



Midwifery student contribution to the COVID-19 health workforce response

Context

1. A commitment to continue to place women and their babies at the centre of high-quality maternity care, underpinned by safety for the woman, practitioner, student and educator.
2. A recognition of the value of midwifery students and the role they play in providing continuity of care to women, babies and their families in Australia and New Zealand while ensuring their own safety during the COVID-19 response.
3. A recognition that Australian midwifery students have student registration with APHRA, and whilst in New Zealand they do not have this registration, the Midwifery Council acknowledges the important role students undertake in assisting the health workforce response to COVID-19.
4. A recognition that in Australia the accreditation requirements for entry to practice midwifery programs mandate a minimum number of prescribed clinical experiences (not practice hours). While in New Zealand, there are a minimum number of both clinical experiences and practice hours.
5. A recognition that it is essential to the future midwifery workforce and maternity health services that students are supported to progress through their academic program despite the disruption caused by COVID-19.
6. A recognition of the need for flexible and innovative approaches to teaching and learning, support and assessment.
7. A recognition of the need for safe, appropriate and responsive supervision of midwifery students in the clinical environment.
8. A commitment to work in collaboration with health services, education providers and accreditation agencies to develop and implement a plan to maximise the contribution of midwifery students whilst they complete their studies/requirements.

Principles

The principles below are to guide the development of roles and practice appropriate for midwifery students to support/maximise their contribution to the health workforce during the COVID-19 crisis (in conjunction with completing their studies).

Country alert levels must be considered when including students in the COVID-19 response.

- The priority is for women to have access to appropriate high quality, woman centred care.
- Availability of practice experiences for midwifery students - with a priority for final year students.
- Roles and practice assigned to midwifery students must be safe for women and students; neither women nor students should be unduly exposed to likely carriers of the virus.
 - Consideration is required for those where exposure to COVID-19 is likely to have a more serious impact on their health or that of someone with whom they have regular contact, for example those with comorbidities, are immunocompromised, pregnant or the elderly.
 - Students have the right to refuse to participate in practice they deem places them at risk.



- In accordance with best practice guidelines, midwifery students should have access to, and effective training in the use of Personal Protective Equipment if they are assigned roles or tasks that involve contact with clients/consumers with, or suspected of having, COVID-19.
- Flexible approaches should be put in place to ensure midwifery students' ongoing learning and progression through their program of study, enabling a return to normal placement provider agreements once the state of emergency is over.
- Midwifery students will be expected to balance their role in health service provision with time dedicated to their educational requirements so that they can meet the required learning outcomes of their accredited programs of learning.
- Midwifery student's health and wellbeing is of utmost importance. Appropriate supports and guidance are required to ensure students can balance their learning responsibilities, service provision, and their physical and mental health and wellbeing.
- Midwifery students and their health facility have a clear understanding of students' scope of practice. Allocation of roles and practice must be based on establishing the student's capabilities and scope of practice to undertake practice assigned to them.
- An appropriate level of supervision, based on the student's experience, capability and scope of practice must be provided.
- If midwifery students are engaged primarily in service provision as health care assistants – as opposed to a recognised learning placement with supervised clinical experiences– then the student should be employed and receive appropriate remuneration. However, duties undertaken within the role, where the student is working unsupervised, will not be included in the student's portfolio of mandated experiences required by midwifery programs.
- Students employed in maternity services (e.g. employed as an undergraduate midwifery student or equivalent) must receive appropriate supervision whilst undertaking mandated clinical experiences, and may include these experiences towards their midwifery programs requirements.
- Collaborative and cooperative planning, implementation and evaluation of clinical placements between accreditation/regulatory agencies, health services, education providers and students will ensure midwifery students can contribute to caring for women and their families during this public health crisis, remain safe and continue their learning.

Challenges facing maternity health services – relevant to student participation

- Increased anxiety and loss of additional support for women and their families
- Staff shortages
- Pressures on senior staff who are needed on the 'front line'
- Pressure on resources such as PPE and its availability, including to midwifery students
- Confined spaces such as clinic/ assessment rooms that do not accommodate social distancing requirements
- Inefficient resource use and wastage – e.g. correct use of PPE, testing kits
- Students adding to exposure risk for women, their families and other staff
- Risk of students contracting disease from consumers of the healthcare services and/or staff



- Students working outside their scope of practice and capabilities
- Lack of supervision capacity
- Disharmony of workforce due to lack of, or inconsistent information and messaging about the role of students – both to students and to other members of the workforce
- Students subjected to bullying and abuse
- Remote and isolated services – particular risks e.g. access to equipment, evacuation
- Aboriginal and Torres Strait Islander and Māori and Pacific peoples of Australia and New Zealand have specific needs

Potential roles for midwifery students in the health workforce response to COVID-19

For first year midwifery students in all fields:

These students will continue with their midwifery program as directed by their institutions. Their clinical placements may be paused, and for the duration of the emergency they will pursue their academic work.

For all other midwifery students

For students on clinical placement during COVID-19 (where the level of emergency alert allows) it may not be possible for them to be supernumerary and allocated caseload may be appropriate, however, students are to be supervised and practice within an appropriate delegated framework. For example

- Undertake antenatal assessment prior to being seen by midwife/doctor
- Provide one to one or virtual antenatal education following antenatal appointments
- Provide postnatal support on the ward
- Provide breastfeeding support

Some students may continue to provide continuity of care with women registered in the continuing of care experience program to provide support and optimise perinatal mental wellbeing.

This may be undertaken using telehealth or equivalent. Students undertaking continuity will continue to receive supervision from their clinical facilitators, academic staff, mentor/preceptor, LMC midwife (NZ). Education providers to set clear boundaries and provide students with education resources.

A recommendation that all engagement is undertaken within General Practice, hospital and community clinics where appropriate.

Recommendation that midwifery students only provide care in non-COVID-19 women and babies.

Potential roles and practice:

- Antenatal/community clinics as part of team with supervision
 - Support within Midwifery group practitioner and midwifery-led clinics
 - Antenatal interview and health history: Completing pregnancy hand held record at the first visit including antenatal risk questionnaires (EPDS & ANRQ), smoking questionnaire, calculating estimated due date (EDD)
 - Physical assessment including vital signs and abdominal palpation
 - Provision of health teaching to pregnant women: Antenatal care, nutrition, screening tests, postnatal education, contraception, breastfeeding
 - Birthing suite phone assessment, early labour assessment
 - Written documentation and clinical handover
 - Records management and follow-up
 - Care of the woman postpartum: postnatal assessment; breastfeeding; skin-to-skin, care of the neonate, neonatal screening, daily newborn assessments
-