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## LETTER TO THE EDITOR

**Response to editorial: Meeting the needs of rural and regional families: educating midwives**

Dear Editor-in-Chief,

I am writing in response to the editorial 'Meeting the needs of rural and regional families: Educating midwives' (Stewart, Lock, Bentley, & Carson, 2012). In this editorial, the authors cite my paper (Newnham, 2010), after stating, 'Criticisms have been made about health services developing policy in order to be cost effective' (Stewart et al., 2012, p. 187). While I understand the point that they are trying to make, I am concerned that this is a misrepresentation of my argument.

The paper in question identifies multiple influences on policy, and ways in which policy can be critically evaluated. In the section of the paper from which I believe the authors are citing, the budgetary considerations of the Maternity Services Review are mentioned only in passing, after a rather lengthy discussion of broader political and professional influences (Newnham, 2010, p. 251). Nowhere in the paper do I explicitly denounce cost-effective health policy. Cost-effectiveness, driven by a finite budget, is an obvious primary concern in health care policy.

However, I remain sceptical about policy that is driven solely by economics, for two reasons. First, we have no way of the foreseeing all of the possible directions that policy directed primarily by fiscal restraint might take. It is a potentially slippery road, if other considerations are ignored; consumer and clinician perspectives and research

findings need to be factored into policy, and the sway of social forces and powerful discourses debated. If, for example, midwifery models of care are evaluated and implemented only on their economic benefit, rather than the benefit they provide to birthing women, the possibility exists for integral aspects of midwifery models to be altered to suit changing financial environments. Second, short term financial gain can obscure the more prolonged corollaries of policy implementation, both in health outcomes and economic terms.

As health care providers with inside knowledge of the health care system, midwives and nurses are in a position where we see first-hand the effects of health policy change. Indeed, this seems to be one of the points of the editorial, as Stewart et al. (2012) discuss their experience as regional practitioners and academics. We therefore need to enter into policy debate with an awareness of the complexities involved.

**References**

- Newnham, E. (2010). Midwifery directions: The Australian maternity services review. *Health Sociology Review*, 19(2), 245–259.
- Stewart, L., Lock, R., Bentley, K., & Carson, V. (2012). Meeting the needs of rural and regional families: Educating midwives. *Collegian*, 19(4), 187–188.

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