

ACT Pre-Budget Submission 2026-27

Optimising the Midwifery Workforce and the Perinatal Experience for Families in the ACT

Foreword

The Australian College of Midwives (ACM) welcomes the opportunity to provide this pre-budget submission ahead of the 2026-27 ACT Budget. ACM is the peak professional body for midwives in Australia. ACM represents the professional interests of midwives, leading and strengthening the midwifery profession to enable midwives to work to full scope of practice (SoP), and is focused on ensuring better health outcomes for women, babies, and their families.

Midwives are primary maternity care providers working directly with women and families, in public and private health care settings across all geographical regions. There are 648 midwives in the ACT and 25 endorsed midwives¹. ACM is committed to leadership and growth of the midwifery profession, through strengthening midwifery leadership and enhancing professional opportunities for midwives.

The ACT Government has demonstrated commitment to women's health and maternity care with [Maternity in Focus: The ACT Public Maternity System Plan 2022-2032](#). This plan includes commitments to increasing midwifery-led continuity of care, developing a Birthing on Country service and building a freestanding birth centre. Progress towards actioning these plans would be greatly improved by the prioritisation of funding to support the transitions.

Australian College of Midwives: Priorities for ACT 2026-2027

1. **Appoint an ACT Chief Midwife**
2. **Fund expansion of universal access to Midwifery Continuity of Care**
3. **Incentivise and support all ACT hospitals to enable admitting rights for Privately Practicing Midwives**
4. **Fund midwifery research and implementation position with responsibility for innovation, quality improvement and reducing intervention rates**
5. **Continue funding for ACT Midwifery Student Scholarships beyond 2026**
6. **Support First Nations midwifery students and graduates**
7. **Fund ACM's [Midwifery Practice Review](#) program, Leadership program, and Endorsed Midwife Transition to Practice Programs**

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Recommendation 1: Appoint an ACT Chief Midwife

Queensland, Victoria, NSW and the Commonwealth now have a Chief Midwife role. An ACT Chief Midwife with a position description, level and delegation of equivalence to a Chief Nurse will indicate ACT's commitment to prioritising improved organisational culture and leadership in the territory. When midwifery leadership is embedded in a service, along with mentoring and cultural change, outcomes can be improved. The [Midwifery Futures Report](#) confirms this direction, with recommendation 2 calling for an Office of the Chief Midwife in each state and territory government to provide leadership and bring about positive change in maternity care. This recommendation is important in the ACT, especially given the scale and scope of Maternity in Focus. Appointing a Chief Midwife would prioritise the Maternity in Focus strategy and the advocacy needs of midwives and birthing families, and support the success of recommendations 2-7 of this submission.

Recommendation 2: Fund expansion of universal access to Midwifery Continuity of Care (MCoC)

Recommendation 2.1: Midwifery Continuity of Care project officer position/s

Recommendation 2.2: Upskill midwives to work in MCoC roles

Recommendation 2.3: Expand MCoC models to include women experiencing complexity

Recommendation 2.4: Include regional NSW residents who birth in the ACT in MCoC care

Recommendation 2.5: Evaluate current Maternity Antenatal Postnatal Service (MAPS) and redesign to offer antenatal and postnatal MCoC

Midwifery Continuity of Care (MCoC) is a maternity care model where women see the same midwife or small group of midwives throughout their perinatal experience. See ACM's [Position Statement on Midwifery Continuity of Care](#) for more information. The [Midwifery Futures Report](#) recommendation 8 advocates for MCoC models being available to all women regardless of risk status. The ACM calls for increased access to midwifery-led continuity of care models for all women.

An adapted continuity model which excludes intrapartum care is an option which provides effective primary maternity care during the antenatal and postnatal period. This model of care, known as Maternity Antenatal Postnatal Service (MAPS), has demonstrated positive outcomes, and is well received by women⁴. It is the ACM's position that the majority of women in Australia should be cared for in a full MCoC model, and we recommend all women for whom this service is not currently available should be offered care in a MAPS model, followed by standard care. The ACM cautions against health services assuming or implementing MAPS as an acceptable replacement for full MCoC and defaulting to MAPS models of care due to assumptions about midwives' preferences or challenges setting up MCoC models.

[Maternity in Focus: The ACT Public Maternity System Plan 2022-2032](#) recognises the importance of MCoC models of care with a commitment to increase MCoC to over 50% by 2028, which was later increased to a 75% target by 2032. Currently in the ACT, 32% of models of care offer continuity of care for the whole perinatal continuum (with any healthcare provider), with 16% through Midwifery Group Practice². Note that this is a proportion of models of care, not a percentage of women. This has reduced from 20% in 2021². In the 2023-24 financial year, only 23.4% of women who gave birth across the Canberra Health Service were cared for in an MCoC model³. There is a long way to go to meet target commitments. AIHW now reports on the percentage of woman with access to [MCoC in QLD, Victoria and WA](#). Providing this data would assist with accurate reporting of progress towards MCoC targets.

A small antenatal / postnatal program has also started at Canberra Centenary Hospital and is labelled as MAPS, however it is important to note that this is not operating as a MAPS model as there is no

caseloading (allocation of specific women to specific midwives). Midwives are rostered to antenatal or postnatal clinic, and there is therefore only occasional accidental continuity of care. It is important to ensure that this is not considered as contributing to continuity of midwifery care targets. Redesigning this program to offer continuity of care through the antenatal and postnatal periods would provide benefits for both women and midwives.

To support the committed expansion of this program to meet targets, we encourage the ACT Government to fund an MCoC Project Officer position at both Canberra Centenary and North Canberra hospitals.

A project officer role was funded for six months at North Canberra Hospital to develop new MCoC models which meet the ACT workforce needs and provide best quality care. In order to implement the work this project officer started, the position needs to be funded for at least two years, and preferably with one position at each Canberra Hospital to meet their respective, unique needs. Anecdotally, current midwifery managers do not have capacity to undertake this work on top of their existing workloads. Meeting the 2028 Maternity in Focus goal of over 50% Midwifery Continuity of Care by 2028 will require dedicated resource, including some initial funding to support this. However, financial evaluations from other states in Australia consistently find that MCoC models are cheaper to run than non-MCoC maternity care⁴ and thus it is anticipated from evidence from other jurisdictions, that initial funding commitments will be rewarded with savings down the line.

The MCoC project officer role would progress actions which are required to transition the workforce effectively to MCoC in the ACT. These actions include:

- Inform renegotiation of the ACT Public Sector Nursing and Midwifery Enterprise Agreement to include Continuity of Care Midwifery employment conditions at all levels (currently only supported at Levels 1.1 or 2.4).
- Undertaking needs analysis and upskilling plan to assist the workforce to transition from ward-based fragmented models of care where midwives can work in siloed settings to MCoC roles.
- Expansion of current MCoC models to include women who are experiencing complexities (especially at North Canberra Hospital which currently only accepts women classed as low risk).
- Expansion of current MCoC models to include women who are currently excluded including those undertaking shared care with their GP, and those who live regionally in NSW but travel to Canberra to birth (e.g. Yass, Murrumbateman).
- Supporting recruitment to scaled up and new MCoC models and evaluating their implementation.
- Negotiating with the ANMF and midwifery/executive management regarding implementing other/new models of MCoC such as MAPS.
- Needs analysis and upskilling plan to assist the workforce to transition from ward-based to MCoC roles, especially as there may be misconceptions, entrenched and unsubstantiated beliefs that perpetrate ongoing barriers to implementation of the models.

Recommendation 3: Incentivise and support all ACT hospitals to enable admitting rights for Privately Practicing Midwives in the short term, with steps towards this outcome within 12 months and universal admitting rights for PPMs within 1-3 years

Endorsed Midwives are midwives who have met the qualification requirements of the [Nursing and Midwifery Board of Australia](#) to prescribe scheduled medicines, order diagnostic tests and refer. This means they can provide primary maternity care services meeting all perinatal needs of a well woman and

baby. Endorsed Midwives practice in public and private health services, in group practices, in General Practice clinics, and in private practice across Australia.

The [Midwifery Futures Report](#) found that 23.6% of midwives would prefer to work in private practice as their first choice. Private midwifery care represents only 2.1% of models of maternity care in Australia⁵, but women cared for by PPMs report the most positive birth experiences and the lowest rates of birth trauma and obstetric violence⁶. Women cared for by PPMs also experience reduced intervention rates such as caesarean section (28.2% versus 39.9% for standard public hospital maternity care and 56.2% for private obstetrician care)⁷. The represents a cost saving to the health system. With both women and midwives asking for more access to this model of care, there is an important opportunity to remove barriers and support the increase of midwives in private practice.

Currently, neither ACT public hospital has enabled admitting rights for endorsed Privately Practicing Midwives (PPMs), despite clinical outcomes for women cared for by PPMs with admitting rights being more positive than national statistics⁸. This is a significant barrier to midwives working in private practice. Admitting rights for PPMs enable streamlined, coordinated care and deliver cost savings to the healthcare system. In addition to reducing rates of costly interventions, notably, the cost of the PPM’s wage is covered by the individual family, rather than the health service.

The table below presents statistics on the number of Medicare item 82120 claims. Item 82120 is management of labour and birth in hospital by an endorsed midwife in an MCoC relationship with the woman.

Medicare item 82120 processed from July 2010 to October 2024

	NSW	VIC	QLD	SA	WA	TAS	ACT	NT	Total
Item 82120	267	531	4,764	28	268	1	4	60	5,923

As can be seen, admitting rights for PPMs are common practice in other states, especially QLD and Victoria.

Recent federal Government initiatives such as funding for [homebirth insurance](#), the rollback of the requirement for [collaborative arrangements](#), the expansion of prescribing rights to enable endorsed midwives to prescribe [MS-2Step](#), and the [Primary Care Nursing and Midwifery Scholarship Program](#) are significant positive steps forward supporting midwives to work in private practice, but these federal actions need to be backed up by jurisdictional changes.

Recommendation 60 of the [Report on Inquiry into Maternity Services in the ACT](#) was ‘*The Committee recommends that the ACT Government dismantle barriers for private midwives to exercise visiting and rights of private practice to care for women who may need to be admitted in unforeseen circumstances in public hospitals.*’ The ACT Government [Response](#) ‘Agreed in Principle’ with this recommendation, stating that ‘*ACT Government will consider the opportunities and ability for private midwives to provide care for persons who may need to be admitted in unforeseen circumstances in public hospitals in conjunction with the work in response to Recommendation 9.*’ (page 27). It is noted that the response to Recommendation 9 does not mention privately practicing midwives (page 8). Despite this agreement in principle, neither public hospital has yet enabled admitting rights for PPMs.

It is noted that a working group was established to review the required elements to enable admitting rights for PPMs at a Midwifery Roundtable in September 2023 however there are no tangible developments as yet. Incentivising and supporting health services to provide admitting rights for PPMs via funding could remove barriers and improve women's access to their choice of maternity care.

Recommendation 4: Fund midwifery research and implementation position with responsibility for innovation, quality improvement and reducing intervention rates

Vaginal birth costs the health system less than caesarean section birth. An Australian study found that if caesarean sections were reduced, public hospital funders could save \$974 million⁹. Rates of caesarean section are increasing in the ACT (43.9% in 2023 versus 31.3% in 2010)¹⁰, far exceeding the World Health Organization recommendation that when rates of caesarean section rises above 10%, there is no evidence of improved mortality rates for mothers or babies¹¹. ACT has the highest caesarean section rate in the country¹⁰. Dedicated interventions to reduce the rates of unnecessary medicalisation of birth are needed.

A funded position for a midwifery research and implementation position focused on innovation, quality improvement and reducing intervention rates is recommended.

Recommendation 5: Continue funding for ACT Midwifery Student Scholarships beyond 2026

As the future of the midwifery workforce, supporting midwifery students is an important priority. Midwifery students face significant financial hardship, and this is a driving factor in attrition and reduced diversity of midwifery graduates¹². The financial impact of attending compulsory clinical placements and being on-call for birthing women contribute to placement poverty and attrition¹². In 2024 the ACT Government invested in the future of midwifery in the ACT with the implementation of a \$3000 per year [scholarship](#) until 2026. Anecdotally, this scholarship has had significant impact on retention of and full-time status of midwifery students in the ACT compared with the previous year. With the rising cost of living and the demanding nature of studying midwifery, including undertaking shift work and being on call for births in addition to timetabled classes and assessment items, midwifery students continue to struggle with the ability to cover their living expenses. The Federal Government has recognised this with the establishment of a [Commonwealth Prac Payment](#) from July 2025 which will enable students to access a means-tested \$319.50 per week while they are undertaking placement. This will help, but will not be enough to cover the high cost of living in the ACT.

ACM requests continuation of the student scholarships to support the retention and growth of ACT's future maternity workforce beyond 2026.

Recommendation 6: Support First Nations midwifery students and graduates

First Nations professionals are under-represented in health care in general, and midwifery specifically. First Nations people who train as midwives improve both their own economic self-determination, and health outcomes for their community¹³. First Nations applicants are granted priority entry to the University of Canberra Bachelor of Midwifery degree, with reportedly good enrolment numbers, however with First Nations midwifery student completion rates generally lower than for non-First Nations students¹⁴, and workforce attrition also a challenge¹⁵, ongoing support is necessary. A First Nations student and new graduate program offering financial and mentorship support would assist with retention

and continued career engagement. Queanbeyan Hospital offers the [NSW Health Aboriginal Nursing and Midwifery Cadetships](#).

See the [ACM submission inquiry economic self-determination and opportunities First Nations.pdf](#) for more information.

Recommendation 7: Fund ACM's [Midwifery Practice Review](#) program, Leadership program, and Endorsed Midwife Transition to Practice Programs

1. ACT fund ACM's [Midwifery Practice Review](#) program for all ACT midwives.
2. Sponsor staff attendance to ACM's Leadership Programs and collaborate with ACM to tailor a program targeted to your jurisdictional needs.
3. Sponsor ACM's Endorsed Midwife Transition to Practice Program.

More information about ACM's programs is provided in the appendix.

END

Appendix – ACM programs

Midwifery Practice Review

Background

The Midwifery Practice Review (MPR) program provides midwives with an opportunity to reflect on their current practice, take stock of their professional challenges, find ways to drive solutions, make meaningful supportive connections with other midwives in a safe, supportive and independently facilitated community of practice, and find renewed satisfaction in and commitment to midwifery.

We know that burnout, work-related stress, and poor workplace culture contribute to attrition from the midwifery workforce¹⁶. The [Midwifery Futures Report](#) describes the Australian midwifery workforce as being ‘in crisis’, and found that a third of the midwives surveyed were considering leaving the profession due to negative experiences of working as a midwife¹⁷. Work-related stress and burnout for Australian midwives are reported to be among the highest in the world^{18, 19}.

Outline of the Midwifery Practice Review

The MPR program offers midwives from all settings a structured opportunity to reflect on, refine, and reimagine their professional journey. The program is for everyone, from early career midwives to those approaching retirement, and everyone in between.

Within a supportive space of peer connection and expert facilitation, midwives are invited to:

- Reflect on their midwifery philosophy and direction
- Explore leadership, innovation and scope of practice
- Examine risk management, data, case review and collaboration
- Benefit from ongoing peer support and tailored mentorship
- Create a focused plan for growth, learning, self-care and career sustainability.



Benefits of the program

- Increased professional satisfaction
- Improved collaboration
- Improved workplace culture
- Increased midwives involved in leadership, quality improvement projects and further education
- 12 CPD hours for individual midwives undertaking the program

MPR can also offer:

- Reduced burnout
- Reduced attrition rates
- Enhanced solution-focused attitudes among midwives
- Safe community of practice
- Increased confidence

In addition to these individual- and health service-level advantages of the program, offering the program as a benefit of working for NT Health positions NT at the forefront working towards solutions for the midwifery workforce crisis, and will support recruitment and retention of staff.

Program details

The virtual program runs over approximately six weeks and includes:

- 3 x 2-hour group facilitated sessions involving peer discussion, reflection and support.
- One individual session with a midwife facilitator (30 minutes for employed midwives, 60 minutes for any midwife working as a Privately Practicing Midwife).
- Self-directed preparation, including case review, professional reflection, career direction and goal setting.
- Six midwives per group.



We also offer a face-to-face program, which is run as a one-day group program, with a follow-up virtual individual session. Face-to-face groups are for 12 midwives and include morning tea, lunch and afternoon tea. Face-to-face groups might be preferred for certain groups of midwives or sites. Price available on request.

Specific groups can also be organised according to health service, or NT Health criteria (see next page).

- Groups can either be organised within a health service, which can contribute to improved workplace culture, or can be drawn from across the State, which can be preferred for some midwives and enable cross-health service connection.



- Culturally appropriate program for First Nations midwives.
- Groups for midwives working in continuity models of care.
- Tailored groups for specific work contexts such as managers, educators, and midwives working with grief and loss, for example.

In terms of frequency, Privately Practicing Midwives are required to undertake a professional practice review program every two years per the [NMBA Safety and Quality Guidelines](#). We recommend employed midwives undertake MPR every five years.

ACM's Leadership Programs

The Australian College of Midwives is establishing the ACM Centre for Midwifery Leadership, a national initiative to build midwifery leadership capability across all domains required for a sustainable, future-ready maternity workforce. The Centre will progressively deliver professional development opportunities across all leadership domains identified by the International Confederation of Midwives, supporting midwives to influence, lead, and improve maternity care at every level of the system.

The initial phase of the Centre's implementation is focused on developing and delivering the Operational Leadership stream. Operational leadership is a critical capability gap identified across maternity services nationally, with midwives frequently stepping into leadership roles, such as shift coordination, team leadership, or service management, without structured preparation or consistent support.

To address this need, the Centre will introduce three Operational Leadership courses:

- Midwifery Executive Leadership
- Midwifery Director Leadership
- Midwifery Unit Manager Leadership

Following implementation of the Operational Leadership stream, the Centre will progress with developing and delivering the Education leadership stream, with preliminary application to midwifery leadership in clinical education roles.

Each course is role-aligned, practice-focused, and delivered concurrently throughout the year. The learning includes:

- Blended delivery: online modules and interactive workshops
- Applied learning activities: workplace-based projects, improvement initiatives, and case studies
- Mentorship and coaching: guidance from experienced midwifery leaders
- Networking opportunities: connection with peers and leaders across jurisdictions
- Leadership skill development: strategic planning, operational management, workforce sustainability, team performance, clinical governance, quality improvement, consumer partnership, change leadership, and digital health leadership

These courses are independent, enabling midwives to select the course most relevant to their role. Each course integrates evidence-informed learning, practical tools, and applied workplace-based activities to strengthen capability, confidence, and consistency in operational midwifery leadership across settings. In developing and delivering these courses, the Centre will actively engage with jurisdictions and key stakeholders to ensure local priorities, workforce insights, and context-specific considerations are embedded in program design and delivery.

While the broader Centre will ultimately encompass political and strategic, regulatory, education, research, and clinical leadership domains, the Operational Leadership stream forms the foundation of the Centre's staged development and addresses immediate workforce priorities. The [Midwifery Futures Report](#) calls for '*increased visibility, governance and leadership*' of the midwifery profession, including midwife-led leadership at all levels of service, policy, and regulation. The ACM Centre for Midwifery Leadership will pioneer the practical realisation of this vision, equipping midwives to lead effectively, influence systems, and strengthen maternity care nationwide.

ACM's Endorsed Midwife Transition to Practice Program

Australia's maternity care system is evolving to meet growing community demand for midwifery-led, continuity-based, and primary care models. Endorsed midwives are increasingly providing autonomous primary care, including through Primary Maternity Units, Birthing on Country models, Midwifery Group Practice settings, publicly funded homebirth programs, early pregnancy clinics and midwife led sexual and reproductive health clinics. However, there is currently no nationally coordinated transition to practice framework to support newly endorsed midwives entering these roles.

Newly endorsed midwives often report challenges navigating practice structures and processes relating to endorsement, funding pathways (e.g. MBS and PBS), professional isolation, regulatory and insurance requirements, and access to experienced mentorship. These barriers can contribute to workforce attrition, reduced confidence, and underutilisation of endorsed midwives practising to full scope.

Evidence from comparable transition frameworks demonstrates the effectiveness of structured, supported entry programs in improving workforce retention and quality of care:

- [APNA Nursing in Primary Care Transition to Practice Program](#): Provides mentorship, education, and structured support for nurses entering primary care, demonstrating improved retention and confidence.
- [New Zealand College of Midwives Midwifery First Year of Practice \(MFYP\) Program](#): Offers a national, evidence-based model of mentored transition, ensuring graduates consolidate skills and professional identity in real-world contexts.

Drawing from these proven models, an Endorsed Midwife Transition to Practice Program led by ACM can provide a flexible and scalable model for newly endorsed midwives requiring structured mentorship and professional development as they consolidate their endorsement within varied workplace settings. The program offers foundational education, reflective learning, professional community engagement and mentor guidance, ensuring consistent support for all midwives transitioning to endorsed practice, regardless of their service context or employment model.

The 6-month program is designed to be delivered through jurisdictional or local health network sponsorship, ensuring adaptability to local workforce needs and integration within existing education and clinical support frameworks. Sponsorship funding would typically cover participant access, mentorship coordination, workshop delivery and completion of the ACM Midwifery Practice Review Program.

In addition, a 12-month midwifery transition to practice program for new graduates will be progressed in alignment with the structure and design of the endorsed midwife transition to practice program, aimed to complement health service based graduate programs to enhance graduate learning and performance. The online program will extend professional development in application of the midwifery professional practice framework, principles of the NSQHS national standards, contemporary challenges in health trends and practices, leadership, mentorship, supervision, self-care and advancing primary healthcare.

We are available to answer any questions or discuss further.

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