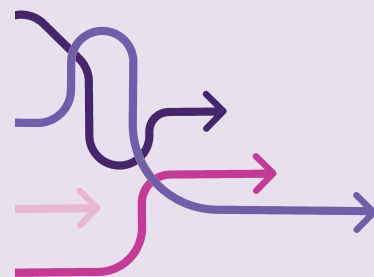


Midwifery Student Practice Experience

A resource to support the coordination
of student learning models





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NSW Health Nursing and Midwifery Office acknowledges the Traditional Custodians of the many Countries throughout New South Wales and their connection to land, sea and community.

We pay our respects to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today, and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples for over 60,000 years.

We acknowledge the historical disparity in health outcomes for Aboriginal mothers and babies and support Aboriginal and Torres Strait Islander women's cultural birthing practices.

We recognise the profound impact culturally safe midwifery models of care can have to strengthen physical, social, emotional, spiritual and cultural health, and the importance of growing an Aboriginal midwifery workforce as the protectors of cultural values and practices around birth.

Guided by *Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW*, we acknowledge the right of Aboriginal and Torres Strait Islander women to access care that is women-centred, collaborative, evidence-based, respectful and above all, safeguards cultural integrity and wellbeing.

We would like to acknowledge the Local Health District and University partners who collaborated and contributed to the development of this resource.

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2 Purpose

How to use this resource

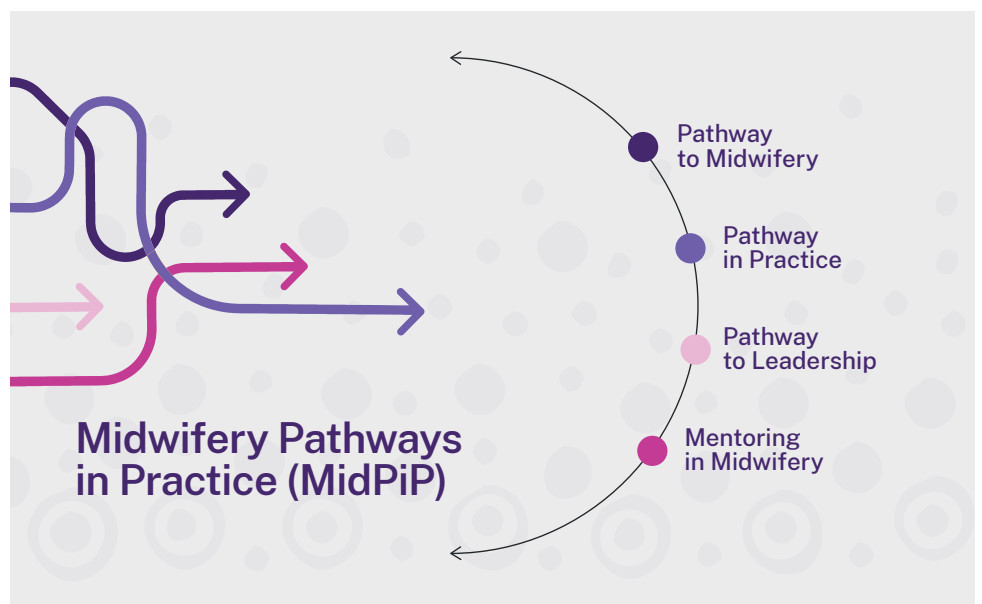
This resource was developed with collaboration between Local Health Districts and University partners to strengthen and support the coordination and communication of student learning experiences. Recommendations are outlined for student models, coordination and support. Stories and examples from NSW Health maternity services and links to relevant practical resources are included throughout.

Optimising the Midwifery Practice Experience for midwifery students in NSW Health is critical to support a future midwifery workforce.

This resource aims to enhance the learning model for midwifery students, midwives, maternity services and education providers. It outlines the coordination of student clinical placements between the maternity service and education provider, student models and support. It describes the annual timeline to coordinate midwifery student experiences and the shared roles and responsibilities. Collaboration and shared responsibility between maternity services and education providers is crucial to support midwifery students and midwives to optimise student learning¹.

Figure 1: Midwifery Pathways in Practice

[MidPiP](#) is a collection of tools and resources for emerging and practicing midwives to navigate opportunities for professional growth, support, and optimal practice. This resource supports the Pathway to Midwifery.



3 Definitions

Midwifery student: an individual undertaking a program of education, either undergraduate or postgraduate, that leads to registration as a midwife.

Midwifery Practice Experience (MPE): MPE is a practice-based learning that allows a student to put theoretical knowledge into practice within the consumer care environment (also described as clinical placement, practice model, student experience, student rotation).

Maternity Service: all public maternity services within a Local Health District where midwifery students undertake supervised practice-based learning experiences.

Education Provider (EP): a university that offers a midwifery education program leading to professional registration and requires midwifery student placement experiences in NSW Health maternity services.

Planned MPE: involves placement/rotation, for a set period (days/weeks), in maternity settings across health facilities including in the community.

Continuity of Care Experience (CoCE): ongoing midwifery care relationship between the student and the woman, from initial contact in pregnancy through to the weeks immediately after the woman has given birth, across the interface between community and health care settings.

ClinConnect: web-based application used to assist Maternity Services and Education Providers to manage all student placements in NSW Health facilities.

Nursing and Midwifery Office (NaMO): located within the NSW Ministry of Health, providing advice on professional nursing and midwifery workforce and policy issues. NaMO manages state-wide nursing and midwifery initiatives and represents the NSW Ministry of Health on various committees.

4 Background

4.1 Accreditation Requirements

To become a midwife in Australia an individual must first complete a program of study accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved by the Nursing and Midwifery Board of Australia (NMBA). ANMAC uses Midwife Accreditation Standards² to accredit and assess programs of study leading to registration as a midwife. This resource outlines a collaborative approach between maternity services and education providers to ensure optimal maternity practice experience for students and midwives in NSW Health maternity services.

4.2 Pathways to Midwifery

Midwifery students can complete either an undergraduate or postgraduate pathway leading to registration as a midwife. Details of current [Midwifery Approved Programs](#) of study for general registration are published by the Nursing and Midwifery Board of Australia. An outline of the pathways is detailed here (Table 1) and specific program requirements are determined by the individual university provider.

4.3 NSW Health Increasing Undergraduate Midwifery Placements Initiative

The Nursing and Midwifery Office led a project *Increasing Undergraduate Midwifery Placements in 2022* to identify enablers and barriers to support an increase of clinical placements across NSW. The initiative was focused on undergraduate students; however, the recommendations are applicable to all student pathways, both undergraduate and postgraduate. This, along with other strategies including the NaMO Aboriginal Nursing and Midwifery Strategy, is intended to enhance the current midwifery workforce and to mitigate workforce challenges into the future.

The guidance included in this resource addresses the following recommendations from the initiative:

1. Strengthen communication processes between universities, local education teams, and midwifery managers to ensure student placement capacity is filled, and the needs of the students, industry, and education providers are met.
2. Review the coordination of clinical placements, defining the roles and responsibilities of the midwifery educators to liaise with midwifery managers, universities, and students to enhance:
 - a. Student rosters and placement patterns
 - b. Student progress
 - c. Implement a strategy addressing the capacity of the service and workforce that enhances student learning
3. Develop and implement strategies to support and enhance student transition and experience in midwifery practice



Table 1: Comparison of midwifery student pathways

	Undergraduate	Postgraduate
Eligibility	Assessed by university	Assessed by university (must be a registered nurse)
Midwifery Program	Bachelor of Midwifery	Graduate Diploma of Midwifery Graduate Entry Masters of Midwifery Bachelor of Midwifery (Graduate Entry) Masters of Midwifery (entry to Registration)
Timeframe	3 – 6 years (full time/part time)	12-24 months
Employment	Not employed	May be employed (MidStart recruitment or via rural and regional scholarship) or not employed

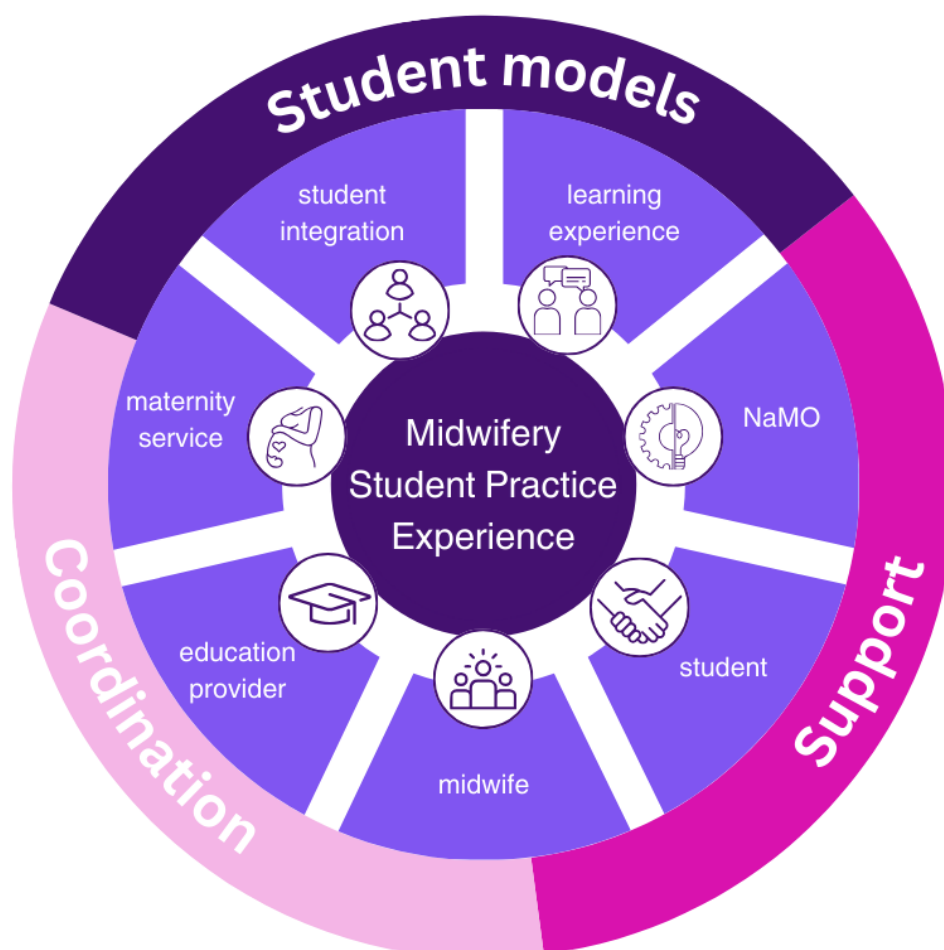
5 Midwifery Practice Experience (MPE)

Effective collaboration between the maternity services and education providers will maximise midwifery practice experience opportunities and optimise the student experience.

Students completing a midwifery program are required to undertake clinical practice based learning known as MPE. This includes planned or rostered placements hours, as well as the Continuity of Care Experience. The NaMO *Increasing Undergraduate Midwifery Placements* initiative identified key considerations to enhance student MPE. This informed a model of integrated support, coordination and student models to enhance the MPE for students, midwives, maternity services and the education providers.

Figure 2: Midwifery Student Practice Experience Model Midwifery

The model demonstrates the key considerations that enhance student learning experience and their alignment to coordination, support and student models. Effective communication is core to enabling the student and midwife learning experience to be optimised, and develop a sustainable, engaged and woman-centered midwifery workforce.



5.1 Midwifery Practice Experience (MPE) in Maternity Services

Students are supported to engage in midwifery practice experience requirements in NSW Health maternity services across the full continuum of care. This includes maternity services that are hospital-based, community services, and public-funded home-birth models. Students are enabled and supported to practice the full scope of midwifery practice³. Students will practice skills and provide care aligned with the individual Education Provider (EP) requirements and student progression, under the supervision of a midwife or other relevant registered practitioners. Elements of MPE to be considered are outlined here, including homebase models, planned MPE and Continuity of Care Experiences.

5.1.1 Homebase Maternity Service

A homebase maternity service is where students can undertake the majority of their MPE with the same service that is geographically located within close proximity to their place of residence. EPs and maternity services should work collaboratively to maximise this approach for their students. Students may be required to undertake MPE at other services as determined by either maternity service or EP needs (e.g. Higher-level care experience, rural elective, student progress requirements etc).

I was able to do my placements at my local hospital which was amazing, positive and rewarding. My local hospital and educators were extremely flexible, supported my learning and I felt welcomed and part of a team. It boosted my confidence, and enhanced my learning and my commitment to continuity of care as I did not have the added stress of being away from my family.

Kayly, Bachelor of Midwifery student, Regional NSW

5.1.2 Planned Midwifery Practice Experience

Students may complete their planned MPE in predetermined weekly block models, predetermined days/hours, or a combination of both. This model includes dedicated hours allocated to specialised clinical areas or types of maternity service (e.g. Antenatal clinic, Maternity/Postnatal Units, Special Care Nursery, Aboriginal Maternal Infant Health Services, Birthing units, parenting classes etc).

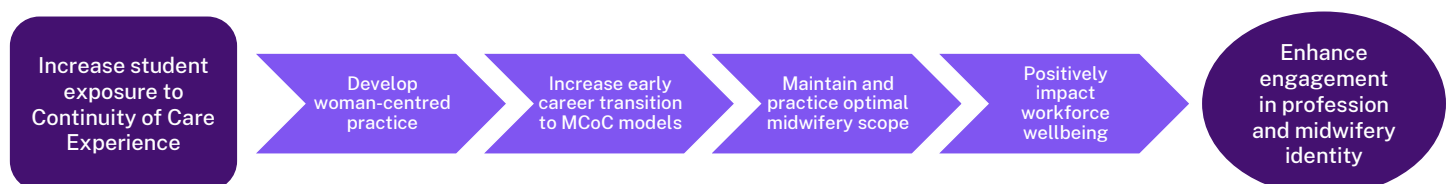
5.1.3 Continuity of Care Experience

This learning model enables students to experience learning through continuity with individual women through pregnancy, labour, birth and the postnatal period. This clinical practice learning model is aligned with the care chosen by the woman. This may be in a maternity service model offering midwifery continuity of care or not. Maternity services and EP must prioritise and enable student learning in CoCE as a mandated requirement of their program. Where able Aboriginal and Torres Strait Islander students should be supported to undertake CoCE with Aboriginal or Torres Strait Islander women or aligned to an Aboriginal Health Service model^{4,5}.

Learning in the CoCE is relationship-based, affording students exposure to the full continuum and scope of midwifery care, which enables students to learn and develop woman-centred midwifery practice and philosophy^{4,6,7}. Prioritising and ensuring exposure for students to learn in the CoCE model will also drive a future workforce motivated and able to transition into practice in midwifery continuity of care models^{8,9}.

Figure 3: Impact and benefit of student learning in CoCE

This flowchart visually represents the evidence outlining the outcome of increasing student exposure the Continuity of Care Experience



5.1.4 Postgraduate Employment Program (Registered Nurses)

Midwifery students who are already registered nurses can complete a postgraduate program leading to registration as a midwife (Graduate Diploma, Graduate Entry Masters or Masters program). In NSW Health there is an opportunity for registered nurses to be in a paid employment model while completing their MPE component of their program.

NSW Health maternity services participate in an annualised centralised recruitment process (MidStart) led by NaMO to support Local Health Districts to employ to postgraduate midwifery student positions. NaMO also offers an option for maternity services to apply to the annual Rural Post Graduate Midwifery Student Scholarships. These scholarships are allocated to small rural maternity units, to support the employment of a postgraduate midwifery student, in addition to their existing full-time equivalent establishment profile. The scholarships support the sustainability of small rural maternity units by funding a local registered nurse to train as a midwife.

An alternative pathway to the postgraduate employment model is for Registered Nurses to undertake the Bachelor of Midwifery program. Each EP will have internal processes where the applicant may be eligible to apply for recognition of prior learning to decrease the credit requirements of the program.

The practical experience from the MidStart program has maximised my exposure as a midwifery student, allowing me the confidence to start my professional career as a Midwifery Group Practice midwife.

Amelia, Postgraduate Midwifery student, SESLHD



6 Student models

To facilitate capacity, enhance student learning, and midwife teaching and supervision experience, student models of care can be developed and tailored to each maternity service's needs.

This could include a student-led antenatal clinic, outpatient services or inpatient ways of working and supervision. Implementing student models of care that centre on continuity is an opportunity to prioritise the CoCE learning model. This can enable students and women to engage in the CoCE learning model, improve capacity for midwife supervision and scale up the availability of continuity of care for women.

Maternity services should utilise a change management framework to create, develop, and implement student models tailored to their service. The [NSW Health Continuity of Care Models: A Midwifery Toolkit](#) is a resource that can be applied to implementing a student model. Example stories from NSW maternity services are included in the Appendix.

[Midwifery Pathways in Practice \(MidPiP\) - Professional practice \(nsw.gov.au\)](https://www.health.nsw.gov.au/nursing/practice/Pages/midwifery-pathways-in-practice.aspx)

<https://www.health.nsw.gov.au/nursing/practice/Pages/midwifery-pathways-in-practice.aspx>



7 Coordination

To maximise midwifery student capacity within NSW Health maternity services, the coordination of students and placement availability is outlined in the 'Midwifery Practice Experience; Business Rules'.

The business rules and annual timelines are published each year by NaMO and communicated with each district.



8 Support

8.1 Support for students

Students' experience of learning and their successful completion of the program can be enhanced with the implementation of support from the maternity service where they undertake their MPE. Practice-based learning is promoted through relationship-centred practice and the Senses Framework¹⁰ provides clarity about what the outcomes of relationships might be.

The Senses Framework was first developed by Nolan et. al¹⁰ and applied to the context of developing enriched learning experiences among midwifery students and midwives in the Exploring the Student Midwife Experience (ESME) program¹¹. The original work by Nolan et. al¹⁰ proposed that an enriched care environment is achieved through all involved in the care experience having a sense of: Security, Belonging, Purpose, Continuity, Achievement and Significance. Through research carried out with midwifery students and midwives within NSW maternity services, new understanding was generated as to how it looks and feels when each of the 'senses' is being achieved for individuals and within teams. The Senses Framework as it applies to learning in the midwifery context is illustrated below.

Image 1: Senses framework



8.1.1 Mentoring in Midwifery

All midwifery students in NSW Health maternity services will have a midwife mentor who will engage in a mentoring relationship through the student journey. Maternity services will engage their MiM lead for each LHD to facilitate mentoring for all students. Where possible Aboriginal and Torres Strait Islander students will have a midwife mentor who is Aboriginal or Torres Strait Islander. The Mentoring in Midwifery (MiM) Program developed by NaMO is underpinned by Appreciative Inquiry, Caring Conversations and the Senses Framework. The MiM program is a workforce initiative developed to attract and retain our midwifery workforce now and into the future. The overall aim of this program is to develop a reciprocal learning relationship that expands opportunities for connection, learning and growth for midwives and midwifery students.

[Mentoring in Midwifery \(MiM\) Program - Leadership and culture \(nsw.gov.au\)](https://www.health.nsw.gov.au/nursing/culture/Pages/mentoring-in-midwifery.aspx)

<https://www.health.nsw.gov.au/nursing/culture/Pages/mentoring-in-midwifery.aspx>



8.1.2 Aboriginal and Torres Strait Islander students

Aboriginal midwives are under-represented in the NSW midwifery workforce and there is an inadequate number of nursing and midwifery students and graduating midwives to address this. To empower and support Aboriginal and Torres Strait Islander people to complete a midwifery program, consideration can be given to enhancing the MPE component, with a focus on ensuring cultural safety. Students who have access to cultural support, a relationship with an Aboriginal mentor and clinical placement in Aboriginal services will enhance students experience and support their learning⁵.

As an Indigenous woman, I have been able to be a student in the hospital the last three generations of my family has been born. While I am not a Dunghutti woman, my family have been living on this Dunghutti Country for over a hundred years and I feel such a strong connection to this community. I have been able to support, education and empower my Indigenous sisters and their family during their pregnancy, labour and birth.

Tegan, Recipient of Rural and Regional Postgraduate midwifery scholarship Gumbaynggirr and Wiradjuri woman

I'll often say "let's walk and talk" if I don't have time to chat for too long. I'll ask about their mob and family and make those connections.

Kaarina, Midwife, SWSLHD, Wiradjuri woman



I was putting what I was learning into practice quite often and I think it helped me more in my studies than most other things did, to be honest.

Aboriginal Midwifery Cadet recipient

Stories from LHD initiatives are included in Appendix in Story 4 and 5.

The [Aboriginal nursing and midwifery cadetship program](#) offers financial support, work placements and mentoring. They support students to focus on their studies, experience the workforce and build relationships.

[NSW Aboriginal Nursing and Midwifery Strategy \(nsw.gov.au\)](https://www.health.nsw.gov.au/nursing/aboriginal-strategy/Pages/default.aspx)

<https://www.health.nsw.gov.au/nursing/aboriginal-strategy/Pages/default.aspx>



8.1.3 Financial support opportunities

Enabling financial support opportunities for students can aid in their continued engagement in their program and profession^{12,13}. It is recommended that maternity services socialise and communicate existing scholarship opportunities in addition to LHD led initiatives to enhance financial support for all midwifery students.

NSW Health Scholarships and Cadetships:

- [Aboriginal Nursing and Midwifery Cadetship program](#)
- [NSW Health Aboriginal Nursing and Midwifery Undergraduate Scholarships](#)
- [NSW Health Aboriginal postgraduate scholarships](#)
- [Rural Undergraduate Scholarships](#)
- [Undergraduate clinical placement grants](#)
- [Postgraduate scholarships](#)

Local Health District initiatives:

- Assistant in Midwifery employment opportunities for undergraduate midwifery students
- LHD led financial support programs (scholarships/grants)
- Rural and Regional Postgraduate Midwifery Student Scholarships provided to maternity services in Rural and Regional locations

8.2 Support for midwives

Fostering a culture of teaching and learning throughout the midwifery workforce enables midwives' capability and capacity to support student learning. Fostering a reciprocal learning experience and an environment where midwives and students learn together for mutual benefit will enhance professional satisfaction identity^{1,14}. [Midwifery Pathways in Practice \(MidPiP\)](#) is a collection of tools and resources accessible to all midwives to tailor their professional development needs. It is recommended that midwives are supported to engage in contemporary programs that enable midwives to engage in lifelong learning and continuous professional development, strengthening professional identity and workforce engagement¹.

8.3 Facilitation models

Facilitation models and the associated roles and responsibilities are defined by the contractual arrangements between the maternity service and EP. Facilitation may be internal or external to the maternity service. It is recognised that variation exists across NSW services. It is recommended that each LHD regularly review their current model and in collaboration with the partnering EPs determine how to best optimise the facilitation of midwifery students.

8.4 Learning and Assessment

Guidance for student progress of learning and measurement of assessment are determined by the individual EP. Student records of learning should be recorded and monitored in the EP distributed portfolio record. The Midwife Standards for Practice define that midwives are responsible for 'contributes to a culture that supports learning, teaching, knowledge transfer and critical reflection' (p.5)¹⁶. The assessment of student performance takes place during student placements involving the learner, the assessor and the university.

Midwives are required to assess student learning. Determined by the university, this may be with the Australian Midwifery Standards Assessment Tool (AMSAT). The AMSAT assesses midwifery student practice in practice-based learning against the Australian Midwife Standards for Practice. The AMSAT has been determined to be a valid, reliable and acceptable assessment tool that enables consistent assessment of student workplace performance¹⁵.

AMSAT training manuals, teaching resources and instructional videos can be accessed here: [Australian Midwifery Standards Assessment Tool \(midwives.org.au\)](https://www.midwives.org.au)

Further resources are available at [Midwifery Pathways in Practice \(https://www.health.nsw.gov.au/nursing/practice/Pages/midwifery-pathways-in-practice.aspx\)](https://www.health.nsw.gov.au/nursing/practice/Pages/midwifery-pathways-in-practice.aspx) to support midwives professional development in teaching and learning.

Having our postgraduate students here on the Rural and Regional Midwifery Student scholarship means they can be additional to our midwife staffing. This ensures that they can experience the full continuum of care and be present for their continuity families at any time. With mentoring it is extremely beneficial to us as a rural unit and also the students themselves.

Broni, Clinical Midwifery Educator
Kempsey District Hospital

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10 Appendices

Stories of student learning models and innovations led by Local Health Districts are provided here.

10.1 Story 1: Midwifery Student Group Practice Model

Case example outline

Local Health District	Rural
Model	Financial support for Aboriginal students
Students	Undergraduate
Employment	Not employed

Our story outlines a Midwifery student Group Practice (MsGP) model, where teams of three students collaborate to provide continuity of care for women. This case study describes how to operationalise the antenatal care and clinic arrangements amongst the team. The model operates with one midwife (supervisor/facilitator) role supporting teams of three midwifery students. This model is designed with the potential that a supervising midwife can oversee two teams at once, where two antenatal clinic rooms are operating consecutively.

MsGP team arrangements and antenatal clinic options

- Antenatal clinic: 40min appointments (includes 10 mins admin 30 min for appointment)
- Women who are allocated to MsGP are assigned an individual student for CoCE (meet service criteria for midwifery care)
- 1 student per team rostered every week in antenatal clinic= 1:3 weeks over 52 weeks attendance required
- End of each clinic all women are presented to the facilitator and present students- increases confidence in case presentation and supports learning for others
- Students can choose to attend weekly for their caseload women and if unable to attend, the rostered student attends appointment
- Each student is on call for their individual caseload for labour and birth. If unable to attend another student from their team is offered to attend with woman's consent. Discussed antenatally with all women.

Antenatal clinic workflow: midwifery student and supervising midwife

- Student and midwife review woman's medical record together before appointment
- Plan for appointment requirements as per policy and guideline, education and resources required determined
- Routine screening and interventions identified, determination made prior to appointment students' confidence and knowledge to undertake consent
- Screening results for women reviewed and student preparation for explaining facilitated
- Student attends appointment with woman (level of midwife supervision determined individually)
- Supervising midwife review any assessments as required (eg, Blood Pressure, Abdominal palpations)
- Prior to woman leaving antenatal appointment, student and midwife review findings, antenatal assessment, seek medical endorsement for any investigation orders and agree to F/U plan

Opportunities to consider

- If student clinic has available appointments, routine antenatal appointments of women not attending the MsGP can be booked in and the student can attend to enhance learning opportunity
- If woman can't attend allocated MsGP clinic, the student should attend appointments in regular antenatal clinic where possible
- Where women require medical appointments with an obstetrician, the student should be supported to attend where able
- Allocate first appointments to student antenatal clinic schedule. This can provide opportunity for the student to gain experience with first appointments and recruitment for women into CoCE
- Ensure the allocated antenatal clinic day does not clash with university classes for students

Benefits of student MGP model

- Students are exposed to managing an antenatal clinic schedule, improves transition for the early career midwife post registration.
- Increased appointment time will support differing learning and supervision requirements
- Students are exposed to working in a team structure and MGP model
- Minimises student antenatal clinic attendance requirements by consolidating days
- Increase knowledge and confidence in consultation and referral guidelines and escalation of care

The student MGP clinic gave me the confidence with independent Antenatal care in a supported environment that was planned for the extra time needed to learn. The women were all really understanding too as they were the women on my Continuity of Care Experience case load so were all well aware of the fact that I was learning and that the Midwife would need to come in and support me at different times of the appointments. Having less time all over the week to try and attend clinic appointments and having back up's of my team for on call birthing, allowed me to make most antenatal appointments and births for the women on my case load and still be able to do my paid job so that I could get through uni. When I couldn't make it the women still saw someone that they knew from my team. I loved working within this model!

Student Reflection

10.2 Story 2: Midwifery Student-Led Antenatal Clinic

Case example outline

Local Health District	Metro
MPE type	Continuity of Care Experience
Students	Postgraduate and Undergraduate

Our story outlines the design of the midwifery student antenatal clinic. The model has evolved to address increasing student numbers and variations in supervising midwife roles.

Background:

The model was originally implemented as a student led Midwifery Group Practice model in January 2014 by the Clinical Midwifery Consultant for Risk and Practice Development. It was named BUMPS, (Babies and mothers Undergraduate Midwifery Program Service). A business case was developed with the support of the Clinical Midwifery Educator, the Midwifery Unit Manager and the Nursing and Midwifery Manager. The antenatal clinics were run over two days with two consecutive clinics each day, one postgraduate midwifery student and one 3rd year Bachelor of Midwifery student for each clinic. Women were offered this model and after consent were allocated to this mode of care. Only women allocated to this model were scheduled for antenatal visits in this allocated clinic time. Midwives who worked in the midwifery group practice supported students in this model, further support and supervision was available from the Clinical Midwifery Educators. Benefits for the students in this model were identified included exposure to mixed levels of experience between the postgraduate student and the 3rd year undergraduate student, providing an opportunity to share experiences and learn from each other. The students were observed to have an increase in confidence over the time they spent with women during their antenatal care. Benefits for the organisation were identified as cost neutral due to the need for one midwife overseeing 2 consecutive antenatal clinics and allowed for workforce planning.

Evolution of the model:

The initial model has evolved over the years as the number of midwifery students has increased. The model is now an antenatal care clinic, where students have the opportunity to also recruit women for their CoCE learning experience. The model is now no longer attached to the MGP midwives and continuity, with students being supervised in the clinic by midwives and CMEs. The student-led clinics have increased to four days a week, two of those days being a combination of postgraduate and undergraduate students, while the other two days are allocated to postgraduate students.

The revised model has contributed to students learning experience, their confidence to conduct first visits and subsequent antenatal care and planning has increased. Consideration to midwife supervision models and antenatal appointment times will further enhance the model.

Evaluation:

Loved the continuity experience with the women and felt really supported by the clinical midwifery educators. I felt like part of the team.

I would love to continue working in this model when I'm an Registered Midwife.

Seeing the woman regularly helped build a rapport with the woman and added to the relationship.

Overall, really positive experience as a student supported with my learning by the clinical midwifery educators and other colleagues in my team and learning from each other.

Building up trust with the young mum's was the best experience.

Student comments

10.3 Story 3: Postgraduate student antenatal clinic: University Collaboration

Case example outline

Local Health District	Metro
MPE type	Antenatal Care
Students	Postgraduate

Our story outlines the design and collaboration with university partner. The model supports postgraduate employed students to facilitate antenatal care in an offsite clinic located in the university facilities.

The student antenatal clinic was developed in collaboration with our university partner. The aim was to provide continuity of antenatal care and the experience of managing the operation of an antenatal clinic. Another benefit for the students in this clinic is the continuity of education experience, as they are supported by a consistent midwife at each clinic. The clinic operates one day/week with two midwifery students being supported by one midwife. The student is allocated to the clinic weekly for the first fourteen weeks of their rotation and then every second week for the following 16 weeks of their program.

The clinic collaborates with the university to provide midwifery care in the community. By utilising a collaborative approach to operating the student clinic, we create an inviting and woman-centred space, based in the university facilities. This has been advantageous, facilitating care that is underpinned by trauma-informed care principles, and enabling choice for women who would prefer to avoid the hospital environment. The continued support from the university enables a further option and choice of model of care for women.

Women are eligible to enter the model if they have no identified risks. If the woman develops risk factors, the relationship with the student is maintained, with the student attending any multidisciplinary care requirements alongside the woman. The midwifery students can offer women to take part in the student Continuity of Care Experience (CoCE). If women agree the student will also be on call for the woman's labour and birth and attend postnatal care as per the requirements of the CoCE.

Student feedback identified the unique learning opportunities to develop skills and capability to manage the operation of a sustainable antenatal clinic. This learning experience model enabled students to learn an understanding of partnerships and trust created through individualised woman-centred care. Students also expressed an increased interest in continuity of care models post-registration. Students also valued the continuity of education in this learning model.

Evaluation of the woman's experience identified that women are extremely happy and confident with the care from the student-led clinic, acknowledging the benefits of continuity by the student they can access through this model.

10.4 Story 4: Rural Undergraduates “Grow Your Own”

Case example outline

Local Health District	Rural
Model	Financial support
Students	Undergraduate

Our story outlines an initiative to attract people within the local rural community to midwifery. This model demonstrates how the financial and clinical practice support operates.

Our District Rural Undergraduates ‘Grow Your Own’ is a workforce development initiative designed to promote the sustainability of the nursing and midwifery workforce in rural/remote NSW. The programme aims to support local people from our community to complete their undergraduate midwifery programme and remain working in the district as a midwife. The programme offers financial incentives and support to engage in practice as an AIM during their undergraduate programme.

Midwifery students awarded a Rural Undergraduate Scholarship (RUGS) commit to the requirements of the programme and live within an agreed radius of the rural or remote hospitals or multipurpose centres. To be eligible for the scholarship students must have successfully completed the first year of their undergraduate degree, undertake the Midwifery Practice Experience (MPE) component of their degree at a facility within our district and whose primary place of residence is located within an identified area of need within the district. Following successful completion of their undergraduate programme and registration, the midwife is offered a permanent part-time or fulltime position and must commit to employment within our district’s rural or remote facilities for four years.

An expression of interest was advertised via social media, and in 2023 a total of four successful applicants commenced the programme, 2 midwifery and 2 nursing students. Our Midwifery recipients are located in our rural facilities and enrolled in their Bachelor of Midwifery at a university offering primarily distance education. The students complete the equivalent of 12 weeks paid work placement, as an Assistant in Midwifery. A position description has been developed specific to the RUGS programme. This is rostered either during university semester breaks or as mutually agreed between service and student. The district leadership team collaborate with the university partner and RUG recipients to ensure the MPE student placement can be supported to occur locally in our communities and is given priority. The student is also allocated a midwifery mentor for the duration of their programme. The mentoring is facilitated either in person or virtual.

The district has funded this initiative to the equivalent of employment as an AIM for 12 weeks per year until completion of their university programme. In addition, recipients will also receive contributions to university fees, with payments of \$5000 after each years’ service within the rural/remote midwifery services in the district for a maximum of 3 years. To a total value of \$15,000. Looking to the future this will be re-aligned to existing attraction and retention strategies.

10.5 Story 5: Cadets on Country

Case example outline

Local Health District	Rural
Model	Financial support for Aboriginal students
Students	Undergraduate

Our story outlines an initiative of an enabling pathway for local Aboriginal people to undertake a Bachelor of Midwifery program whilst living on Country. Our story shares the collaboration between NSW Health maternity service and university partner to facilitate an enabling pathway.

How we identified the need

Our district currently has two Aboriginal midwives. However, in our district, 6% of birthing women are Aboriginal or are having an Aboriginal baby. Our partnering offers scholarships for Aboriginal midwifery students but has had no uptake from our region. After yarning in different forums, it became evident that Aboriginal people interested in midwifery in our region did not want to leave Country and community to move to where university was located for the period of the undergraduate program.

What the model is

We developed a bespoke pathway to facilitate regional and rural Aboriginal midwifery students to undertake a Bachelor of Midwifery without having to relocate for university. In collaboration with the university partner, students are supported to attend most university requirements virtually and complete their Midwifery Practice Experience placement at their local regional maternity service. There are some requirements for the student to be on campus or access higher level maternity services which may require some travel. In collaboration with the university the Aboriginal Student Centre at the university supports the students by:

- Travel and accommodation on campus when required
- A (virtual) tutor 1 hour per unit per week
- Support purchase of computer and textbooks if required

Students are linked in with a midwifery mentor at their local maternity service and the Aboriginal Maternity Service team. In partnership with the Nursing and Midwifery Office, the students are supported with a NSW Health Aboriginal Midwifery Cadet position or an NSW Health Aboriginal Undergraduate Scholarship. All stakeholders meet twice a year to collaborate and ensure our support is appropriate.

Who we collaborated with

Local Aboriginal women's groups, LHD Aboriginal Health team, University partner Midwifery Discipline lead, University Admissions Office, Aboriginal Student Centre, LHD executive, Nursing and Midwifery Office and midwifery leadership team.

What works well

Having flexibility and an effective relationship between the LHD and both the university partner Midwifery Discipline lead and Admissions Office.

What we could do more of to improve our experience

The programme would benefit from the formalisation of processes. Collaborative relationships need to be effective for the success of the programme.



