

The development of National ACMI Standards for the accreditation of three-year Bachelor of Midwifery programs

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(on behalf of the Australian College of Midwives Incorporated
Bachelor of Midwifery (three-year) Taskforce)

ABSTRACT

Prior to 2002 Australians who wished to become midwives were expected to complete an undergraduate nursing degree and then apply for admission to a university-based post-nursing program in midwifery, usually requiring an additional year of study. Graduates were, therefore, qualified to practice in either profession. Many organisations, coalitions and individuals have contributed to the arduous struggle to ensure that midwives are educated in ways that allow them to confidently and competently fulfil their role as the World Health Organisation defines it. Indeed, in some states, universities and Nurses Boards recognising the need for multiple routes of entry to practice have introduced three-year undergraduate midwifery degrees. So far this has taken place in South Australia and Victoria but other states intend to follow this initiative.

In this paper the background to the development of the ACMI National Bachelor of Midwifery Taskforce and the midwifery Program Standards will be discussed. A brief description of the Program Standards is presented to show how they can be used to ensure that 21st century midwives are capable of competently and confidently responding to the changing needs of maternity service providers and consumers. Finally, the authors argue that it is crucial that employers and clinicians have access to a standardised, objective means to evaluate midwifery programs, and believe that the Standards provide the means to do this.

Introduction

Throughout the industrialised world there has been a surge of interest in nursing and midwifery education, recruitment and retention. Because of this the ways that midwives are prepared for practice have undergone a myriad of changes. As Sleep, Bullock and Grayson (1995: 440) point out these changes encompass organisational structures, the process of service delivery as well as the projected outcomes for professional education. Irrespective of the type of education program, today's midwives are expected to provide expert, woman-focussed care and to practise confidently and competently in a variety of settings.

International reports

In most industrialised countries including Europe and the United Kingdom, there have been multiple pathways to achieving legal and professional recognition as a midwife. However, for more than a century in Europe and the United Kingdom the direct entry pathway (education programs leading to registration as a midwife for non-nurses) was the most common way to educate midwives. Nonetheless, beginning last century (at least in the United Kingdom), the number of midwifery education programs catering specifically for those who were also qualified nurses rose exponentially.

In response to pressure from the midwifery profession and other stakeholders during the 1990s, the Royal College of Midwives became increasingly vocal in its advocacy for the re-introduction of three-year direct entry midwifery curricula. In 1987 the United Kingdom Government of the time initiated research recommending that all health authorities in England should develop at least one three-year direct entry midwifery diploma or degree program (Radford & Thompson 1988). Consequently, the United Kingdom Department of Health provided pump-priming funding to 14 sites to implement three-year midwifery programs.

It was anticipated that direct-entry midwifery education would remain a minority option, but by the time the initial evaluation was completed 35 three-year programs had been validated (Kent MacKeith & Maggs 1994).

In 1988 the far-ranging report Project 2000 of United Kingdom Central Council of Nursing Midwifery and Health Visiting (UKCC) was published. The midwifery profession did not welcome many of its findings but one of its more palatable recommendations was that the transition of midwifery education from hospital schools of nursing and midwifery to universities and colleges should begin immediately, and some of these programs were to be by direct entry.

In England, a series of investigations and reports (Winterton 1992, MORI 1993) were to have a significant

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impact on midwifery education and practice and as a result of their findings direct entry midwifery programs began their renaissance.

Leap (2000) notes that the rigorous evaluation of the United Kingdom's three-year tertiary-based direct entry programs by Prof Dianne Fraser and her colleagues for the English National Board for Nursing, Midwifery and Health Visiting (ENB) culminated in its 1998 recommendation that this form of education should remain the major route to initial midwifery registration. Elsewhere, direct entry courses, conducted as three- or four-year university-based undergraduate programs have become increasingly popular, for example in some provinces of Canada including Ontario (Plummer 2000) and New Zealand (Guilliland, Pairman & Hasson 1989).

Australian reviews

Australia's first formal midwifery education programs in the early 1900s were direct entry programs although these were quickly superseded by nurse-midwifery courses (Summers 1995). By the 1960s direct entry midwives were virtually extinct and in all states and territories of Australia midwives were considered to belong to a sub-specialty of nursing, and so a prerequisite for entry into midwifery programs of study was a qualification in nursing. Therefore, Australia's midwives had little choice but to be educated in the disciplines of nursing and midwifery. Hence not only do such clinicians possess dual professional identities, but they can also (and often do) work as both midwifery and nurse service providers.

In 1992, the Australian College of Midwives Incorporated (ACMI) recognised that if midwives were to meet the expressed needs of childbearing families, it had little option but to campaign for new models of midwifery education. Some of the profession's leaders in academia and clinical settings shared the ACMI's concerns and agreed that if midwives were to provide best-practice models of maternity care and keep pace with their European and New Zealand colleagues, they too must support the ACMI's move towards a different paradigm for midwifery education.

At the same time national reviews (National Health and Medical Research Council (NHMRC) 1996, 1998) that investigated maternity care in Australia were calling for the introduction of new midwifery models of care. The Senate Community Affairs Reference Committee's *Rocking The Cradle* report, an investigation into childbirth procedures, also recommended continuity of care models (1999: 3). More recently the report of the Senate inquiry into nursing, *The Patient Profession* recommended the introduction of three-year midwifery undergraduate programs (2002: 181).

Another important consideration for the ACMI was the need for reciprocal registration for Australian midwives internationally. The ACMI understood that unless the profession accepted this challenge, not only would Australian graduates be ineligible to work in other countries but it would also be impossible to reduce the escalating cost of educating midwives and to address the nation's serious recruitment and retention problems.

The Australian changes

Benefiting from the European and New Zealand experience, the ACMI recognised that the three-year route into midwifery was an effective preparation for contemporary mid-

wifery education (Leap 2000). It then commenced the arduous process of persuading the still to be 'converted', sometimes hostile policy makers, consumers, and teaching institutions and of course midwives themselves, of the advantages of three-year university-based midwifery education programs. By 2002 five Australian universities had introduced three-year undergraduate midwifery programs of study. South Australia, Flinders University and the University of South Australia took up the challenge and they were followed by a consortium known as *Werna Naloo* from Victoria (the Australian Catholic University and Victoria University of Technology, Monash University). Other universities are expected to follow this trend. The next sections of this paper describe the most important milestones, which led to the implementation of Australia's first 3-year midwifery programs and the creation of the ACMI's standards for their accreditation.

Development phase

In 1999, the Victorian Branch of the ACMI published its groundbreaking *Reforming Midwifery Discussion Paper*, which advocated the introduction of three-year undergraduate midwifery programs in Victoria (ACMI 1999). At the same time in Adelaide, Flinders University and the University of South Australia's midwifery education teams joined forces to coordinate the development of what would soon become a national framework for three-year undergraduate midwifery education in Australia.

The Heads of the Schools of Nursing and Midwifery funded the salary of a part-time project officer for three months whose brief was to lead a Midwifery Education Working Party of the South Australia venture. The working party consisted of midwifery staff from the Flinders University of South Australia, the University of South Australia, a part-time project officer and the project coordinator.

One of the Working Party's first tasks was to organize two forums. The first was called a Direct Entry Midwifery Stakeholders' Forum and the second a public forum. These events provided stakeholders, including midwives, employers, educators, health bureaucrats and perhaps most importantly the users of maternity services, with the opportunity to voice their concerns, reservations and support for the programs (Kitschke 1999a; Kitschke 1999b).

The Working Party met frequently at a local café and decided that if the venture were to succeed it needed Australia-wide backing and assistance. Without this it would be impossible to foster support for new graduates, gain cooperation from industrial organisations and acquire the strength to address complex professional and employment issues.

The Working Party then began to prepare a nation-wide 'planning day' whose purpose was to map the framework needed for a blueprint for a three-year midwifery curriculum. In December 1999 the Working Party invited individuals from across the nation with expertise in curriculum development and who had already expressed an interest in direct entry midwifery, to participate in an inaugural two-day 'Planning Days' workshop in Adelaide.

The two South Australian universities funded this two-day meeting, which was supplemented with extra resources from some state branches of the ACMI. Various universities paid for participants' airfares. Nonetheless, the initial and ongoing support of Professor Judith Clare of Flinders University and

Table 1 Taskforce membership

Vanessa Owen (National ACMI President)
Nicky Leap (Project Coordinator)
Jackie Kitschke (Project Officer)
Alana Street (EO)
Dianne Cutts (Victoria)
Jenny Browne (Australian Capital Territory)
Trish David (Tasmania)
Kathleen Fahy (Queensland)
Hilary Hunter (New South Wales) replacement Lin Lock
Maree Markus (Advisor on Regulatory Issues)
Jan Pincombe (South Australia)
Sally Tracy (Australian Midwifery Action Project)
Carol Thorogood (Western Australia)
Bev Turnbull (Northern Territory)

Professor Annette Summers from the University of South Australia made certain that the first of what would become many planning days were a huge success.

Twenty midwives from interstate and South Australia attended. A facilitator ensured that agreement on every matter raised was attained by 100% consensus. At times this process slowed things down, whilst lengthy discussions about language and context took place and differences of opinion were debated, but out of this arose a deeper and consensual understanding of what needed to be done, why, by whom and when. By the end of the two days the first draft of The Agreed Components of a National Framework was drawn up. Those present endeavoured to make sure that membership of the initial ACMI National Bachelor of Midwifery Taskforce was representative of all States and Territories and that group members possessed a range of skills, including curriculum development, experience with three-year midwifery programs or expertise in policy development and implementation (Kitschke 2000a).

The aims of the ACMI National Bachelor of Midwifery Taskforce were to:

- Develop national standards for the accreditation of midwifery courses with a particular focus on the quality and length of courses;
- Promote high standards for midwifery education and the use of the ACMI Competency Standards for Midwives; and
- Encourage the use of these Standards and work with State registering authorities regarding the accreditation of midwifery courses.

During the planning days delegates also discussed characteristics of the 'typical' graduate midwife emerging from the three-year programs and these are outlined below:

- Graduates who are internationally recognised as being competent to practise according to the International Confederation of Midwives' (ICM) definition of a midwife;
- Graduates who are mindful of context and culturally safe;
- Graduates who are capable of providing continuity of care and carer in a range of midwifery models of care and settings;
- Graduates who provide evidence-based, woman-centred care which has a primary health care focus; and
- Graduates who are life long learners.

Funding submissions

A submission to the ACMI seeking its endorsement of this

early work and seeking funding to take the initial work further was successful. The ACMI's Executive provided a \$25,000 grant to pay for the salary of a part-time project officer, travel and expenses for 12 months (Kitschke 2000b).

Nomination of State Representatives

Before the Planning Days workshop finished, most participants representing states and territories had been elected to the Taskforce (Table 1). Taskforce members made a commitment to represent their States/ Territories and to ensure that information regarding the three-year Bachelor of Midwifery programs was both gathered and disseminated at a local level.

Most members facilitated two-way communication by conducting public health forums and engaging with universities, health services, regulatory bodies and consumers. In addition a newsletter and information published in the ACMI Journal made sure that all midwives were kept up to date with the Taskforce's progress. Similarly, in the interest of promoting an inclusive approach to its work, an advertisement was placed in the ACMI Journal calling on universities to lodge expressions of interest regarding the introduction of three-year programs. Some universities explored the possibilities of joining forces and forming a consortium approach to developing the three-year programs, the most successful of these so far has been the Victorian Werna Naloo.

The National Reference Group

The Taskforce formed a National Reference Group whose purpose was to ensure that effective and efficient consultation and communication occurred between the ACMI, the Taskforce and key stakeholders, including regulatory bodies, employers, research groups and policy makers. Members were invited to attend the Taskforce meetings. Vanessa Owen as President of the ACMI and Alana Street Executive Officer of the ACMI attended all of the Melbourne-based meetings.

International Reference Group

Central to the Taskforce was the formation of an International Reference Group whose brief was to ensure that the ACMI Standards would have consistency and parity with international benchmarks. The International Reference Group consisted of the following representatives:

- Lesley Page (United Kingdom)
- Sally Pairman (New Zealand)
- Anne Thompson (United Kingdom)
- Anne Nixon (Canada, but resident in Australia)

On completion of The Standards, draft 11, written comments were invited and received back from the International Reference Group. Comments and changes from the International Reference Group were incorporated into the final document by consensus.

Reasons for the establishment of the ACMI Taskforce

The primary purpose of the ACMI's Bachelor of Midwifery Taskforce was to develop Standards for midwifery programs and for the reasons outlined below:

Hospitals in most areas of Australia are experiencing work-

force shortages (especially in rural and remote areas) (Tracy, Barclay & Brodie 2000: 78-88)

- A shortage of midwives (Tracey et al 2000: 80)
- Inadequate numbers of Indigenous students (Tracy et al 2000: 81)
- No national standards for accreditation of midwifery education programs (Tracy et al 2000: 79)
- No consistent requirements for minimum midwifery content, clinical midwifery practice requirements, course length or consistency across states for the award (Tracey et al 2000: 82)
- Burden of fees for postgraduate midwifery courses (Tracy et al 2000: 82)
- Midwifery programs do not meet recognised international competency standards (Brodie & Barclay 2001: 113).

Presentation to the Council of Deans of Nursing

The Taskforce met regularly at the ACMI National Office in Melbourne, although much of its work was via email. Once the proposed Program Standards began to take shape the Taskforce sought a meeting with the Council of Deans of Nursing. In October 2000 representatives from the Taskforce (and the ACMI President) provided the Deans with a comprehensive coverage of the international history of three-year Bachelor of Midwifery programs and the reasons why the midwifery profession sought to establish and offer these programs in Australia. The talk was well received and the PowerPoint presentation pack that was used has been made available to members of ACMI who have been asked to provide information about the Program Standards and can be attained from the ACMI National Office (ACMI 2000).

Application to Department of Education, Training and Youth Affairs

In June 2001 Vanessa Owen (National President ACMI), Professor Jill White (Dean and Professor of the Faculty of Nursing, Midwifery and Health of the University of Technology Sydney (UTS), Professor Lesley Barclay (Professor of Family Health and Midwifery at UTS) and Professor Judith Clare (Dean, School of Nursing and Midwifery, Flinders University) met with the Department of Education, Training and Youth Affairs (DETYA) in an attempt to secure its support for the development of the inaugural Bachelor of Midwifery Programs.

To gain financial support for the development and evaluation of the three-year Bachelor of Midwifery degrees an application for Higher Education Innovation Program funding from DETYA for \$150,000 over three years was developed by the submission's coordinator Jenny Browne, the ACMI and colleagues. The application was submitted to the Higher Education Operations Branch, DETYA in Canberra on 10th September 2001. While the initiative was coordinated by the ACMI it was supported by a consortium of universities who were already planning for the introduction of the three-year midwifery degrees: South Australia, Victoria, New South Wales and the Australian Capital Territory. In addition, the Vice Chancellors from the participating univer-

sities (Table 2) gave their support to the project by way of a letter. Unfortunately the DETYA did not support this innovation. Nonetheless, the Taskforce persevered with its work.

Development of the Standards for the Accreditation of three-year Bachelor of Midwifery Programs – or what we did

The Taskforce set about developing what would become the Standards for the Accreditation of three-year Bachelor of Midwifery Programs. Most members of the Taskforce had attended the Adelaide workshops, which had clearly highlighted the strengths and deficits in the current system of midwifery education.

Moreover, they were all cognisant of the reports, for example those from the NH&MRC (1996 and 1998) and the Australian Medical Workforce Advisory Committee (1998) that identified the global shortage of midwives, but also that graduates of Australia's midwifery education programs are not qualified to fulfil and meet the needs of child bearing families.

Consequently, the WHO (1966) definition of a midwife provided an ideal starting point to describe the 'ideal' midwife and her scope of practice. 'The midwife appears to be the most appropriate and cost-effective type of care provider to be assigned the care of normal pregnancy and birth, including risk assessment and the recognition of complications.'

Thus, at its first meetings the Taskforce continued to refine and re-define the attributes required of 21st century midwives: clinicians capable of working with models of care that provided woman-centred, primary health focussed midwifery care in a range of settings. The ACMI's Competency Standards for Midwives (2000) and its Code of Ethics also helped to establish the philosophy and values underpinning the proposed Standards.

The next task was to conduct a critical analysis of the national and international literature to discover how midwifery colleagues in the United Kingdom, Canada and New Zealand had set about developing education standards for their midwifery programs.

The Taskforce was given access to a number of international midwifery curricula, such as the one developed by St Bartholomew's School of Nursing and Midwifery. These enabled it to see how others, for example the United Kingdom, ensured that the UKCC's requirements had been contextualised into the curriculum documents.

Where are we now?

Through processes of debate, review, consultation and collaboration the Taskforce has now completed the Program Standards. It has received endorsement from its International

Table 2 Collaborating universities

Australian Catholic University
Southern Cross University
Royal Melbourne Institute of Technology
University of Canberra
University of Technology Sydney
The University of South Australia
Victoria University of Technology
Flinders University, Adelaide

Reference Group. The Taskforce and the ACMI anticipate that a peer review panel, constituted and convened by the ACMI, will use the Standards for program approval and review and will make recommendations to the State/ Territory registering authorities. Where the State/ Territory registering authority has already accredited the education provider, the Peer Review Panel will not need to review programs in relation to Standard 1.

In this paper the authors have provided an exemplar called Standard 2.6. Midwifery Practice Experience to demonstrate one sub-set of the Midwifery Program Standards and the associated evaluative criteria that will be used to determine if the Standard has been met (Table 3). An example of sub-set 2.6.2 and how this is reflected in one curriculum document (Pincombe 2000) is illustrated in Table 4.

An example of the operationalisation of one of the Standards in a Curriculum Framework is considered below.

There are two Standards: Education Provider Standards and Midwifery Program Standards, each containing a number of sub-sets as well as the criteria that will demonstrate how each has been met.

The statement from the Standards, subset 2.6.2 *A minimum of 30 follow-through relationships with women* represents the example for this exercise. To reflect this subset one of the curriculum objectives in the three-year midwifery degree and documented in the section of the curriculum that deals with teaching and learning arrangements reads: 'the ability to practice continuity of care, team midwifery and caseload models of care' (Pincombe 2000; 14-15) (Table 4).

In addition at the subject level in the curriculum and recorded in the field placement arrangements section the objective states 'the student will be allocated to 10 women who are pregnant according to continuity of care models' (Table 4).

Thus in order for the student to meet this objective they will 'follow-through' 10 women each year in their field experiences with the emphasis on continuity of care/ carer and woman centered care. Of note is that the follow-through concept

reflects continuity of care/ carer rather than the more common fragmented care models where students are placed in antenatal, intrapartum and postnatal placements (although in some instances students will still be allocated to field experience placements using the latter model).

A definition of 'follow-through' has been provided in a footnote in the Standards document and is as follows; 'The ongoing midwifery relationship between the student and the woman from the initial contact in pregnancy through to the weeks immediately after the woman has given birth' National ACMI Standards for the Accreditation of Three-Year Bachelor of Midwifery Programs, (2000: 5).

Table 4 Example of how standards will be articulated in the curriculum document according to University of South Australia's Bachelor of Midwifery Degree#

Teaching and learning arrangements

Field experience

Field experience is an integral component of Bachelor of Midwifery, providing students with the opportunity to contextualise their learning within the practice setting and integrate the knowledge, skills of the midwifery profession.

Aim

To provide appropriate and diverse field experience opportunities to enable students to meet the overall objectives of the course and demonstrate the professional competencies according to the Australian College of Midwives.

Objectives

On completion of the field experience components the students should be able to demonstrate the following at the level required for the specific subject;

- Integration of concepts, theories and midwifery competencies into their midwifery practice;
- **The ability to practice continuity of care, team midwifery and caseload models of care+;**
- The ability to communicate effectively with women and their families;
- Development of critical, reflective and creative thinking and problem solving;
- Appropriate reasoning and decision making in the assessment, planning, implementation and evaluation of midwifery care
- The ability to provide safe, competent, evidence-based, woman-centred midwifery care;
- The ability to function in an accountable manner demonstrated through self assessment and professional development;
- Integration of the midwifery profession's code of ethics and conduct, and professional standard into their midwifery practice.

Subject level for midwifery contexts 1*

Teaching and learning requirements

Field placement in diverse community health settings – **where students will be allocated to 10 women who are pregnant according to continuity of care models.***

* This will be repeated in each midwifery subject over the three years in order for students to achieve their "follow-throughs", births and midwifery competencies.

Key

* Sections highlighted in black indicates relevance to 2.6.2 standard subset

Lead writer for the curriculum document Jan Pincombe (2000)

Table 3 Standard 2.6 Midwifery Practice Experience, with subsets

- 2.6.1 practice in community organisations, both government and non-government
- 2.6.2 a minimum of 30 follow-through relationships with women
- 2.6.3 being with a minimum of 40 women giving birth as the primary caregiver, throughout labour and the immediate period following birth. This may include the 30 follow-through experiences referred to in 2.6.2.
- 2.6.4 attending a minimum of 100 antenatal visits. This may include the 30 follow throughs
- 2.6.5 attending a minimum of 100 postnatal visits This may include the 30 follow-through experiences referred to in 2.6.2.
- 2.6.6 midwifery practice placements in all areas of maternity care provision in community and hospitals
- 2.6.7 an appropriate acute care women's health settings placement
- 2.6.8 a placement in a special care baby unit
- 2.6.9 opportunities to gain competence that include:
 - Antenatal screening investigations
 - Ordering and interpretation of laboratory tests
 - Appropriate prescribing for midwifery practice
 - Perineal suturing
 - Examination of the newborn baby
 - Community midwifery in the 4-6 weeks following birth

Conclusion

The work of the taskforce in developing the standards has been completed and has now been achieved. Importantly, the Taskforce has developed suggested models that show how the ACMI can work collaboratively with State and Territory registering bodies so that when a University seeks accreditation for its three-year midwifery programs it has the opportunity to gain approval from the midwives' professional body, the ACMI, and the relevant registering body.

At the time of submission of this paper the Chief Executive Officer of The Nurses Board of South Australia, Ms Judi Brown has confirmed the Standards have been endorsed by the Board, and they will now be incorporated as part of the accreditation process for three year midwifery degrees in South Australia.

In conclusion the authors acknowledge the role of ACMI and the members of the national and international bodies in achieving a set of Standards for Accreditation of the Three Year Bachelor of Midwifery degree standards that are nationally and internationally recognised.

References

- AMWAC (1998). The Obstetrics and Gynaecology Workforce in Australia, Australian Medical Workforce Advisory Committee.
- ACMI (2000). Three-Year Bachelor of Midwifery Taskforce Powerpoint Presentation. Prepared by Nicky Leap and members of the Three-Year Bachelor of Midwifery ACMI Taskforce, Australian College of Midwives Incorporated, Victorian Branch.
- ACMI (1999). Reforming Midwifery. A discussion paper on the introduction of Bachelor of Midwifery Programs in Victoria, Australian College of Midwives Incorporated, Victorian Branch, Carlton, Victoria.
- Australian College of Midwives Incorporated (2002). Standards for the Accreditation of Three Year Bachelor of Midwifery programs www.acmi.org.au
- Brodie P, Barclay L (2001). Contemporary issues in Australian midwifery regulation, Australian Health Review. 24; 4: 103-118.
- Crowley R (1999). Rocking The Cradle, Senate Report. Australian Government Publishing Service, Canberra.
- Guilliland K, Pairman S, Hasson J (1989). Choosing the changes: a midwifery response to the single registration debate, New Zealand Nursing Journal. 82; 4: 27-30.
- Kent J, MacKeith N, Maggs C (1994). Direct but different: an evaluation of the implementation of pre-registration midwifery education in England; a research project for the Department of Health Vols 1 & 2. Bath. Maggs Research Associates.
- Kitschke J (1999a). The Australian 'Direct Entry' Midwifery Education Newsletter. 1: 1-4.
- Kitschke J (1999b). The Australian 'Direct Entry' Midwifery Education Newsletter. 2: 1-5.
- Kitschke J (2000b). The Australian Bachelor of Midwifery (B.Mid) Education Newsletter. 4: 1-2.
- Kitschke J (2000a). Planning Days Report The Australian Bachelor of Midwifery (formerly DEM) Education Newsletter. 3: 1-3.
- Leap, N. (2000). Midwifery creating a sea change, paper presented at the New South Wales Midwives Association Annual State Conference, 27th and 28th of October.
- MORI (1993). Maternity Services Summary Report. London. MORI.
- National Health and Medical Research Council (1996). Options for Effective Care in Childbirth, Australian Government Publishing Service, Canberra.
- National Health and Medical Research Council (1998). Review of Services offered by Midwives, Commonwealth of Australia, Canberra.
- Pincombe J (2000). The Bachelor of Midwifery (Three Year Program), School of Nursing and Midwifery, University of South Australia.
- Plummer K (2000). From nursing outposts to contemporary midwifery in 20th century Canada, Journal of Midwifery & Women's Health. 45; 2, 169-175.
- Radford N, Thompson A (1988). Direct Entry: A Preparation for Midwifery Practice. Surrey. University of Surrey.
- Senate Community Affairs Reference Committee (1999). Rocking The Cradle, Report into Childbirth Procedures, Senate Printing Unit, Parliament House, Canberra.
- Senate Community Affairs Committee (2002). The Patient Profession: Time for Action, Report on the Inquiry into Nursing. http://www.aph.gov.au/senate/committee/clac_ctte/nursing/report/contents.htm.
- Sleep J, Bullock I, Grayson K (1995). Establishing priorities for research in education within one college of nursing and midwifery, Nurse Education Today. 15; 6: 439-445.
- Summers, A (1995). For I have ever so much more faith in her ability as a nurse: the eclipse of the community midwife in South Australia 1836-1942. PhD Thesis, Flinders University of South Australia.
- Three-Year Bachelor of Midwifery Collaboration Project (2001). ACMI Inc. Project Leader, Jenny Browne.
- Tracy S, Barclay L, Brodie P (2000). Contemporary issues in the workforce and education of Australian midwives. Australian Health Review. 23; 4: 78-87.
- Winterton N (1992). Maternity Services Second Report in the House of Commons Health Committee (Winterton Report. London. HMSO).