Women and Birth 38 (2025) 101856

Contents lists available at ScienceDirect

Women and Birth

journal homepage: www.sciencedirect.com/journal/women-and-birth

What are the experiences of Aboriginal and/or Torres Strait Islander midwifery students and midwives? A scoping review

Donna L. Hartz [a,b,c,e,*,1], Renae Coleman [a,c,2], Stacey Butcher [e,3], Leona McGrath [c,g,4], Cherisse Buzzacott [c], Karel Williams [c,d,5,6], Angela Coe [c], Machelee Kosiak [c,f]

[a] Western Sydney University, Australia
[b] Western Sydney Local Health District, Australia
[c] Rhodanthe Lipsett Indigenous Midwifery Trust, Australia
[d] University of Canberra, Australia
[e] Molly Wardaguga Research Institute, Charles Darwin University, Australia
[f] Australian Catholic University, Australia
[g] University of Technology Sydney, Australia

ARTICLE INFO

Keywords:
Midwifery
Midwifery workforce
Indigenous midwives
Indigenous midwifery students
Aboriginal and/or Torres Strait Islander

ABSTRACT

Background: Aboriginal and/or Torres Strait Islander midwives are underrepresented within the midwifery workforce and is likely compounded by lower graduate rates. This review is a part of the Midwifery Futures Project. It explores the experiences of Aboriginal and/or Torres Strait Islander midwives and midwifery students to illuminate issues impacting work and study and uncover successful strategies towards addressing current disparities.

Methods: A scoping review was guided by the Joanna Briggs Institute framework. Literature searching identified 1311 papers. Eleven papers, four qualitative research studies, and seven grey papers met the inclusion criteria: published academic journals, book publishers or key professional organisations; focused on the professional experiences of Aboriginal and/or Torres Strait Islander midwives or the learning experiences; written in English; and published 2004 onwards (inclusive). The papers were analysed using inductive thematic analysis.

Results: Three interconnected themes emerged: *connection and kinship, racism* and *balancing responsibilities*.

Conclusion: Culture, connection and kinship are foundational in providing experiences for Aboriginal and/or Torres Strait Islander midwives and midwifery students that are clinically and academically transformational, culturally safe and promote resilience for

Aboriginal and/or Torres Strait Islander midwives and midwifery students. Midwives and midwifery students need to connect with each other and value working with Aboriginal and/or Torres Strait Islander women, clinicians and academics. Strategies that balance work, study and life responsibilities promote retention and resilience. Clinical, work and study contexts must be culturally safe by respecting and embracing Aboriginal and/or Torres Strait Islander cultures and actively opposing racism in the personal, Community and organisational interfaces.

* Corresponding author at: Western Sydney University, Australia.
E-mail addresses: D.Hartz@westernsydney.edu.au (D.L. Hartz), R.Coleman@westernsydney.edu.au (R. Coleman), stacey.butcher@cdu.edu.au (S. Butcher), leona@indigenousmidwives.org.au (L. McGrath), cherisse@indigenousmidwives.org.au (C. Buzzacott), karel@indigenousmidwives.org.au (K. Williams), Angela@indigenousmidwives.org.au (A. Coe), Machellee@indigenousmidwives.org.au (M. Kosiak).
@DonnaLHartz (D.L. Hartz)
[1] ORCID: 0000–0002-4964–2106
[2] ORCID: 0000–0002-4701–6814
[3] ORCID: 0009–0006-5448–2967
[4] ORCID: 0009–0007-6893–5530
[5] ORCID: 0000–0001-9625–3288
[6] ORCID: 0000–0002-2743–7785

https://doi.org/10.1016/j.wombi.2024.101856
Received 20 August 2024; Received in revised form 30 November 2024; Accepted 1 December 2024
Available online 2 January 2025

Problem or Issue

Aboriginal and/or Torres Strait Islander midwives are underrepresented within workforce. Graduating Aboriginal and/or Torres Strait Islander university students' rates are also below non-Indigenous rates.

What is already known

A strong Aboriginal and/or Torres Strait Islander workforce improves outcomes for Aboriginal and/or Torres Strait Islander peoples and is valued by Aboriginal women. Birthing on Country Models that include midwifery continuity of care improves perinatal outcomes.

What this paper adds

Connection and kinship, countering racism and balancing responsibilities are implicit in midwives' and midwifery students' success. Many targeted education and workforce development strategies are unevaluated.

Background

The Australian midwifery workforce has significant issues that need addressing to maintain and sustain a workforce to meet the demands of our childbearing population [1]. Nearly exclusively in Australia, midwives attend births in one capacity or another. In 2021, 315,000 babies were born to 311,00 mothers [2]. Australia faces a midwifery workforce decline [1] attributed to inaccurate workforce planning based on flawed methodologies, an older workforce with impending retirement, and a high proportion of midwives under retirement age intending to leave the profession [3]. Other causal factors identified by the Council of Deans of Nursing and Midwifery (Australia and New Zealand) [1] include "*ineffectual leadership, occupational burnout, insufficient opportunities to practice midwifery continuity of carer, shortage of clinical practice placements, and a deficit in Aboriginal and Torres Strait Islander, and cultural and linguistic diversity across the workforce (p.3)*.

Aboriginal and/or Torres Strait Islander midwives are underrepresented within the midwifery workforce. The proportion of graduating Aboriginal and/or Torres Strait Islander midwifery students is also below the non-Indigenous rate. In 2020, approximately (approx.) 490 Aboriginal and/or Torres Strait Islander midwives represented 1.7 % of the total midwifery workforce [4], a slight increase from 1.3 % (n = 350) in 2019 [5]. This rate remains unrepresentative and far below parity for the most recently reported (2021) Aboriginal and Torres Strait Islander population rate of 3.8 % [6], women's birthing rate of 5 % and the birth rate of 6.1 % [2].

Compounding these discordant rates is the small number of graduating Aboriginal and/or Torres Strait Islander university students. Unfortunately, there is no specific data in published reports for the commencement and completion rates of midwifery students specifically, including Aboriginal and/or Torres Strait Islander midwifery students. The Australian Government Department of Education's most recently published data (2022) [7] revealed that for all Aboriginal and/or Torres Strait Islander students, university enrolments fell for the first time since data collection commenced in 2006, for both commencing (8 %) and continuing (3 %) students. The proportion of Aboriginal and/or Torres Strait Islander university students remains constant at 2.1 %, well below population parity. In 2022, the four-year bachelor's degree completion rate for Aboriginal and Torres Strait Islander bachelor students was 26 % of the total Indigenous population of students) compared to 41 % of the Non-Indigenous population of university students. Assuming the Aboriginal and/or Torres Strait Islander birth and population rates remain static, along with university completion rates, an estimated additional 1270 midwives (using the birth population rate) are required to reach the midwifery workforce and birth rate parity.

The *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* [8], acknowledges that investment in the Aboriginal and Torres Strait Islander health workforce will increase Australia's ability to "close the gap" in health and life outcomes and ensure a culturally safe and responsive health sector (p.6). Workforce development strategies for midwifery have also been outlined by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives' (CATSINaM) report, '*Gettin em n keepin em n growin em': Strategies for Aboriginal and Torres Strait Islander nursing and midwifery education reform, (GENKEII),* [9] however the implementation and/or impact of relevant strategies are yet to be explored. This scoping review focuses on issues affecting the Aboriginal and Torres Strait Islander midwifery workforce deficit. Exploring the experiences of Aboriginal and/or Torres Strait Islander midwives and midwifery students will illuminate the issues impacting these discordant rates and identify successful recruitment and retention strategies.

This scoping review did not uncover a recent synthesis of the literature pertaining to the experiences of Aboriginal and/or Torres Strait Islander midwives or midwifery students and aims to address this gap. This review describes and analyses current literature on the experiences of Aboriginal and/or Torres Strait Islander midwives and midwifery students to inform the aims of the Nursing and Midwifery Board of Australia's Midwifery Futures: The Australian Midwifery Workforce Project. Specifically, it will inform on "*issues and opportunities in the recruitment, retention, and attrition of midwives in Australia, with a particular focus on the retention of the existing midwifery workforce, including the Aboriginal and Torres Strait Islander midwifery workforce."* [10] The findings will be used to inform the design of workforce models to address the issues affecting the discordant proportion of Aboriginal and/or Torres Strait Islander people entering and completing midwifery education programs and remaining in the midwifery workforce.

Methods

Approach

A scoping review methodology was used, and the review protocol guided by the Joanna Briggs Institute methodology [11,12]. This project was funded by the Burnet Institute as a component of the Australian Midwifery Futures Project.

Search strategy

The research team developed the search strategy for this scoping review and was aimed to understand the experiences of Aboriginal and/or Torres Strait Islander midwives and midwifery students in Australia. There were three categories of search terms – the Population (Aboriginal and/or Torres Strait Islander people AND midwives or midwifery students), experiences (workforce or education) AND the context (Australia). The search terms and an expanded list of synonyms were combined using Boolean operators (see Table 1 supplementary material). Six databases were searched on 26 February 2024: Medline, CINAHL, Scopus, Embase, Emcare, and Maternity & Infant Care Database (MIDIRS). Grey literature was included due to the dearth of peer-reviewed research in this area. Further searching via a web browser was also undertaken across relevant key online sources, such as the National Aboriginal Community Controlled Heath Organisation (NACCHO), government and professional organisation websites. The scoping review research team also searched online using the terms Indigenous/Aboriginal/First Nation/midwife/midwifery student/experience.

Inclusion and exclusion criteria

A dearth of research in this area was uncovered, so no restriction was placed on the research methodology. As a systematic scoping review, all research, editorials, and reviews were included and accounted for in the

analysis. Manuscripts and studies were included if they were: published in academic journals, book publishers or key professional organisations; focused on the professional experiences of Aboriginal and/or Torres Strait Islander midwives or the learning experiences of Aboriginal and/or Torres Strait Islander midwifery students; were written in English; and published from 2004 onwards (inclusive).

Papers were excluded if they solely related to the experiences of Aboriginal and/or Torres Strait Islander pregnant or birthing people, were conference abstracts, or focused on Aboriginal peoples outside of Australia.

Data extraction and synthesis

The systematic search yielded 1309 results, and these articles were screened using Covidence™, with 705 removed as duplicates and 552 not meeting the selection criteria. The abstracts and titles of 604 papers were screened by two Aboriginal midwife academics (DH and RC) independently, yielding nine papers, three peer-reviewed research studies and six reflective dialogues or narratives. The citation lists of included articles were pearled with one further research study found. A further two reputable media articles, both reflective dialogues were identified via a web browser search and included in the review (See Fig. 1). Any conflicts were resolved with discussion and consensus between two reviewers (DH and RC) about the conflicted papers meeting the inclusion or exclusion criteria. Covidence™ calculated a Cohen's Kappa of 0.75, indicating an excellent agreement by the reviewers in selecting papers. The critical appraisal skills program (CASP) tool was used to determine the quality of the primary research studies, with all four studies being of a high standard (i.e. 9 or 10 out of 10) [13] (See supplementary Table 2).

Data analysis

The included studies and grey literature details were entered into a table, along with relevant quotes or research findings. Data was analysed using Braun and Clarke's inductive thematic analysis [14] processes. One author (DH) distilled themes and subthemes, and a second author (RC) reviewed the themes and provided a second cultural lens.

Results

Included studies

A total of 11 articles were included for analysis (See supplementary Table 3). Only four peer-reviewed qualitative research papers met the inclusion criteria, so grey literature from professional or reputable sources were included to provide more significant insights via reflective dialogues (n = 6), as well as one reflective narrative that met the criteria. Two research papers focus on midwifery students' experiences undertaking their studies at two different universities. One of these studies evaluated enhancements to an away-from-base program that has enabled Aboriginal and/or Torres Strait Islander peoples living in diverse geographic locations to access a Bachelor of Midwifery education, from the perspective of 10 midwifery students [15]. The other paper includes the experiences of three Bachelor of Midwifery students studying at a metropolitan university and undertaking clinical education in a continuity of midwifery care model for Aboriginal and/or Torres Strait Islander women [16]. The two other included studies report on the experiences of midwives. One focused on the mentoring experience of Aboriginal and/or Torres Strait Islander nurses and midwives. However, the number of midwives participating could not be reported in the paper due to the ethical, privacy and cultural safety responsibilities [17]. The second paper, a longitudinal study [18], provides discrete insights into

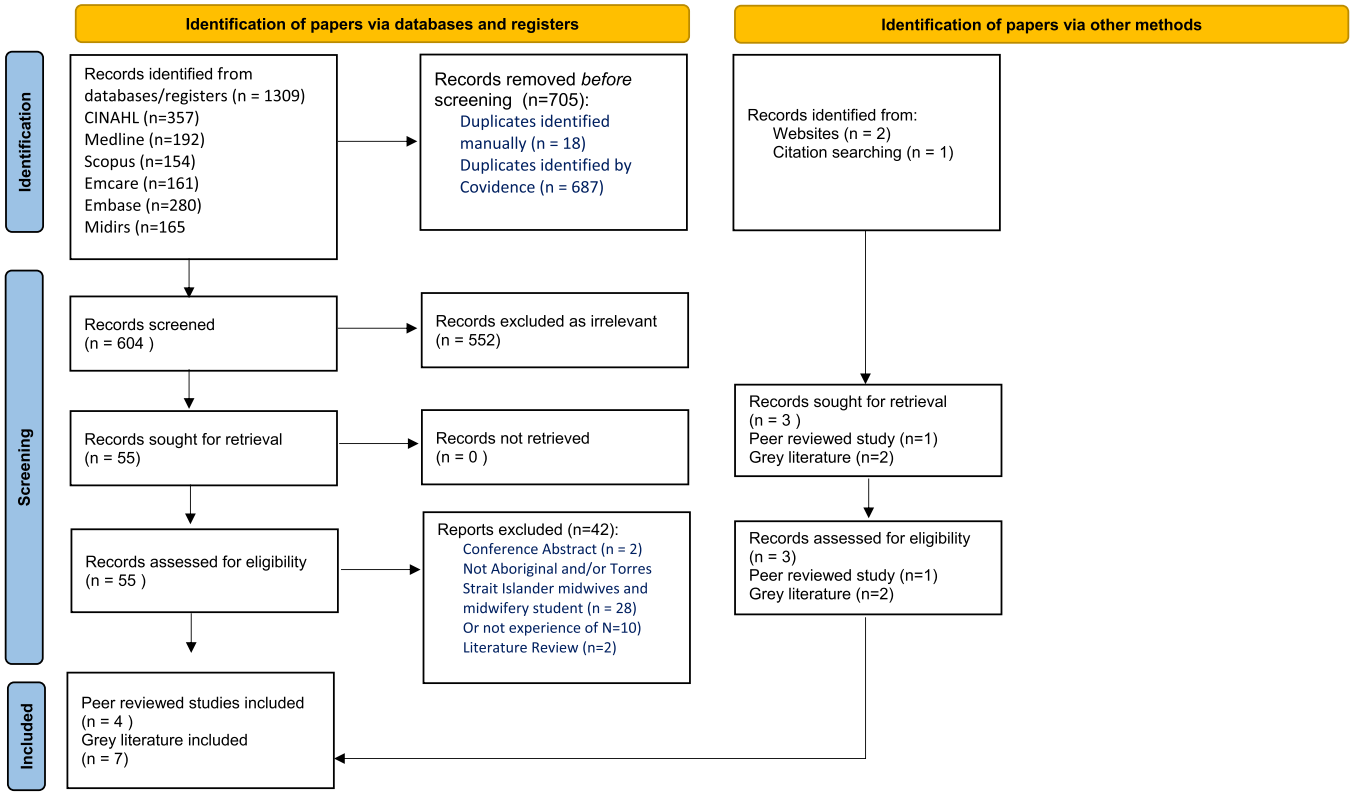

Fig. 1. PRISMA (2020) flow diagram for new systematic reviews which included searches of databases, registers and other sources.
From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

racism by two Aboriginal midwives working within maternity settings after previously completing university training in cultural safety and Aboriginal culture. There were seven grey literature papers, including five narratives or dialogues relating to midwifery student/s experiences and two dialogues by registered midwives.

The experiences of Aboriginal and/or Torres Strait Islander midwifery students and midwives

Inductive thematic analysis revealed three interconnected themes: *connection and kinship, countering racism* and *balancing responsibilities,* as identified in the following quote.

> *"There's [sic] barriers within the health system as well, with experiences of racism. But many of us do overcome that and are able to get through that period, but usually it's with a lot of love and support around them… many of our Aboriginal students have families or care responsibilities that they need to juggle"* [19].

Connection and kinship

Connection was a central theme for both midwives and midwifery students, with connection being foundational through culture and kinship in both the clinical and education environments. Connection transformed the midwifery students and midwives culturally, academically, and clinically and promoted resilience.

Midwifery students' perspective

Care by midwifery students within a caseload of Aboriginal and/or Torres Strait Islander women "facilitated connection" with the women, provided "a sense of personal affirmation" and "purpose", and strengthened the midwifery student's cultural identity [16] (p.554). This clinical education model facilitated the midwifery student's Australian Nursing and Midwifery Accreditation Council (ANMAC) mandated Continuity of Care Experiences [20], alongside preparing the students for their midwifery roles within Aboriginal and/or Torres Strait Islander Communities. The midwifery students' experience was transformational, primarily as an Aboriginal person and what that meant personally and enabled the transitioning of being a midwifery student within this model. The midwifery students felt prepared to become advocates for the cultural reformation of maternity care for both the women they cared for and their Communities. They felt valued by their Communities in their role as a midwifery student or, ultimately, as a midwife.

One away-from-base midwifery education program provided valued kinship to the students through the role of an Indigenous Academic Liaison Midwife. The midwifery students reported that they could focus on their studies by feeling connected because the Academic Midwife focused on them as midwifery students, was friendly, understood their needs, was a role model, and was a strong advocate for them in the complex university and clinical contexts and interfaces [15]. Clinical connection and growth for these midwifery students were fostered during additional clinical placements in a larger hospital where they were able to care for women with more complex needs and understand the skills required [15].

One midwifery student found connectedness by seeking clinical placement within Aboriginal Community Controlled Health Organisations (ACCHOs) and being immersed in the culture through this. However, this clinical education option was not readily available to all midwifery students. This midwifery student was able to experience Women's Business traditional ceremony and understand the importance of Birthing on Country and connectedness to Ancestral Country. This placement enabled a recognition of a greater purpose in midwifery for the benefit of the midwifery student's Aboriginal Community through a placement in an ACCHO maternity service [21]. Connection to culture, language and exposure to the work and services of ACCHOs was transformational for a group of Aboriginal midwifery students who attended a Birthing on Country conference attended by many Aboriginal and/or Torres Strait Islander Elders, women and clinicians from diverse Aboriginal Countries [22].

Connection with other Aboriginal midwifery students and midwives promoted resilience, but this was absent from some midwifery student's experiences. One midwife described how, as a midwifery student, having a "sisterhood" (p.12) was crucial to supporting students to buffer the isolation commonly felt in the colonised education and health systems [23]. Support through university Aboriginal and/or Torres Strait Islander support units buffered this by providing a sense of Aboriginal family and community [24]. One midwifery student lamented the absence of Aboriginal support in clinical education areas and would have liked support from an Aboriginal midwife [24]. Another midwifery student echoed this when they sought out an Aboriginal midwife during clinical placement only to find none [25].

Midwives' perspective

Research findings indicated that the role of mentors was essential in both the recruitment and retention of midwifery students and midwives [17,18]. One study included an unknown number of Aboriginal midwives who were either mentors or mentees who found mentoring beneficial in enabling a culturally safe space to discuss issues and provide clinical and cultural support. The mentoring relationship supported day-to-day work-life and long-term career goals. Mentors described their role as giving to their Community and wider health organisation while providing a sense of satisfaction that motivated them in their work. Mentor-mentee relationships fostered the development of relationships between each other but also facilitated connection to enable cultural learning journeys. Clinically, mentoring also supported relationships with the broader health service and clinical disciplines [17].

One Aboriginal midwife spoke of the impact of her advocacy and clinical practice within the ACCHO sector. This ACCHO-led Birthing on Country [26] model enabled the Community, specifically the women and families she cares for, to reclaim cultural ways of knowing, being, and doing and to close the gap between Aboriginal and/or Torres Strait Islander and other Australians in maternal and infant health outcomes.

Racism

Aboriginal and/or Torres Strait Islander midwives reported experiences of casual racism, either observed or directly, and they had also felt its impact first-hand through these direct and indirect actions. Midwives or midwifery student midwives' dialogues reported experiences of being subjected to or witnessing discrimination and racism [18,23,25,27], being marginalised [27,28] or sterotyped [25,27], as well as witnessing sub-standard care of Aboriginal and/or Torres Strait Islander women and families.

One midwifery student often felt marginalised and othered:

> *"Examples of times I have felt marginalized include, being introduced to the staff as an Aboriginal student midwife on my first day in the birthing unit. I noticed that other students were not introduced with reference to their cultural background"* [24].

This midwifery student suggested that having an Aboriginal facilitator would have enhanced the midwifery student and the Aboriginal women's cultural safety.

One midwife reflected on her experience as a midwifery student and how this affected her and impacted her training as follows:

> *"It was subtle things, comments and actions that non-Aboriginal people wouldn't react to. A complaint to my university from a hospital educator that I "only wanted to look after Aboriginal women" was embarrassing and confusing, so much so that it forced me to large tertiary hospitals to complete my placement"* [27].

To counter her experiences as a midwifery student and the overt

racism that she endured while giving birth to her first baby, she recommends:

> *"To enforce change we need Aboriginal communities governing, working collaboratively with health services; legislative change and ongoing funding to develop Birthing on Country models from the ground up"* [27].

Another midwife asserted that racism, bias and blindness that stem from white privilege remain entrenched within the health workforce and are significant barriers for midwifery students [23].

> *"There's [sic] barriers within the health system as well, with experiences of racism. But many of us do overcome that and are able to get through that period, but usually it's with a lot of love and support around them."* [19]

Midwives suggested that more needs to be done to counter institutional racism in maternity settings. One midwife asserted that non-Indigenous health practitioners can counter this by calling racism out.

> *"I think it's important to them to speak up when you hear racist comments…*
>
> *It's okay to call it out because for your Aboriginal colleagues or student midwives, it does chip away at them and it's difficult to speak up…And often you see people don't speak*
>
> *up and they end up leaving."* [19]

Strategies proposed by these midwives include: Aboriginal and/or Torres Strait Islander health professionals in teaching opportunities for all clinicians and students; exposure of clinicians to intrinsically culturally safe and secure midwifery models like in Aboriginal Midwifery Group Practices; and familiarity of midwifery leaders with the peak professional body CATSINaM, and its mandate and resources to promote institutional decolonisation and culturally prepared allies [18].

Balancing responsibilities

> *"…many of our Aboriginal [sic] students have families or care responsibilities that they need to juggle."* [23]

Parenting, family, and Community responsibilities were challenging [23,28]. Difficulties in undertaking studies that required travelling away from family was not an option for some. Flexible online studies provided a connection with both worlds [28]. Remaining connected to family and Community was facilitated by flexible learning options like away-from-base programs [15] for preregistration midwifery programs and online programs for postgraduate studies [28].

> *"It was difficult at the time, but travelling to study just wasn't a realistic option. Having the flexibility to study online with Griffith let me continue my work at*
>
> *Waminda and to raise my young family."* [28]

In the clinical setting there are also competing responsibilities for Aboriginal and/or Torres Strait Islander midwives and midwifery students between providing culturally safe care and following mainstream policies. One midwifery student described that she felt professionally challenged and her cultural standing compromised due to implicitly culturally unsafe hospital policy.

> *"…despite my student status, I found it necessary to advocate for laboring Aboriginal women on matters such as numbers of support people allowed at the birth, as this particular hospital has a policy dictating a maximum of two support people during labor and birth. As the most junior member of staff it is difficult to argue against the culturally inappropriate*
>
> *nature of this policy"* [24].

Discussion

There was a paucity of peer-reviewed research on the experiences of Aboriginal and/or Torres Strait Islander midwives and midwifery student. However, the included research papers' findings were substantiated, and further granularity of the themes derived from the narratives and dialogues of midwives and midwifery students within the grey literature.

Connections

Connections were paramount and implicit through culture and kinship in clinical and learning environments and promoted the decolonisation of these environments, by countering racism and discrimination. Connection was promoted by: mentorship and mentoring programs; Aboriginal peer and liaison academics; clinical exposure and/or training in ACCHOs; placement within continuity of midwifery care models for Aboriginal women; and exposure to Birthing on Country models or Aboriginal clinical networks. These initiatives promoted resilience, cultural identity and pride.

Flexible learning modes

Flexible learning modes are also valued and enable success and professional growth with programs of study. One mode is the away-from-base education, whereby the student lives and has most of their clinical training not in the geographical proximity to their training university. This enables students to remain at or close to home to undertake their training. Flexible online education programs for postgraduate midwifery studies also enable students to remain at home and fulfil life responsibilities.

Promoting cultural safety

There are Australian government frameworks, plans and initiatives aimed at instilling cultural respect and safety and countering racism for Aboriginal and/or Torres Strait Islander peoples within healthcare systems [29]. However, racism remains a ferocious and draining issue [30] for Aboriginal and/or Torres Strait Islander peoples, with institutional, overt and casual racism. This is countered somewhat by strategies that promote connections. Midwives and midwifery students are resilient and feel part of the solution through connection and kinship. This is enabled through working with Aboriginal and/or Torres Strait Islander women [16,24,25], clinical placement within ACCHOs [21,22,24], and undertaking further education aimed at countering racism [19].

An integrated literature review published in 2020 [31] by two authors (RC and DH) synthesised the experiences of Aboriginal and/or Torres Strait Islander Bachelor of midwifery students. This review yielded three papers (also included in this review), and subsequently, the authors had to widen their data synthesis to include undergraduate health student experiences. This integrated literature review reflected similar findings to those of this scoping review. It was reported that cultural safety is essential in both clinical and educational systems. Cultural safety was promoted by cultural support, relationships with Aboriginal and/or Torres Strait Islander mentors and academics, and clinical placements with Aboriginal and/or Torres Strait Islander specific services. This led to empowerment and resilience [19].

There are many, mostly unevaluated, strategies and initiatives that provide vocational educational pathways, promote connection, counter racism and marginalisation, and provide financial support that appear to have merit. However, these were not found within the included literature relating to the experiences of Aboriginal and/or Torres Strait Islander midwives and midwifery students. Many of these strategies can be found on state government and professional organisation websites and warrant further evaluation to ascertain workforce impact, return on investment and cultural acceptability. One example is the education

demonstration project described in the next section.

Education pathways

An education demonstration project conducted collaboratively by the New South Wales (NSW) Chief Nursing and Midwifery Office, the University of Sydney, Poche Centre for Health and four NSW Local Health Districts showed promise. This project aimed to foster readiness for and enrolment in Bachelor of Midwifery programs. The project offered a three-year program for Aboriginal and/or Torres Strait Islander post-school leavers to undertake block residual education to study a Health Service Assistant (HSA) Certificate III qualification that transitioned into a Diploma in Nursing in the second year. Alongside this was part-time employment within maternity services close to home with cultural and clinical support and mentorship provided through an Aboriginal tutor, theoretically ultimately enabling enrolment into Bachelor of Midwifery programs. While there is no peer-reviewed publication currently available, the project report completed in 2021 reported that of the twelve students who commenced, one student withdrew without qualification (8 %) in the first year, and eleven completed an HSA Certificate III course (92 %). Of these eleven students, five achieved a Diploma in Nursing qualification (50 %), and three streamlined post HSA certificate III completion into a Bachelor of Midwifery program (25 %) [32].

In South Australia, a long-standing Certificate IV training program in Aboriginal and/or Torres Strait Islander Primary Health Care Health Practice with an Aboriginal Maternal Infant Care (AMIC) specialisation to work alongside midwives also demonstrates a potential alternate post school pathway into midwifery education. This project enabled AMIC workers to take a lead cultural role in partnership with midwives and provide perinatal clinical care, social, emotional and health literacy support, and advocacy to women in their Community [33].

One pathway that could accelerate enrolments into midwifery programs is vocational training in high schools. While available for nursing, a midwifery or maternal health pathway at this level is currently unavailable in Australia. A secondary school-based training and vocational health pathway does exist for nursing and allied health. Some mainstream health registered training organisation [1] and private registered training organisations [34] provide this vocational education in collaboration with local high schools [35]. A similar program to the NSW demonstration project, combined with maternity care course content, tutoring, mentoring and maternity service work experience or clinical training, may enable high school leavers to enrol in Bachelor of Midwifery (BMid) programs and be partially prepared for tertiary studies. Priority places for entry into BMid programs at universities could also circumvent the current high university entrance thresholds [36] required for admission into a BMid program.

Targeted clinical placements

Clinical placement in Aboriginal and/or Torres Strait Islander focused midwifery models of care [37], or ACCHOs [21,24] are valued and seen as transformational for midwifery students. Greater opportunities for clinical placement within such models and clinical education models that provide caseload continuity of care should be provided. Caseload Continuity of Midwifery care models are implicit and foundational within evidence-based Birthing on Country (BoC) models of care [26]. These BoC models are highly impactful in improving the health and wellbeing outcomes for Aboriginal and/or Torres Strait Islander women and babies [38].

Cadetships and scholarships

Cadetships and scholarships to promote equity for Aboriginal and/or Torres Strait Islander undergraduate and postgraduate students are available through some national [39,40] and state government initiatives in NSW [41], Northern Territory [41], Western Australia [42], Tasmania [43], the Australian Capital Territory [44] and South Australia [45]. NSW Nursing and Midwifery Office offers a very generous cadetship package that has enabled students of both nursing and midwifery to feel supported clinically and professionally and provided much needed financial support. The cadetship includes the following:

- “a study allowance of $600 per fortnight while studying for 40 weeks
- $500 per semester support allowance
- 12 weeks paid employment in a local public hospital or Justice Health facility
- support from an Aboriginal mentor, cadet coordinator and additional clinical support
- the possibility of ongoing employment when you successfully complete your studies and the program.” [41]

A few Australian universities offer small scholarships [46], as do charitable trusts [47] for preregistration and postgraduate coursework. Most universities also offer generous Doctor of Philosophy (PhD) stipends for higher research degree students. Testimonials of students demonstrate that such funding is valued for day-to-day living, childcare, books, computers, information technology (IT) data access, petrol or travel costs to libraries, university sites or travel to access robust IT infrastructure [41,47].

Cultural safety education reformation

While the teaching of Aboriginal and/or Torres Strait Islander cultures and cultural safety education reforms have been mandated in midwifery programs in Australia and in mainstream government health services, racism remains a barrier to growing the midwifery workforce [18,19]. Further translation of evidence and/or evaluation into successful decolonisation, cultural competence/humility, anti-racism and cultural safety training programs is urgently needed to progress and underpin future strategies.

Guidance for culturally appropriate professional and clinical support for new midwives is available through the CATSINaM’s resource *Cadetship and Transition to Professional Practice Programs: Guiding Principles and a Framework for implementation* [48]. CATSINaM also has other valuable resources that promote cultural safety and mentoring, and many of these are outlined in their *GENKEII* report [9]. The impact of these initiatives on midwifery student or midwives’ experiences and recruitment will be foundational when examined rigorously.

Achieving workforce parity

The wisdom passed on from some of our Nursing and Midwifery Aboriginal Elders is that it is time "*to take our blindfolds off and come back to the fire*” [49] to reconnect warmly. It is time to be in the light and counter the effect of racism and oppressive practices that have hindered our midwifery workforce growth and the persistent healthcare and educational systems’ implicit biases that have resulted in disproportionate success in midwifery education and workforce parity.

Assuming the Aboriginal and/or Torres Strait Islander birth and population rates remain static, along with university completion rates, an additional 1270 midwives (birth population) [2] need educating to reach the midwifery workforce and birth rate parity. A five-year program to reach this goal requires 250 (approx.) new graduates per year, equating to another 110 midwives in addition to the 140 midwives (approx.) currently graduating annually. A further 440 midwifery students need to enrol each year to reach this. If successful workforce strategies are applied and university course completion rates increase to the non-Indigenous rate of 40 %, there would need to be an additional 180 Aboriginal and/or Torres Strait Islander midwifery students or 320 enrolments in midwifery programs annually [7].

Limitations and strengths

There is a dearth of published research examining the experiences of Aboriginal and/or Torres Strait Islander midwives and midwifery students. There were only 15 Aboriginal and/or Torres Strait Islander midwives or midwifery student participants identified in the included research papers, and one study had an undisclosed number of participants. These studies were of high quality, and the findings were reflected in the stories told through the dialogues and narrative within the grey literature. Findings are also substantiated through Aboriginal and/or Torres Strait Islander midwifery and nursing professional guides produced by CATSINaM and our Professional Elders. It should be noted that three coauthors are also the midwives of interest in two of the included manuscripts (RC [23], MC [15]) and an author for one of the narratives (CB [27] and, through their cultural, personal and professional experiences, have been able to validate the findings in this scoping review.

This scoping review highlights the lack of research interest in the issues and experiences of Aboriginal and/or Torres Strait Islander midwives and midwifery students. The significant initiatives and programs aimed at increasing success in midwifery education programs and supporting the existing workforce need to be examined to determine what really works, how impactful these initiatives are, and what provides value for investment. Current research is being undertaken by senior Aboriginal midwives who are coauthors of this paper. The studies include a national study on the Aboriginal midwifery student experience in undertaking the Bachelor of Midwifery program (RC, DH), a single university study on the experiences of clinical placements for midwifery students within Aboriginal and/or Torres Strait Islander specific maternity models (RC and DH), and a state-based study focusing on Aboriginal and/or Torres Strait Islander midwives clinical experience (LM, DH). Research should continue being undertaken from an Aboriginal and/or Torres Strait Islander perspective to reveal impactful strategies for reaching and exceeding workforce parity with the non-Indigenous midwifery workforce and growing Indigenous birth population.

Conclusion

This scoping review yielded a few small and localised peer-reviewed published literature [15–18]. Using grey literature of the stories and experiences of Aboriginal and/or Torres Strait Islander midwives and midwifery students [21–25,27,28] alongside the peer-reviewed publications, this scoping review provides insights into what is essential to recruit, sustain and grow our Aboriginal and/or Torres Strait Islander midwifery students and midwives.

Culture, connection, and kinship are foundational in providing experiences that are culturally, clinically and academically transformational and promote resilience for Aboriginal and/or Torres Strait Islander midwives and midwifery students. Midwives and midwifery students need to connect with each other and value working with Aboriginal and/or Torres Strait Islander women, clinicians and academics. This is critical within the expressed culturally unsafe maternity care and education systems. Opportunities for connecting and strategies like mentoring are likely to counter the effects of institutional, casual and overt racism and its dehumanising effects and promote staying power and resilience in study and work. Non-Indigenous healthcare providers and academics are seen as a support towards countering racism.

Clinical education models that culturally immerse midwifery students in Community, enable connection, and facilitate clinical expertise while promoting cultural pride, identity, and advocacy skills are valued. Balancing family, Community and study responsibilities can be supported via tailored education models such as flexible online modes and financial support. Strategies identified by Aboriginal and/or Torres Strait Islander midwifery students and midwives as having merit include clinical education placements with ACCHO's and Aboriginal-focused midwifery models of care. Other strategies beyond this scoping review identified as having merit include education pathways at secondary and tertiary education levels, university support units, cadetships and scholarships, and cultural and professional guidance provided by Aboriginal and/or Torres Strait Islander industry experts such as CATSINaM.

Aboriginal and/or Torres Strait Islander midwives are underrepresented within the midwifery workforce and are compounded by low rates of graduating university students. It is imperative to the health and wellbeing of Aboriginal and/or Torres Strait Islander people that midwifery workforce parity is achieved. Still, it will take unhindered sight and vision and a perpetual fire to drive strategies to redress this. The context must include respecting and embracing Aboriginal and/or Torres Strait Islander cultures and actively decolonising personal, community and organisational interfaces.

Author contribution

DH & RC manuscript screening and appraisal, data analysis, prepared draft and final manuscript, cultural oversight. SB, LM, CB, KW, AC, and MK provided cultural oversight and edited the draft and final manuscript.

Conflict of interest

All authors have declared no conflict of interest.This has been certified via the return email printed in the submitted document Author Agreement, in which the authors reviewed the title page document and stated they had no Conflict of Interest.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.wombi.2024.101856.

Data availability

A summary of included studies is provided in Supplementary Table 3 (supplementary Table)

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