Building leadership capacity in Australian midwifery

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Key themes

- Building professional alliances
- Collaborative practice
- Strategic partnerships
- Community engagement
- Growing the professional organisation
World Health Organisation

“The midwife appears to be the most effective and cost effective type of care provider to be assigned the care of normal pregnancy and birth, including risk assessment and the recognition of complications” WHO (1996)
Australian College of Midwives’ (ACM)

The peak professional body for Australian midwives, which strives to maximise the quality of midwifery and maternity care for Australian women and their families.
Australian College of Midwives’ (ACM) vision

To be the leading organisation shaping Australian maternity care
Strategic directions

- Strengthening midwifery globally: a consistent message from WHO (Making Pregnancy Safer)
- Political advocacy
- Supporting midwives
- Setting professional practice and education standards
- Ensuring access to midwifery care
Political advocacy 1

- **Strategic alliances and partnerships**
  - Consumer organisations
  - Nursing organisations
  - Regulators
  - Medical organisations
  - Health organisations and NGOs
  - Political champions
  - Reputable media analysts
Political advocacy 2

- Lobbying governments – state and federal, for:
  - Access to federal funding for midwifery care
  - Regulatory reform to support full scope of midwifery practice, separate to nursing
- Partnerships with other professional bodies
- Informing the community via the media and publications
- Communication and marketing strategy
Supporting midwives

- Ensuring a strong, competent, autonomous and accountable workforce
- ‘Coverage, competence and motivation’ (WHO Making Pregnancy Safer)
- Workforce and regulation work
  - Productivity commission – national workforce report
  - National registration
- Professional indemnity insurance
- Resources to support evidence based practice
- Website, database, journal, newsletter
Setting professional practice and education standards

- National evidence based guidelines for consultation and referral
- National competency standards for midwives
- Codes of ethics and conduct
- Midwifery Practice Standards Review Process
Setting professional practice and education standards

- Continuing Professional Development Program
- High quality state and national conferences
- National midwifery education standards for all midwifery education programs
- Resources for midwives – e.g. portfolio; skills assessment tool
Ensuring women have access to midwifery care

- Enhancing safe midwifery practice
- Political lobby and advocacy
- Promoting evidence-based reform of service models
- Funding for direct access to midwifery
- Working with women and midwives: local, provincial and national
Key challenges 1

- **Legislative support to enable midwives to practice according to their full scope of practice:**
  - Prescribing rights
  - Ordering and interpreting tests

- **Administrative policy changes**
  - Midwives to have equal access to equal resources for equal work in caring for healthy women
  - Visiting access to hospitals
  - Professional autonomy, responsibility & accountability (not through doctors)
Key challenges 2

- Clear professional identity for midwifery, separate to nursing, based on partnership, mutual respect and recognition
- Workforce reforms – adequate numbers of midwives; skill mix issues
- Regulation reforms – legal and industrial
- Achieving our strategic goals to 2015
- Developing the future – succession planning
Building our capacity

A strong & united professional body

- Strengthening our structures through Constitutional reform and good governance
- Advisory committees
- Networking & sharing: national, regional and international (ICM Asia Pacific)
- New services and membership systems
- Owning our own home
Practice Development & Leadership

- Sydney South West Area Health Service
- New models of maternity care – midwives as primary carers
- Education – higher degrees and research for midwives
- Implementing state policy agenda
- Developing managers and leaders
- Evidence based practice
- Organisational cultural change
Context

- High volume of work – workforce shortages; skill mix concerns in midwifery and obstetrics
- Merger of two very different area health services
- Vacancies ‘at the top’ – lack of leadership
- Traditional nursing management structures and roles
- New models of care requiring a different approach from managers if midwifery is to flourish
General challenges

- ensuring knowledge and understanding of what is required and planned – all ‘on the same page’
- the ‘meaning of midwifery’ for the nurse managers and Chief Nurses
- peer review and critical reflection
- supporting midwifery autonomy
- encouraging the taking of responsibility
- clinical governance processes
General challenges

- flexibility, freedom and autonomy vs outputs, results, productivity, effectiveness
- addressing personal development issues
  - communication
  - negotiation
  - advocacy
  - conflict resolution
  - dealing with change
- self care and support
- emotional intelligence – human ability for leadership
General challenges

- involving others
  - working groups
  - pooling wisdom
  - sharing resources and experiences
  - growing future leaders

- involving consumers
- using the media wisely
- judicious research decisions and priority setting
Essential skills for leaders

- being educated and informed and up to date
- setting a standard / expectations
- trouble shooting and fire extinguishing
- being politically aware and tuned in
- holding the vision
- working with women / consumers
- engaging in collaborative relationships with other disciplines
- negotiating autonomy
- building trust and capacity
But ?
Power

The inter-relationship of midwives’ responsibilities with those of medical staff is not clearly defined and acknowledged. This is as a symptom of the current organisational patriarchal structures that reinforce obstetric power and give formal authority, status and responsibility to doctors, irrespective of their years of experience or knowledge.
Professional capital is a construct that describes the benefits that emerge from positive inter-professional networks, relationships and affiliations. These effects include the capacity to improve functioning of individuals, as well as teams. Through midwifery leadership that facilitates collaboration, new creative and effective ways of supporting and strengthening inter-professional relationships in maternity care can emerge. (Brodie 2004)
The future

The need for well-informed and skilful midwifery leadership that engages in collaborative relationships with consumers, doctors, nurses and others at local, systemic and wider political levels is clear. The resultant ‘professional capital’ that emerges from within the ranks of individual midwives, groups of colleagues at the workplace and professional organisations such as the Australian College of Midwives (ACM) will be the fuel that drives the vehicle of reform.
Strength in unity

- The midwifery voice – cohesive and effective
- Collaboration and cooperation
- Engaging with the community
- Professional alliances
- Strategic partnerships
- Build trust and respect
- Resilience and determination
- Build professional capital
Conclusion

- Leadership in maternity services and midwifery presents many opportunities in addition to those related to improving clinical outcomes
- Through the provision of a positive professional working environment, that recognises and promotes midwifery, the overall systems of maternity care can be enhanced
Conclusion

- Through leadership, a degree of professional capital can emerge from positive networks, alliances and affiliations. This can lead to enhanced capacity of individual providers and the overall services.

- The type of shared decision-making that emerges from collaborative approaches to managing maternity services is only possible, when the role and expertise of midwives is clearly recognised, understood and overtly supported – at all levels, starting with Chief Nurses.