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LETTER TO THE EDITOR

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

Dear Editor,

I write in response to the editorial by Stewart, Lock, Bentley, and Carson (2012) which argued that compared with Bachelor of Midwifery (B Mid) degrees, graduate diplomas in midwifery for registered nurses or double degrees are of equal quality in preparing the midwives of the future. Further, I challenge the notion that “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” (p. 187).

I have taught in, and been part of committees accrediting graduate diploma/Masters of Midwifery degrees. These short degrees generally have only 6 midwifery specific units (out of 8). The total course length of a graduate diploma is usually 12–15 months full time (whilst the students concurrently employed full-time as RNs in maternity units). In contrast in our B Mid degree 16 of 24 units are midwifery specific. I agree with the authors that it may be possible to complete degrees that have less midwifery specific content, however, my concern is that all courses leading to registration as a midwife must meet the essential minimum requirements for practice as a midwife (ANMAC 2009). I am concerned that it may be difficult for graduate diploma students and those enrolled in double degrees in nursing/midwifery to meet the ANMAC requirements as only the B Mids have sufficient focused midwifery time to allow students to easily meet these requirements (e.g. 20 follow through experiences, 100 antenatal visits, 100 postnatal visits, 40 ‘being with women’ during all four stages of labour and 40 complex care cases as well as time in special care nursery).

The small rural units should not be trying to overturn the recommendations of the profession about how to provide evidence-based best practice midwifery care to women but instead they should consider different models of maternity care where midwives could be employed to provide caseload continuity of midwifery care. The reality is that midwives who do not have nursing qualifications can very well staff small rural maternity service. All maternity care can be provided under these models, which would allow rural units to maintain and extend their maternity services using contemporary models of care.

References

- Australian Nursing and Midwifery Council (2009) *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia – with Evidence Guide*.
- Stewart, L., Lock, R., Bentley, K., & Carson, V. (2012). Editorial: Meeting the needs of rural and regional families: Educating midwives. *Collegian*, 19, 187–188.

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