To whom it may concern,

I am a midwife. I am not “just” a midwife. I am not a nurse with a speciality. I am a midwife. I have an internationally recognised definition, I have a role to play in the health system and I have a number of award-winning shows that capture the essence of midwifery and yet – I don’t have a Board that manages the public safety of my services.

I work with women going through a natural life process and this is not what nursing is about. Being “with woman” is a concept that is alien to most nurses. Putting the person at the centre of care is alien to most health systems as well, but midwives live and breathe this concept. So let us put MIDWIFERY at the centre of the MIDWIFERY BOARD rather than focusing on nursing and midwifery in the same breath.

I am also an executive member of the College of Midwives in South Australia. I am regularly confronted with the idea that I am somewhat less than a nurse because I carry a single registration. I see people in power who consider my profession to be a quaint offshoot of nursing, whereas there are many aspects of midwifery that are completely anathema to nurses.

Midwives need our own Midwifery Board. We need midwives in leadership of other midwives. We deliver services that are not simply a special kind of nursing. It boggles the mind that midwives are considered by so many in leadership and management as “just” another flavour of nurses. We are not a subset, we are not a speciality – we are a separate profession, as others with their own Boards are separate from medical practitioners.

Midwives need to be seen and heard in regulation, policy, management and in the community. The pathway to gain registration as a midwife has been separate from the pathway to nursing for more than 10 years and this should have given the clear sign that midwives are separate creatures to nurses.

A separate board from Nursing would be cost-effective, economical and would reduce costs in so many ways. We keep birth normal, we keep women healthy and safe and that is cheaper on the health budget. Midwifery care is the gold-standard of care, it reduces the cost of primary health care and reduces the life-long health costs of people involved. It would ultimately protect the public to be able to focus the resources of AHPRA of midwifery issues for midwives, as there are current contemporary midwifery issues that the other professions don’t care to be involved in.

Birth happens to us all. It is the great leveller and to separate out nursing from midwifery is to separate sickness from health. Pregnancy and birth happens in so many widely varied settings – hospital, high-tech, birth centres, home, the community and online these days! And the Nursing and Midwifery Board is combined so the issues that are unique to midwifery and the public protection role should be covered by a Midwifery Board separate from the Nursing Board. The Midwifery Board would have the third largest list of registrants and would help to conceptualise and validate the separation of the roles in the eyes of the public.

The current Board represents a unique coverage of one profession by another. Either midwives and nurses are separate degrees, separate roles and separate professions – therefore separate boards or else, they aren’t. Undoing that separation would set back the health profession by decades.

The NMBA has no practicing midwives who can safely judge midwifery practice because they have little idea of contemporary issues. The public demands access to known midwives in a variety of continuity of care models and yet there are no midwives on the Board keeping the public safe who have recent experience in this space. Women are choosing homebirth for many and varied reasons and yet – no midwives with recency of practice in this space are available for overseeing the very public that needs them. This is an opportunity to focus the resources of midwives on keeping the public confidence in a health profession that is such an integral part of everyone’s life.

Yours sincerely,

Emma Archer RM