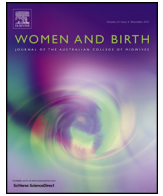




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ORIGINAL RESEARCH – QUANTITATIVE

Exploring midwifery prescribing in Australia

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ABSTRACT

Background: Midwifery prescribing was introduced in Australia in 2010 and is available to those notated as Medicare Eligible. Only 59% of Medicare Eligible midwives are endorsed prescribers.

Aim: To explore and describe Australian midwives views of prescribing including the barriers and enablers to prescribing.

Methods: Online survey. Eligible participants were Australian midwives who had completed an educational programme required for endorsement as a midwifery prescriber ($n = 131$). Descriptive statistics and content analysis were used to analyse the data set.

Results: Sixty-six midwives entered data (50% response rate). Twelve midwives (18%) had commenced prescribing. Prescribers agreed that being able to prescribe enhanced women's access to medicines and role satisfaction. The most common barriers to initiating prescribing were regulatory issues and processes, and no pathway to support midwifery prescribing in the public sector. The enabling factors most commonly reported were supportive relationships, education and personal factors such as motivation, knowledge and confidence.

Conclusion: Prescribing was viewed positively by midwives, but only a small proportion of suitably educated midwives were able to translate this into prescribing. Prolonged and complicated registration processes, restrictive drug formularies, and a lack of prescribing roles for public sector midwives were clear barriers. Supportive professional relationships, quality education and personal motivation and confidence assisted midwives in overcoming these barriers. Offering mentoring may help midwives to move into prescribing practice and use it in a manner that best meets the health needs of women and infants in midwifery care.

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Summary of relevance:

Issue

Midwifery prescribing was introduced to Australia five years ago however only 59% of Medicare Eligible midwives are endorsed prescribers.

What is already known

No research has previously been conducted regarding midwifery prescribing.

What this paper adds

Midwives who are able to prescribe describe their role positively. Significant barriers to becoming a prescriber and using prescriptive authority exist. Supportive professional relationships and quality education emerged as enablers of prescribing.

1. Introduction

Midwifery prescribing was introduced in Australia in 2010,¹ as a consequence of legislative changes flowing from a national review of maternity care services.² Prescriptive authority is available exclusively to midwives who are 'notated' as Medicare Eligible. To become Medicare Eligible, midwives need to satisfy the criteria of the Australian Health Practitioners Regulation Authority

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(AHPRA) (see Table 1). Medicare Eligible midwives must complete an Australian Nursing and Midwifery Accreditation Council (ANMAC) accredited prescribing course prior to, or within 18 months of receiving their notation.³ Successful completion of an accredited prescribing course enables the midwife to apply to AHPRA for endorsement of their registration as a midwifery prescriber.

While legislation governing prescriptive authority is enacted nationally, each state or territory legislates to delineate the range of medications that midwives may prescribe, and this differs within jurisdictions around Australia. Some states (New South Wales, Northern Territory, South Australia) place no restrictions on what may be prescribed, providing the midwife is working within her scope of practice. Others use a formulary (a list of medications), with midwives permitted to only prescribe medications from the list (Australian Capital Territory, Tasmania, Victoria Western Australia).

Initially a significant delay occurred between the notation of the first midwife as Medicare Eligible and endorsement of any significant number of prescribers, due to the lack of an accredited course.⁵ Following the graduation of the initial cohort from the first accredited course at the end of 2012, the number of endorsed midwifery prescribers has steadily increased (Fig. 1). However in the most recent registrant data, only 59% of Medicare Eligible midwives were endorsed prescribers.⁶ This figure suggests that barriers may exist which prevent full uptake of endorsement as a prescriber.

Developing an understanding of the factors which inhibit or enhance the uptake and use of midwifery prescribing may be of assistance in increasing the number of endorsed prescribers, and in expanding the use of midwifery prescribing in practice. Whilst there is a growing body of literature describing nurse prescribing,^{7–9} extensive searching of the published literature failed to reveal any research which addressed the presence or nature of possible barriers to the uptake of midwifery prescribing, or the enablers which may facilitate it in Australia or internationally. The aim of this study was therefore to explore and describe midwives views of prescribing including the barriers and enablers to prescribing in Australia. For the purposes of the research, midwifery prescribing was defined as the generation of written prescriptions for restricted medications by midwives with an endorsement to prescribe.

2. Method

A non-experimental experience on-line survey was used. This approach surveys people who have experience of the issue of

Table 1
Medicare eligibility criteria.⁴

To be entitled to be identified as an eligible midwife, a midwife must be able to demonstrate, at a minimum, the following:
(a) Current general registration as a midwife in Australia with no conditions on practice.
(b) Midwifery experience that constitutes the equivalent of three (3) years full-time post-registration as a midwife.
(c) Successful completion of an approved professional practice review programme for midwives working across the continuum of midwifery care which demonstrates continuing competence in the provision of pregnancy, labour, birth and postnatal care to women and their infants.
(d) Successful completion of, or formal undertaking to complete within 18 months of recognition as an eligible midwife:
• An Australian Nursing and Midwifery Accreditation Council (ANMAC) accredited and Board approved programme of study to develop midwives' knowledge and skills in prescribing medicines, or
• A programme that is substantially equivalent to such an approved programme of study, as determined by the Board.

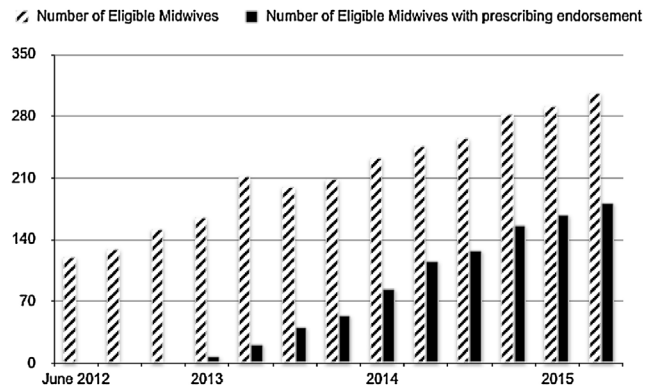


Fig. 1. Numbers of midwives with prescribing endorsement 2012–2015.⁶

interest with a view to defining an issue more clearly and gaining further insight to generate new knowledge.¹⁰

2.1. Participants

Participants were midwives who had completed any ANMAC accredited prescribing course, or a course later recognised by AHPRA as meeting the requirements for prescribing endorsement.

2.2. Recruitment

Participants were initially recruited from one ANMAC approved course during semester 2, 2013 ($n = 45$) and semester 1, 2014 ($n = 80$). Once ethical approval was received (NRS/58/13/HREC), contact was made with course graduates via email ($n = 95$). When no was on record in the university files ($n = 30$), attempts at contact were made using a Facebook personal message. An additional 27 graduates provided their email addresses after contact was made in this manner. The email described the research and included a link to the survey. All emails were sent early in October, 2014 and a follow up email was sent two weeks later to encourage participation.

Following this initial invitation to participate, recruitment was extended to include midwives who had completed any ANMAC accredited prescribing course, or a course later recognised by AHPRA as meeting the requirements for prescribing endorsement. Information was posted to the closed Facebook groups “Midwife Prescriber – Australia” and “Eligible Midwife – Australia” asking interested midwives to contact the research coordinator. Midwives who made contact were sent the same email as had been used for the initial cohort, and an additional reminder nine midwives responded to this request, with the first email being sent in late October 2014.

2.3. Data collection

Informal discussions with course graduates and midwives, and a comprehensive review of the literature regarding non-medical prescribing guided the development of the survey. Surveys previously used to investigate nurse prescribing were obtained from their authors and were also used in survey design.^{11,12} Pilot testing of the survey was performed to ascertain the time taken to complete the survey and ensure that it had face validity. Minor adjustments were made based on the feedback obtained.

The survey was deployed using Lime Survey[®]. All results were hosted within the university server, reducing the risk of “cloud based” data storage. The survey contained a mixture of fixed response and open questions, with a number of questions that were only offered based on the response to earlier questions.

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