Bachelor of Midwifery - How it all began

Jackie Kitschke, ACM Vice President

This year marks twenty years since the planning for the development of the Bachelor of Midwifery undergraduate degree got underway in South Australia between Flinders University and the University of South Australia (UniSA).

In the late nineteen nineties there was growing interest in midwifery circles, for an Australian midwifery course that was separate from nursing, in line with international midwifery education. The Victorian Branch of ACM had published a booklet titled 'Reforming Midwifery', a discussion paper on introducing a Bachelor of Midwifery program into Victoria.

I was undertaking my Master of Midwifery at UniSA. I had completed a Bachelor of Nursing bridging degree at Flinders University a few years before after attaining my midwifery qualification through a hospital course in Scotland. The two universities, led by the Deans of the Schools of Nursing, Annette Summers and Judith Clare, had joined forces and formed the Direct Entry Working Party SA meeting monthly at the 'Queen of Tarts' cafe on Hutt Street. I was approached in August 1999 by this group to be the Project Officer, working with Nicky Leap, the Project Coordinator, to develop a national framework for 'Direct Entry' Midwifery (DEM) education in Australia, which I accepted.

Nicky had recently moved to Adelaide from the UK. I admired her work and her writing and couldn't believe she was here in Adelaide, let alone that I would be working with her. Her work ethic, knowledge, humility, generosity of spirit, belief, attention to detail, vision and commitment to the needs of women was inspirational and lessons learnt from her then have stayed with me since. This role was initially for three months but continued for two years.

A stakeholders meeting was held in August 1999 where various speakers expressed their points of view ranging from the needs of women, continuity of care, addressing the ageing midwifery workforce, the need for midwifery to stand alone as a profession, the expense of requiring midwives to complete a nursing degree before undergoing their midwifery education and addressing the issue that Australian midwives cannot work internationally with their Australian qualification. Many of these concerns still exist today.

There was also concern expressed that without obtaining a nursing qualification first, midwives would not be well prepared, not be able to work in rural areas or smaller units, issues that are also still raised today. The energy that was generated from that meeting was palpable and the idea this could be a reality started to emerge.

A public meeting was held in November that year and was well attended by consumers, midwives, nurses, academics, politicians and doctors who made short presentations, representing all of these voices. Annette Summers informed the meeting that momentum was building around the country in the universities with discussions about developing the national framework at a two day meeting in Adelaide in December.

The ACM SA Branch has always been political. At that time Sandra Kanck was working with us to develop a separate midwifery board and lent her support for the DEM issues. We have been fortunate to have supportive female politicians in Adelaide working for women and midwives the latest being Annabel Digance. The themes were similar from the first meeting, the spirit of collaboration and possibility was just getting stronger.

A large part of my role was developing and maintaining a database of interested people and producing newsletters to inform everyone of what was happening. I sent most of these electronically and also by mail.

Another role was to organise with Nicky, the DEM Planning Days at the Adelaide University in December 1999. This was funded by FU, UniSA and the SA and ACT branches of ACM. Twenty attendees were invited from the local universities and around the country.

These included from South Australia – Nicky Leap, Jackie Kitschke, Jen Bryne, Heather Hancock, Beth Grinter, Ann Henderson, Jan Pincombe, Pauline Glover, Yoni Luxford and from interstate: Maree Markus (VIC), Diane Cutts (RMIT,VIC), Diane Phillips (Monash, VIC), Trish David (TAS), Kathleen Fahy (USQ,QLD), Jill White (UTS, NSW), Sally Tracy (AMAP), Carol Thorogood (Curtin, WA), Jenny Browne (ACT), Nel Glass (Southern Cross, NSW), Anne Nixon (Ontario). Apologies: Jenny Watson (NT), Lesley Barclay (NSW), and Chris Game (NSW).

It was held at the Adelaide University and I was amazed at the generosity of those attending at such short notice at a busy time of year.

It was facilitated by Margaret Webster Hypatia, who worked over the two days using 100% consensus decision making. This ensured that all points of view were heard and discussed and motions modified to accommodate the needs of all present before moving to the next item.

This was the starting point of a consistent, national framework for midwifery education. With the National Framework components agreed, a Bachelor of Midwifery Taskforce formed along with an ad hoc working party and a BMid Reference Group. To have consistency nationally, the title DEM was replaced with the Bachelor of Midwifery (BMid) to describe three year midwifery courses.

We left that day with universities planning to start a BMid in 2001/2002, a proposal to present the guidelines to ACM and a great sense of accomplishment and vision for the future.

The Bachelor of Midwifery Taskforce members were confirmed in the following months and included Nicky Leap (coordinator), Carol Thorogood (WA), Jan Pincombe (SA), Trish David (TAS), Diane Cutts (VIC), Hilary Hunter (NSW), Jenny Browne (ACT), Kathleen Fahy (QLD), Bev Turnbull (NT), Sally Tracy (AMAP), Maree Markus (regulatory), Trish Schneider (ACM) and me as the project officer.

The world moved into the new century and it was a busy year for midwifery education in Australia. In that first year of this century work continued across Australia with ACM providing funding for and overseeing the project. I continued to work three days a week as the project officer and the database continued to grow with people interested in a three year undergraduate degree. I published six

newsletters altogether, keeping everyone informed of the progress. Meanwhile there was exciting work happening within universities, consumer groups, ACM and health facilities preparing for the commencement of the new BMid programs.

The taskforce communicated via email and met face to face once more in Melbourne in late 2000, reporting what was happening in each state and territory, moving the project closer to becoming a reality.

The concept of midwifery students following women throughout their pregnancies was introduced, requiring cooperation and collaboration with all of the stakeholders. At the time there were few midwifery continuity of care models available.

Fortunately there were midwifery leaders around the country committed to accommodating the midwifery student requirements and developing these models in the future.

I was also working in a team midwifery model of care at the Women's and Children's Hospital. There was a midwifery working party, led by the Divisional Director, Chris Cornwell, to develop caseload midwifery. Working in the two projects at the same time in a place like Adelaide enabled cross pollination of ideas and resources.

We asked Nicky to come and help us write a proposal for project funding or so we thought. Nicky always believed Australia could develop our own models of care and didn't need to look outside for help as we had in the past. She convinced us that we needed to have a conference showcasing all of the Australian models of midwifery care. We wrote the proposal which was unsuccessful but in three months organised the first Australian Midwifery Models of Care Conference, a collaboration between Flinders University and the WCH. It was very successful with midwives from all over the country coming to Adelaide to share their models of care progressing continuity of care in this country and the BMid degree.

In 2002 the first BMid three year degrees commenced in South Australia and Victoria. Looking back on this it was a remarkable feat to achieve such academic, cultural and workplace change in two years.

I have been fortunate to have worked with midwives from this inaugural group. It can be tough to be the first in anything but I think the midwives in these first groups were made of steel at times. The work done in Adelaide and then again at meetings following, to produce sound national education guidelines made for a solid foundation that was needed for this massive change.

Without ACM's endorsement, funding and support of the project though, none of this would have been possible. The national ACM committee led by then President Vanessa Owen had the foresight, belief and trust in what had started in SA and spread across the country, demonstrating what a strong professional body can do for both the profession and the individual.

Reflecting on the needs and aims identified at the initial meetings in 1999 the same concerns remain, ageing midwifery workforce, lack of access to continuity of care of midwifery led care, midwifery as a profession doesn't stand alone with its own board, to name a few.

When this project began, midwifery didn't have the issues with insurance it does now due to the downing of the Twin Towers in New York City and the resultant changes worldwide to risk and insurance. More midwives worked independently both at home and in hospitals. I worked with two independent midwives in the Birthing Centre at the WCH in the nineteen nineties.

At that time a 'midwife is a midwife is a midwife' was a common mantra but since the collaboration requirement introduced by the labour government in 2007 as part of the Medicare rebate system this is no longer so simple. This slowed the momentum that was gathering and has made providing private midwifery services much harder and more complicated.

Not all women have access to continuity of midwifery led models of care due to a lack of options even though there is overwhelming evidence of the benefits to them and their babies of this model of maternity care. This also impacts on the transition to practice for midwives who have been educated with an evidence based approach but on registration find there are limited continuity midwifery models of care to work in. Recruitment and retention is made more difficult thus reducing the workforce for these maternity models of care that have been recommended at national policy levels for many years.

There is still not a separate midwifery board and midwives are often managed by nursing but since 1999 most universities have a School of Nursing AND Midwifery and we now have many midwives who have completed their BMid and are working in maternity services. The explosion in Australian midwifery research has been phenomenal. It is wonderful to read and learn about what is happening here as well as overseas.

There have been changes over the years to those initial education standards and they are due for review again this year. The course demands a lot of the midwifery students with the numbers of follow through women, births and placements. I am fortunate to have worked with many students and sharing a birth with a midwifery student who listens to woman, understands the art of midwifery and protects normal birth is a joy and a privilege.

I enjoyed being a part of the BMid Taskforce and working with those amazing midwifery leaders. They were generous of spirit, inclusive, strong, insightful, funny and hardworking. It was a time when the stars seemed to line up, with the right people in the right places as is often the case with innovation. Combined vision and hard work produced those initial standards that have stood the test of time, with the identification of what midwifery is and what women need it to be. ■