



ANMF (Vic Branch) Policy

Guiding principles – staffing of maternity services

Preamble

Maternity care can be provided in a variety of ways. The Australian Nursing and Midwifery Federation (Victorian Branch) [ANMF (Vic Branch)] acknowledges the importance of providing choice for mothers and for midwives in the models of care provided by health services.

The Code of Conduct for Midwives¹ and Code of Ethics for Midwives² are the minimum national standards of professional and ethical conduct for midwives. ANMF acknowledges that the ability to comply with these Codes is sometimes compromised when appropriate staffing levels and skill mix are not available. Midwives must be aware of the constraints placed on practice when working within limited resources and take measures to document, report and advocate for improvement.

The NMBA Decision Making Framework for Midwives³ is an essential guide to midwives when determining whether or not an activity is within the individual's scope of practice and whether or not midwifery care can be delegated to another registered health practitioner.

All health services should utilize midwives to provide maternity care to women and babies. Midwifery services are expected to foster collaboration, provide choice for mothers and aim to ensure the best outcomes for mother and baby.

Policy

It is the policy of the ANMF (Vic Branch) that maternity units (however styled or titled) must as a minimum be staffed in accordance with the mandated midwife to patient ratios in accordance with the Safe Patient Care Act and industrial instruments where they apply. Where industrial instruments are silent in relation to the exact ratio of midwives to women, ANMF recommends that such units should be staffed by:

- Registered midwives, in a ratio of at least one midwife exclusively for each woman in established or complicated labour as determined by the midwife in charge; and
- At least one registered midwife exclusively for every four antenatal or post-natal women.

Home based midwifery services must be provided only by registered midwives, and only when Professional Indemnity arrangements exist to protect the midwife.

Continuity Models of Midwifery care must be staffed by Registered Midwives. The ANMF (Vic Branch) position is that a Midwife providing full pregnancy care to a woman could expect a full-time caseload to be 45 booked women per year.

¹ NMBA Code of Conduct for Midwives 1 March 2018. <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>

² NMBA International code of Ethics for midwives 1 March 2018

³ NMBA Decision Making framework for midwives 13 June 2013 <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx>

Private midwifery services must be conducted in accordance with NMBA requirements including the Safety and Quality Guideline for Private Practice Midwives. Until 31 December 2019, there is an exemption for the requirement for a private midwife to have professional indemnity insurance cover when performing intrapartum care in a woman's home.

Employment of students of midwifery

ANMF (Vic Branch) is supportive of programs which regulate the integration of students of midwifery into the workforce, in a paid capacity, during their education.

The aim of such employment models is twofold:

1. To provide safe supervised clinical experience opportunities for students and to do so in such a way as to not diminish the capacity of registered midwives to perform their ordinary role; and
2. To enable students to earn an income through work that is directly related to their study.

The course of study in which the student is enrolled (ie Bachelor of midwifery students and/or registered nurse undertaking a post graduate midwifery program) should be taken into regard when allocating students midwives to women, to ensure students meet their learning objectives.

1. Undergraduate students

- 1.1 It is possible for agreements to be reached whereby Bachelor of Midwifery and Bachelor of Midwifery/Bachelor of Nursing (double degree) students may be counted in post natal ratios as 0.5 of one midwife, if employed under a suitable model such as the RUSON/M program outlined in the Nurses and Midwives (Victorian Public Health Sector) Enterprise Agreement 2016-2020.

2. Post graduate students (Registered nurses undertaking a post graduate diploma of midwifery, who are employed in a postnatal ward)

- 2.1 In the Victorian Public Sector, in the case of registered nurses who are student midwives, many health services have executed Local Agreements to provide for a variation to midwife to patient ratios set out in the Safe Patient Care Act.
- 2.2 In all sectors, where paid models exist ANMF supports the following parameters.
- 2.3 The student is employed for the first 4 weeks at a minimum as additional to ratios (supernumerary) to allow for adequate orientation.
- 2.4 Depending on educational need, the skills of the student and the support provided by the employer, a further period of employment additional to ratios may be required.
- 2.5 The performance of aspects of midwifery care must be commensurate with the student's educational preparation and level of competence.
- 2.6 Support and supervision by a registered midwife must be available to the student midwife at all times.

A limit of one student midwife per ward per shift applies.

Where mandated nurse/midwife ratios do not apply:

1. Arrangements in these circumstances are usually as per local agreements with the Australian Nursing and Midwifery Federation (Victorian Branch) and the employer, or otherwise provided for in the relevant EBA; and
2. Organisations should work towards all maternity care being provided by a registered midwife.

Labour and birth care must only be delivered by a registered midwife. When students of midwifery are present in birthing units (however titled) they must be under the direct supervision of a registered midwife at all times. Supervision must be by a registered midwife who is aware of the level of competence of the student.