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EDITORIAL

Meeting the needs of rural and regional families: Educating midwives

Recent claims that Australian midwifery is at a crossroads (Newhnam, 2010), and related debate centred upon women-centred versus medical models of care, requires urgent attention to ensure the future of midwifery practice. Less apparent in the public sphere is a current move by some Universities away from postgraduate midwifery programs in favour of direct entry undergraduate programs, alongside the Australian College of Midwives' apparent criticism of the alternative undergraduate model of joint Bachelor of Nursing/Bachelor of Midwifery undergraduate degrees. We contend that the time has come for public debate regarding these two contentious issues. As nurses, midwives and academics practising in regional Australia, we take issue with the notion that an undergraduate Bachelor of Midwifery degree alone will meet the health workforce needs, and thus the needs of women and families, of regional, rural and remote Australia into the future. We argue that the Bachelor of Midwifery degree should be one of several ways in which midwives are educationally prepared to practice across a country as diverse as ours.

The National Maternity Services Plan supports all Australian women having access to high-quality, evidence-based, culturally competent maternity care in a range of settings close to where they live (2011). In regional and rural Australia the reality is that women may be several hundred kilometres from maternity and support services. In addition, the notion of a 'normal' pregnant woman has changed markedly as a result of the increase in co-morbidities, resulting in arguments about the ability of Bachelor of Midwifery graduates to manage the range of health issues with which women, their babies, and their families might present (McCann and Clark, 2010). In a large metropolitan city or hospital, or a birth centre in a capital city, this would not necessarily present a problem given the range of services available to support the provision of health care. The situation is clearly different in the bush.

The reality of small regional, rural and remote health care facilities is that numbers of births will not support a health professional with midwifery skills only. From an

economic perspective, the amount of work available for the direct entry Bachelor of Midwifery graduate is unsustainable in terms of being able to earn a full time income. Criticisms have been made about health services developing policy in order to be cost-effective (Newhnam, 2010); we say economic feasibility obviously has to be part of the overall picture regarding the provision of health services. As Health Workforce Australia (Siggins Miller, 2011) clearly points out, communities in these areas of Australia require health professionals with skill-sets that enable the health professional to manage the overall health of the community. However, while the development of direct-entry midwifery courses in many Australian jurisdictions will help to bolster the maternity workforce shortage over the coming years (National Maternity Services Plan, 2011), our experience is that these midwives are not moving to work in regional, let alone rural, Australia. However, even if these graduates did move to rural and regional Australia to work, their usefulness to the health service overall is limited. In order to be able to fulfil their roles of providing comprehensive care to women and families away from metropolitan and major regional locations, midwives also need nursing knowledge, skills and competence. We acknowledge that midwives focus on the needs of women and their families across Australia. However, we argue that much of the current debate appears to favour the needs of a select group of women in large metropolitan areas or areas that have ease of access to metropolitan services and fails to recognise the needs of women in regional and rural Australia. In our opinion, the skill-set of a health professional who is a nurse AND a midwife clearly better meets such a need.

As a regional health service and regional university, we intend to continue to offer a postgraduate midwifery programs and a Bachelor of Nursing Science/Bachelor of Midwifery combined undergraduate degree. In addition, we support the concept and practice of woman-centred care and women having the right to informed choice about their experience of birthing. Fahy (2010) quite rightly notes that much of what is being argued about 'midwifery only'

knowledge and skills currently describes an idyllic situation that we believe is not possible in Australia. We challenge the Australian College of Midwives and the Australian Nursing & Midwifery Accreditation Council to justify any move away from accrediting such programs in the future given they clearly provide graduates with the full range of competencies identified in the National Competency Standards for the Midwife (ANMAC, 2006).

Unsubstantiated claims infer that some Schools of Nursing and Midwifery are being asked to prepare 'shelf' Bachelor of Midwifery degrees first before they are able to have dual degrees accredited. For the uninformed (as we were), a 'shelf' degree is one where the curriculum is fully prepared and accredited, with the intention of not offering that degree. We say that if this were occurring, it would be a diabolical misuse of power by self-serving individuals or groups, as precious and limited School resources are spent complying with such a requirement. Clearly, those resources are not available to support teaching and learning for nursing and midwifery educational programs that ARE being delivered to prepare the future nursing and midwifery workforce for Australia.

As nurses and midwives, we fully support the development of the Bachelor of Midwifery undergraduate degree. Our aim here is not to criticise such an innovation. Rather, we claim that this degree needs to be part of a spectrum of possibilities by which midwives acquire the skills, knowledge and competence to safely practice. Midwives with a single degree do have a place in the future provision of health services in Australia. But so too do nurses and midwives

with dual degrees, and nurses with postgraduate midwifery degrees, particularly in regional, rural and remote areas of Australia.

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