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## LETTER TO THE EDITOR

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

Re the Collegian Editorial: Meeting the needs of rural and regional families: Educating midwives (2012) 19, 187–188.

As president of the Australian College of Midwives (ACM), I write in response to the above editorial. While the ACM welcomes discussion about midwifery workforce issues in regional, rural and remote areas and the best way to ensure Australian families receive high quality maternity care, we are not convinced that this editorial helps the debate. It is disappointing to see that the editorial is not informed by evidence and therefore adds little to informed commentary. The editorial makes a number of claims that are essentially unsubstantiated. These claims include:

- that midwives who are not nurses have no role in rural and remote maternity settings
- that the ACM and ANMAC do not support dual degree programs
- that universities are being told to prepare 'shelf' programs in both midwifery and nursing before dual degrees will be considered. Although the authors admit that these claims are unsubstantiated we question why they would be presented in a high quality journal such as the Collegian.

The editorial makes some significant claims about the ACM and the Australian Nursing and Midwifery Council. We believe these claims to be untrue. We would like to provide the ACM's position on these issues affecting the maternity workforce in rural and remote areas in an effort to refute some of the claims and further contribute to discussions around this important topic.

1. The ACM supports all midwives regardless of the way they are prepared. We have encouraged the development of an undergraduate degree in midwifery as an optimal way of preparing midwives into the future. However this does not mean that this should be the only way of preparing midwives in Australia.
2. We recognize the popularity of the BMBN programs. The main concern the ACM (and many nursing academics and

leaders) have with the BMBN programs is the attempt to mix the two philosophies of two separate internationally defined disciplines. This has the capacity to confuse students and to limit continuity within either discipline as the course structure has to accommodate so many different aspects. Graduate programs are also difficult to develop to enable true consolidation in either discipline.

3. There is no evidence currently available that explores the experiences of either BMBN or the BMid graduates who want to work in rural and/or remote practice.
4. We recognize that BMBN graduates are in more demand by employers in rural and remote areas, however we believe this is due to lack of support for these employers to understand and restructure the workforce to allow midwives to work more effectively.
5. Many comparable countries around the world have midwives who are not nurses working safely in the rural and remote context. Midwifery education in Australia has used benchmarks from other similar developed countries, none of which have pursued the dual degree model. In New Zealand over 38% of all practicing midwives, many of them working in rural areas, do not have nursing qualifications ([Midwifery Council of New Zealand, 2012](#)). Canada report the direct entry pathway is more suitable for their Inuit and First Nation students ([National Aboriginal Health Organization, 2008](#)).
6. The ACM believes that an effective and sustainable maternity workforce in rural and remote areas requires innovative models supported by midwifery, nursing and medical leaders that are open to new ways of working. We have seen very successful models in the Northern Territory with the development of midwifery outreach and designated midwifery positions in remote areas. This demonstrates very clearly that direct entry graduates can work in remote areas.
7. There is an international imperative and considerable evidence about the best way to provide maternity care to achieve the best outcomes. Caseload midwifery models of care are a much better use of the midwifery workforce. Students and new graduates can be embedded in these models as long as they are well supported. We have very good evidence that the quality of care provided by nurse midwives in remote areas is problematic and does not currently meet the needs of women ([Bar-Zeev et al., in press](#)). This is due to the pressures and

demands for an acute nursing service over the primary health care midwifery service.

8. We recognize that some very remote areas will not have the population numbers to support midwifery only positions. However, there are many that can. There is no reason why a registered midwife cannot pursue nursing qualifications, as nurses who wanted to be midwives have done for many years.
9. It is not our understanding that universities need to write 'shelf' programs – i.e. two separate curricula, and then one combined curriculum. However the BMBN curriculum needs to meet the standards of both professions and are assessed independently. It is therefore difficult to reconcile 2 × 3 year degrees into one 4 year dual degree. We are aware that both the nursing and the midwifery accreditation committees are grappling with these challenges in accrediting the various 4 year BNBMs across the country and we commend them for their commitment to ensure that neither stream is compromised.
10. The new model of eligible midwives provides an additional choice for women living in rural and remote areas. However, this relies on health services working with eligible midwives so women and their midwives can have access to the local hospital for birth. Maternity service managers need support in understanding the benefits of this and similar models.

We strongly refute the statement in the editorial that states *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.*

There is a clear need for research to be undertaken in this area. In the meantime we seek open and respectful dialogue with all stakeholders in order to ensure that not only maternity services have a high quality and sustainable workforce, but women in rural and remote areas receive high quality, woman-centred care.

Kind Regards



## References

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