

## Accreditation standards review

### Written submission form

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## Submission Preamble

Mothers should reasonably expect that their informed decision to breastfeed is protected and supported by midwives. In 2018 the World Breastfeeding Trends Initiative Australia (WBTiAus) Report <sup>1</sup> on Australia found Australian health professionals, including midwives, are inadequately prepared to support breastfeeding. In response to this report, the 2019 Australian National Breastfeeding Strategy <sup>2</sup> recommends:

### Priority 2: Settings that enable Breastfeeding

#### 2.2 Action area—Health professionals' education and training

Action	Detail	Responsibility
<b>Provide and support access to education and training in breastfeeding for all health professionals who care for women and children</b>	<ul style="list-style-type: none"> <li>Support the development of breastfeeding content in undergraduate and graduate education and training for health professionals.</li> <li>Consider the development of a core curriculum, skills matrix and national competency standards</li> </ul>	Health professional associations Universities Commonwealth and all states and territories

## Existing Resources

Resources with described clinical competencies already exist that would enable facilities to begin their skills matrix. These include:

- Baby-Friendly Hospital Initiative Training Course for Maternity Staff 2020<sup>3</sup>
- 10243NAT Diploma of Breastfeeding Management<sup>4</sup>

We would caution the International Board of Lactation Consultant Examiners does include a list of Clinical Competencies, however they are not described or matrixed in any form or tested as preparation to sit the multiple choice exam which confers the credential. This leaves a significant gap in translating theory to clinical application of skill and cannot claim “clinical competency” because there is no attempt to describe or test the items on the list. It is worth noting that Australian Skills Quality Authority (ASQA), the national regulator for Australia's vocational education and training (VET) sector, does not recognise multiple choice exam as a useful tool in determining competence. This credential is not a suitable means of addressing the issue for Australian mothers and babies.

Australian mothers need clinical competence and adequate communication skills from their midwives to enable the biological norm of breastfeeding. In countries where the midwives are trained in breastfeeding (such as Finland), there is no need for specialised lactation staff. Medicalising lactation is not a desirable outcome for women and babies.

<sup>1</sup> World Breastfeeding Trends Initiative Australia (WBTiAus) 2018 Assessment Report Australia p.40

<sup>2</sup> COAG Health Council 2019 Australian National Breastfeeding Strategy: 2019 and Beyond p.41

<sup>3</sup> World Health Organization and the United Nations Children's Fund (UNICEF), 2020, Baby-Friendly Hospital Initiative Training Course for Maternity Staff 2020 p.5

<sup>4</sup> Australian Breastfeeding Association Pre enrolment Information Booklet for the 10243NAT Dip B M

## QUESTION 1

**The educational preparation for prescribing outlined in the draft accreditation standards will prepare graduates to safely prescribe scheduled medicines within the scope of midwifery practice. Please indicate your agreement/disagreement with this statement using the following options.**

No

Our response specifically relates to the prescription of galactogogues .

The labelling of a mother as having “low supply” is very harmful if incorrectly attributed. The adding of medication to an incorrect attribution of low supply adds significantly to the harm done to mothers’ confidence and self-efficacy related to breastfeeding. Prior to prescribing galactogues, a midwife should complete:

Full clinical evaluation of breastfeeding including, feeding and birth history (including the use of IV fluids during labour)

Observation of a breastfeed including identification of:

- milk ejection reflex (MER) and
- suck swallow breathe ratio
- milk transfer
- presence or absence of nipple distortion after feeding
- any pain related to infant feeding

History taking including

- information about voiding and stooling
- evaluation of adequate growth based on clinical signs and sequential growth measurements using accurate criteria
- finding out if and ensuring that the mother is using evidence based information related to establishment of breastfeeding in line with NHMRC Infant Feeding Guidelines for Health Workers 2012<sup>5</sup> (unrestricted access, around 8-12+ feeds in 24 hours, no interval obsession)

If prescribed

The prescribing midwife should also ensure there is optimal breastfeeding from both sides and a clinical endpoint for the mother to reach, in order to begin tapering her domperidone dose, to prevent a rebounding drop in her supply.

It is the experience of BAA , these critical omissions, together with misguided but unnecessary use of pumps and inadequate information about how breastfeeding works when prescribing galactogogues, contributes to feelings of failure and premature weaning. A clearly described matrix of clinical competencies related to breastfeeding is needed.

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<sup>5</sup> NHMRC Infant Feeding Guidelines for Health Workers 2012 p.30

## QUESTION 2

**Do the draft accreditation standards cover the required knowledge, skills and attitudes to ensure that the graduate meets the NMBA Midwife standards for practice?**

No – Breastfeeding is very briefly mentioned but not addressed as a requirement (Standard 3.12 (b) III iii)

The core competencies are described beginning on p. 5 of the Baby-Friendly Hospital Initiative Training Course for Maternity Staff 2020

## QUESTION 3

**Please provide any other feedback about the content of the draft standards. Additional Issues** The following questions seek to provide an opportunity for the identification of issues not covered so far in the consultation process or other issues you wish to raise.

### Standards needed

Breastfeeding is not adequately addressed anywhere in these draft Midwife Accreditation Standards.

If the programme offered by the BFHI Maternity Standards 2020 is used then sensitive assistance for those not breastfeeding is covered and is free from commercial influence.

### Standard 1 Safety of the Public

Conflict of Interest is a significant problem for mothers and babies in Australia. Very clear direction and education is needed for midwives in order to avoid a mother being exploited and her informed decision to breastfeed undermined by misinformation and inappropriate use of expensive, unnecessary commercial gadgetry which replaces skilled practical assistance. These examples are offered to explain the challenges for mothers and gaps in the clarity of the Code of Conduct.

#### 1. Midwife Cath

- Information in her book and other materials is not in-line with NHMRC Infant Feeding Guidelines for health Workers
- Her whole business is tied to her status as a midwife so mothers believe it is unbiased and evidence-based (rather than her opinion); her use of her midwife title is the issue with what is said and done.
- Financial sponsorship is taken from WHO Code violators and it is not clear to those reading that this inappropriate financial arrangement exists.  
[https://www.nuk.com.au/en\\_au/specials/nature-sense.html](https://www.nuk.com.au/en_au/specials/nature-sense.html)
- Whilst she has been sanctioned by AHPRA, this has not changed her unethical behaviour and continues to put financial gain above evidence based care. Mothers are harmed by this.

**Recommendation** – Midwives are free to act as they wish as long as the title of “midwife” is not used for exploitive financial gain and it is clear when personal opinion is being offered rather than evidence based information. Financial arrangements should be very visible and openly declared so mothers can make decisions about the merit of the information.

2. Robyn Thompson <https://www.thethompsonmethod.com/>

A midwife is meant to support women to breastfeed, to suggest in any way that one particular method is better than another then put it behind a paywall could be seen as exploiting vulnerable women and is surely a breach of the Midwives Code of Conduct Clauses 2.2, 4.1, 4.2, 4.4 and 4.4. If it doesn't breach these clauses then a change is needed to the Code of Conduct to prevent this financial exploitation from happening.

**Recommendation**- changes are made to the Code of Conduct in order to accommodate the protection of women from this type of exploitation. Midwives need to be equipped with adequate practical skills to assist a mother to attach her baby so women are not driven, by lack of competent care, to this type of commercial operation.

3. Australian College of Midwives (ACM)

In Australia, ACM administers the Baby Friendly Health Initiative (BFHI) and also approves CPD points for continuing education. It is unclear if they have a policy on conflict of Interest as they continue to work with WHO Code violators and offer education with commercial interests, including formula companies. This is unacceptable.

**Recommendation** – Education that is suitable for Continuing Education Points (CPD) is free from commercial influence and a policy is written to clarify what this means.

Midwives need education but should not be used by companies to give undeserved credence to unnecessary products. This is particularly important because of the lack of basic breastfeeding training and information, well intentioned midwives can be used to hand out products rather than offer practical assistance.

## QUESTION 4

**Are there further issues that should be addressed in the revision of the Midwife Accreditation Standards that have not been discussed so far in the consultation process?**

**Yes**

BAA restates the need for basic breastfeeding training, including training on the International Who Code and its subsequent resolutions and conflict of interest in relation to practice and education.

The use of existing resources will simplify the transition to a better prepared midwife workforce.

## QUESTION 5

**Any additional feedback?**

Thank you for the opportunity to be included in this submission. Further evidence of these issues can be provided if needed.

All documents mentioned have also been forwarded with the submission.