

Implications: This research forms a pilot study for my main PhD project and is yet to be completed, however it is my intention that by the time of the conference it will have been completed and such a tool will have been developed.

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Midwife standards for practice: one size does fit all



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Background: The development of the Nursing and Midwifery Board of Australia (NMBA) Midwife standards for practice (Standards) will set out the expectations of all midwives regardless of the area of practice, model of care, years of experience or practice setting. The Standards will guide consumers, employers and other stakeholders on what to reasonably expect from a midwife and inform midwifery education accreditation standards, the regulation of midwives and determination of the midwife's capability for practice.

Aim: This presentation will describe the phases of development of the Standards, the final Standards and the implementation of the Standards to midwives.

Discussion: The project for the development of the Standards included literature and evidence reviews, interviews, consultations, surveys and observations of midwives in practice. The relevant evidence has been integrated with the knowledge, experiences and views of midwives across Australia who practice in various jurisdictions and sectors, as well as in clinical and non-clinical roles. Consumers and individuals who represent professional, government and regulatory authorities have also played critical roles in the development of the Standards.

Midwifery practice in this project is apparent as the promotion of health and wellbeing in relation to childbearing, with inherent responsibilities and accountabilities for safety and quality that occurs in the context of culturally safe and respectful partnerships and professional relationships. The Standards acknowledge the involvement of others while clearly positioning midwifery practice as focused on the needs of the woman.

Implications for practice: The Standards reflect the practice of midwives in clinical and non-clinical settings, reflect contemporary evidence-based midwifery practice, align with the other NMBA standards for practice and meet legislative requirements.

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Developing a midwifery career framework



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Introduction: The Midwifery Career Framework project is an Auckland District Health Board (ADHB) project led by the Women's Health leadership team.

Aim: The aim of the project is to formalise midwifery career pathways to enable midwives to:

- Develop a midwifery career path at ADHB
- Use professional developmental plans in partnership with their midwifery manager to build their knowledge, skills, experience and expertise
- Access resources to support their professional development
- Be recognised and rewarded for their knowledge, skills, experience and expertise
- Follow different career paths depending on their own individual career goals and aspirations
- Advance their professional careers

In addition the midwifery career pathways will enable ADHB to:

- Support the professional development of midwives at ADHB
- Enhance the orientation of midwives new to the service
- Enable a robust succession planning process for midwifery at ADHB
- Support the growth and capabilities of the midwifery workforce and profession
- Enhance recruitment and retention of midwives

Implications for practice: A collaborative working group of professional, educational and industrial bodies was established to progress this important work. The development of a midwifery career framework is a concept new to New Zealand midwifery, and could be applied in an international context to support the professional development of midwives and promote midwifery recruitment and retention.

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Estimated costs associated with birth at home, in a birth centre or in a hospital: a micro-costing



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Background: In New South Wales (NSW) Australia women at low risk of complications can choose to give birth at home, in a birth centre or in hospital. Between 2007 and 2012, around 4.7% of pregnant women planned to give birth in a birth centre (4.4%) or at home (0.3%). It is unknown how the costs to the health system vary between these settings.

Aim: The aim of this micro-costing study is to estimate the cost to the health system of providing birth services to women who choose to give birth at home, in a birth centre or in a hospital.

Methods: Using population-based linked datasets from New South Wales (2007–2012), the trajectories of women in midwifery care at birth were mapped indicating their intended place of birth, their actual place of birth and mode of birth, including transfers where applicable. Resource use data was collected at a health service that provides homebirth, birth centre and hospital birth programs. Market costs were applied to estimate overall cost per birth.

Key findings: Normal vaginal birth rates by place of birth were as follows: Home 96.6%, Birth centre 89.2% and hospital 75%. The resources required to provide homebirth services comprise mostly midwifery time, however interventions, overhead and accommo-