



A survey of students' experiences of returning to midwifery studies after maternity leave: A pilot survey

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ABSTRACT

Aim: To identify the barriers and facilitators having an impact on the progression and completion of studies for students who give birth during their midwifery program.

Background: Balancing the demands of pregnancy and new motherhood with the rigorous academic requirements of a tertiary-level midwifery program is challenging for students wishing to progress and complete their studies. Understanding the barriers and facilitators students face when resuming midwifery studies following birth can assist universities in providing educational environments that support students in achieving their midwifery education.

Design: Social media online Qualtrics survey with closed and open questions.

Method: Participants were Australian midwifery students who gave birth and returned to their midwifery studies within the past 5 years. Responses from 35 students were descriptively analysed.

Results: For students who commenced pregnancy during their midwifery degree, 40% chose to take leave from their studies at term (37–40 weeks gestation) or continue their studies without leave. Almost half of the students (n=17) chose to return to their studies before six weeks post birth (68% (n=24) opting for a part-time pathway). Most of the childcare was undertaken by the student's partner (n=9) or other family members (n=8). Work integrated learning, rostering of shifts and being on call for Continuity of Care Experience relationships accounted for the most significant number (n=19) of responses when identifying barriers to resuming midwifery studies.

Conclusions: The greatest barrier for students is work integrated learning while juggling the transition to parenthood. Universities must work closely with maternity services to support students in completing their studies.

1. Introduction

In Australia, 4129 midwifery students were undertaking an accredited education program leading to registration as a midwife in

2021/2022 (Aphra, 2022). Although this data does not quantify gender, the National Health Workforce Data Set (National Health Workforce Data Set, 2018) reports only 1.5% of the midwifery workforce identified as male in 2017, a decrease from 2014. Furthermore, the percentage of

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midwives under 35 years old increased from 14.4 % in 2014 to 18.7 % in 2017 (National Health Workforce Data Set, 2018). It is reasonable, therefore, to assume that most of those studying midwifery in Australia identify as female and that a growing number are of childbearing age.

Midwifery educational programs comprise theory and Professional Experience Placement (PEP). The theoretical component can be delivered online, face-to-face, or in combination. PEP opportunities occur in various clinical contexts, including continuity of care experience (CoCE) relationships. Programs are generally completed full-time, over one to four years, or part-time, for two to eight years, depending on the type of program. Midwifery educational programs, include undergraduate and postgraduate entry points, which are accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC). Regardless of the entry point, all programs must show that students attain the same student experiences, that is, number of Midwifery Professional Experience (MPE) episodes of care. As such, every university in Australia, regardless of State or Territory, offering a midwifery education program has the same professional/academic requirements (Australian Nursing & Midwifery Accreditation Council, 2021). Although universities may offer a part-time study program, with theory subjects being spread over multiple teaching periods / years, the subjects with clinical or PEP, require the student to complete the PEP component and designated number of MPE for that subject full time. Universities have little control over how the health services roster students for PEP. Students may attend professional experience placement in intensive full-time blocks of PEP, or part-time spread over a longer period. The student has little choice which model of PEP they are allocated.

Pregnancy is not an illness or injury. When an employee in Australia becomes pregnant, they can't be excluded from the workplace or treated differently from other employees because they are pregnant. Conversely, if they wish to vary their workplace hours or conditions, pregnant women and people's needs must be accommodated without discrimination as per the Fair Work Act (Fair Work Act, 2009). Australian discrimination laws apply to educational institutions, including schools, universities and technical colleges (Australian Human Rights Commission, 2023). Therefore, a pregnant student should not be excluded from their studies, including PEP placement, or treated differently from other students because they are pregnant. Conversely, if students wish to vary their study pathway, their needs must be accommodated where possible. This process can be complex, with PEP placements largely controlled by health service facilities. University policy and practices can be opaque and ambiguous (Gray et al., 2023). Ambiguity has resulted in a lack of a consensus approach from tertiary education providers when providing advice on the optimal time for students to commence parental leave, how soon to return to studies post-birth and accommodations for PEP placement requirements (Gray et al., 2023).

In midwifery, this ambiguity is juxtaposed by the foundational philosophy of 'being with woman' and the concept of 'woman-centeredness', where the woman has choice and control over decisions regarding her childbirth journey (Australian College of Midwives, 2022). These variations should include study pathways, parental leave and PEP components of their program. There appears, however, to be a philosophical desineness between what is being taught in midwifery, tertiary education providers' policy and processes and midwifery students' desire to progress/complete their educational program. This may be due to a lack of understanding of what best supports students in resuming and completing their midwifery studies.

Currently, there is little understanding of the factors having an impact on students' progression in their program who are pregnant and return to studies post-birth. This study provides insight into what is important and what midwifery students value when navigating the transition to parenthood while studying to become a registered midwife in Australia.

2. Methods

2.1. Research question

What factors support or hinder midwifery students who birth while undertaking their tertiary educational program on return to study?

2.2. Methodology

This paper reports on a pilot survey exploring midwifery students' patterns and experiences of study disruption when giving birth during their midwifery studies program. A survey tool was developed, including closed and open-ended questions. Consensus discussion and feedback from two students helped maintain internal validity.

2.3. Ethical considerations

Ethical approval was granted (5427). Each participating university applied for reciprocal ethical approval.

2.4. Sample

A purposive sample of Australian midwifery students who took parental leave during their entry to midwifery practice educational program and returned to their studies within the last five years were recruited. National recruitment was via an advertisement on an electronic social media platform as well as through a professional network of members from the Australian arm of the Trans-Tasman Midwifery Education Consortium (TTMEC) which facilitated snowballing via collaborating universities.

2.5. Data collection

Collaborative discussion with midwifery academics and students facilitated creation of an online survey consisting of 20 questions. The last 5 questions were open-ended with the final fifth question allowing participants to submit additional comments (Table 1). The survey was accessible online via Qualtrics link. A plain language information and consent form was embedded into the online survey to enable participants to consent to participate in the survey by clicking "Yes" on the Qualtrics survey. The online survey collected demographic details regarding age, parity and gestation when parental leave commenced and when they returned. The survey was completed by 35 midwifery students over a eight month period between September 2022 and April 2023.

3. Analysis

Demographic and question data were analysed descriptively to illustrate frequency and distribution.

4. Results

Each State and Territory was represented, excluding the Australian Capital Territory (ACT) and Northern Territory (NT) (Queensland – 15, Victoria – 6, South Australia – 5, New South Wales and Western Australia - 4 and one preferred not to say. Although it should be noted one participant did not specify their geographical location. The age range was 26–44 with the mean age of 33.

4.1. Withdrawing from theory and PEP

Pregnant students withdrew from the theoretical component of their studies between 17 and 20 weeks gestation (n=4) with $\geq 40\%$ (n=15) of students choosing to withdraw from the theoretical component at term (37–40 weeks gestation or continue their studies without taking leave).

Table 1 –
Survey questions.

Month/year of birth
 Which of the following best describes your ancestry? (drop down)
 Location Where are you located? (please enter your post code)
 Year commenced midwifery studies.
 Year graduated as midwife if completed studies.
 Current occupation
 Please identify at what gestation (how many weeks) you started your maternity leave whilst a midwifery student.
 Please indicate how many gestational weeks you were when you last attended theory units at your university
 Please indicate how many gestational weeks you were when you last attended clinical practice at your university.
 If you were required to submit a fit for practice certificate to attend clinical practice, who signed this? (GP, obstetrician, private midwife, hospital midwife, self-declaration, Other-please explain)
 When did you return to your midwifery studies? (drop down)
 Did you return to study? (Full time/part time)
 If you returned part-time, what subjects did you initially commence on your return to your midwifery education? (theory, clinical simulation, clinical placement - more than one answer is possible)
 Did you recommence your continuity of care follow throughs at the same time as you returned from maternity leave? (yes/no)
 OPEN
 Who cared for your new baby while you were studying?
 Who cared for your new baby while you were on clinical practice?
 What was helpful from a universities perspective when you returned and why?
 What were the greatest challenges you faced completing your midwifery course when you returned?
 What comments would you like to make about anything that has not been asked?

Two students stopped the PEP component of their program at less than 16 weeks gestation. More than 30 % (n=11) of participating students chose to continue their PEP component or withdraw at term (Table 2).

4.2. Re-engaging with educational program

To return to their studies a “fit for practice” certificate was often required with certificates obtained from Obstetricians (n=3), GPs (n=9), Midwives, (n=3), or self-declared (n=3). Seventeen students did not obtain a certificate prior to returning to their program. Almost half of the students (n=17) in this study chose to return to their studies before 6 weeks post birth with 68 % opting for a part-time pathway (n=24). Only three students took 9–12 months parental leave (Table 3).

Aspects of re-engagement with study varied with two students resuming both their PEP and theory component of study less than 6 weeks following birth and nine students resuming the theory component only before 6 weeks post birth. One student resumed the clinical component only, between 6 weeks and 3 months post-birth. Again, almost 30 % (n=11) of participating students chose to re-engage in their studies, in some aspect, less than six weeks post-birth (Table 4).

4.3. Facilitators and barriers to resuming studies

Five questions required the students to provide a written response. These focused on possible facilitators and barriers encountered when returning to university studies and their PEP placement. Students were able to provide more than one response to these questions:

- Who cared for your new baby while you were studying?
- Who cared for your new baby whilst you were on professional experience placement?
- What was helpful from the university’s perspective when you returned and why?
- What were the greatest challenges you faced completing your midwifery course when you returned?
- What comments would you like to make about anything that has not been asked?

Table 2 –
Commencing maternity leave.

WEEKS	< 16	17–20	21–24	25–28	29–32	33–34	35–36	37–38	39–40	n/a	No answer
Q1 stopped PEP	2	2	1	3	5	6	2	9	0	2	3
Q10 stopped theory	0	4	0	1	4	4	6	9	3	3	1

Table 3 –
Length of maternity leave.

Return to study	< 6 weeks	> 6 to < 3 months	> 3 to < 6 months	>6 to < 9 months	>9 to <12 months	≥ 12 months
FT n=11	4	3	1	1	1	1
PT n=24	13	2	3	4	0	2

Most childcare was undertaken by either the father of baby (n=9), or other family members (n=8) while participants were studying or on professional experience placement. Students who were the primary carer (n=11), negotiated being able to bring their baby to class. Babies were not permitted in the clinical laboratory environment. Only five students employed childcare services to facilitate their return to studies.

When asked what was helpful from the university’s perspective when resuming studies, a large number noted being allowed to bring their baby to class (n=11). However, this student-centric support may have been predominantly within the midwifery discipline, with one student noting: “non-midwifery classes run by other areas of the uni(versity) were a lot less supportive of babies in/around class.” Other facilitators of learning included; being given extensions for assignments (n=5), the ability to learn online (n=3) and being able to defer PEP (n=4).

While 25 % of students (n=9) stated the university was not helpful (see Table 5), no specific examples of what support may have facilitated their return to study were provided. One student wrote: “it has been such an uphill battle. I definitely thought I would have received more support” and another stated, “I couldn’t say the University helped in any way upon return. I didn’t feel like I needed extra support, so I didn’t ask for any.”

The question ‘what were the greatest challenges you faced completing your midwifery course on resumption of studies?’ saw students offering a range of challenges that required navigation to continue with their program post birth (Table 5). PEP, rostering of shifts and being on call for Continuity of Care Experience (CoCE) relationships accounted for the largest number (n=19) of responses when identifying barriers to resuming midwifery studies. The barriers identified included:

Table 4 –
Re-engaging with different components of the educational program.

Educational Component	< 6 weeks	>6 to <3 months	>3 to <6 months	>6 to <9 months	>9 to <12 months	≥ 12 months
Theory only	9	0	0	2	0	0
Theory & labs	2	0	0	0	0	1
Labs only	0	0	0	1	0	0
PEP only	0	1	0	0	0	0
Both components	2	1	3	1	0	1

Table 5 –
Facilitators and barriers to resuming studies.

Facilitators	(N=)	Barriers	(N=)
Allowing the baby in the class	11	PEP and rostering	14
Flexibility of extensions and online resources	5	Being on call for CoCE	5
Support from academic/s	4	Assignments	6
Deferring PEP placement	4	Breastfeeding issues	5
Online study	3	Stress	3
Clinical facilitators support	2	Juggling everything	3
Nothing / university not helpful	9	Joining a different cohort	2
		Postnatal depression	2

completion of assignments (n=6), stress (n=3) and juggling everything (n=3) which also related to PEP and CoCE relationships. One student wrote, “The stress of assignments on top of each other...as well as follow through ladies and placement was a lot to juggle” and another student noted, “The juggle of assessments, doing well at placement, while dealing with Mum guilt and wanting to be primary carer for my baby was really tough.”

The final question invited students to provide any additional information. One student noted how her personal drive dictated her actions in relation to her educational program:

“...I didn’t take any time away from my course because I very much wanted to complete it in my original planned timeframe. This was not a wise decision and I would probably do things differently if I had my time over...”

While one student commented that:

“Returning to midwifery after my daughter’s birth was fairly easy given the amazing support I had and the flexibility of placement (2 shifts a week throughout third year instead of block placements).”

Generally, students noted the university was not supportive, especially around PEP:

“...I feel like more support from the university regarding placement would have been good. I had to go on 2 weeks of placement when my son was only 3 months old and it was a lot to deal with...”

“...Having a child during this degree has been the hardest task. The university makes no leniencies in placement because you have a baby...”

Conversely, students found the university helpful in navigating their educational program’s theoretical components and on-campus aspects:

“...The school of midwifery was incredibly supportive when I returned to face-to-face classes. They helped find me places to express milk and helped me to store the milk while I was in classes too...”

“I was trying to complete a theory subject in my final trimester. It got too much but ...my lecturers were really helpful...”

5. Discussion

Balancing the physical and emotional demands of pregnancy and/or new motherhood with the rigorous academic requirements of a tertiary-level midwifery program can present a challenge for students progressing and completing their studies (Andrewartha et al., 2022). This report by Andrewartha and colleagues suggests the traditional nature of higher education study may not adequately accommodate the specific circumstances of student parents. This issue may be more prevalent in midwifery studies, with an estimated 99% of students identifying as female (Andrewartha et al., 2022). Participants in this current study were students who returned to their midwifery studies following birth, as such, the barriers to successful continuation of studies may have been too great for those who commenced pregnancy and withdrew from their studies. There is no Australian data to identify nationally how many midwifery students withdraw from their studies and why.

Students in this study voiced their most significant barrier/s to resuming midwifery studies while fulfilling the transition to motherhood, which involved the requirements of PEP, CoCE obligations, placement facility allocation and rostered shifts. The complexities of accommodating PEP commitments, academic requirements and new parenthood make returning to studies problematic. While universities have been aware of this issue for over two decades (Green and Baird, 2009), little has changed in how universities, in partnership with health services, support new parents to resume all aspects of their studies. The current study reveals that most midwifery students who return to their studies take minimal parental leave. What is missing from the current research and requires further exploration is why students who are entitled to longer parental leave, take six weeks or less; returning to both academic and clinical aspects of their studies.

In 2009, Green and Baird (Green and Baird, 2009) explored the attrition and retention of student midwives. They concluded that an accumulation of clinical and theoretical demands and a myriad of ‘personal reasons’ had an impact on progress, resulting in students withdrawing from their studies. Green and Baird recommended that clinical facilities and universities work in harmony to plan and offer a mentorship and support program for student midwives. More recently, the Royal College of Midwives (RCM) released a statement reporting 15% of midwifery students do not complete their degree (Midwifery education facing ‘unprecedented challenges’ [press release], 2023). While it is not known the number of these students who withdrew from their studies because of pregnancy or parental responsibilities, the RCM called for greater help for students to complete their studies. More robust mental health support, more readily available placement accommodation and financial aid for students were recommended (Midwifery education facing ‘unprecedented challenges’ [press release], 2023).

There appears to be dissonance between the theoretical concepts of midwifery and the reality for students who give birth while studying midwifery. The philosophical principles of woman-centredness underpin the midwifery discipline; that is the woman’s right to choice and a voice regarding her childbirth journey and transition to parenthood (Nursing and Midwifery Board of Australia, 2018). Midwifery practice is bound by professional standards and ethical, moral and deep-rooted beliefs in the nurturing and protection of the woman and mother-infant dyad. However, woman-centredness and respecting the

women's (students') right to exercise their autonomy in how they return to academia was largely absent in this study. Half the participants cited PEP and CoCE requirements as their greatest barrier to resuming studies. This finding supports the earlier 2013 work of Neiterman and Lobb (Neiterman and Lobb, 2013), who studied midwifery student's attrition, gender, work and organisation in Ontario, Canada. The authors concluded that midwifery is woman-centred but not woman-friendly, as the student participants perceived it as a profession that is woman-friendly only in relation to clients and not to them as students.

Some students in the current study found clinical facilitators in health services, who accommodated their childcare needs regarding rosters, helpful in the resumption and continuation of their studies. These accounts echo the findings of a report published in 2018 (Norton et al., 2018). The Reducing Pre-registration Attrition and Improving Retention (RePAIR) report examined the attrition and retention of health care students undertaking pre-registration courses. The report identified an average attrition rate of 13.6 % between 2009 and 2015 for midwifery students. Of the students who withdrew from their studies, 11 % listed "maternity leave" as the reason (p.31). The report identified a range of factors, which if not attended to, results in a diminished supply of new graduate practitioners. One such barrier to continuing studies was, "...the clinical component of a course, which students assert is heavily influenced by the clinical supervisor and the culture in that clinical setting". Extending or withdrawing from studies can cause financial hardship. In Australia, most students who withdraw from their studies without a degree have HELP debts of up to \$10,000, with some incurring more substantial debts (Norton et al., 2018).

The Fair Work Act (2009) requires workplace environments to facilitate employees to balance their work and family responsibilities by providing flexible working arrangements and protection from workplace discrimination, including financial hardship. Registered midwives, as employees, have access to paid parental leave in Australia (Australian Government Services Australia, 2023) and part-time employment opportunities (Australian Government Fair Work Ombudsman, 2024). Currently, access to these fair workplace principles are largely unavailable to non-employed students. Flexible working arrangements should be afforded to midwifery students as well as registered midwives. It will take consultation and collaboration between higher education and health facilities to develop pathways that cater to individual students while maintaining the Australian Nursing and Midwifery Accreditation Council's (ANMACs) stipulation for a time limit to course completion. Although universities and academics, in isolation, can support some students to progress their studies through on-campus support, universities must work in partnership with health facilities for universal support for students. This will ensure PEP placement experiences and academic commitments are fair and equitable in reducing discrimination against students who commence pregnancy during their studies or those who are the primary carer for a baby or young children.

Universities, therefore, need to work closely with health facilities to ensure students are not discriminated against when resuming PEP, thus supporting their continued progression and success in their studies. A recent report, 'The Australian Universities Accord' published by The Department of Education (Department of Education, 2024) made recommendations to increase participation in and successful completion of tertiary education, including nursing and midwifery disciplines. The report argues for the provision of information for students who become pregnant during their studies, with "resources for breastfeeding, leniency in assignment submission and enabling students to bring their new baby on campus. Furthermore, the Accord report found there is currently a "lack of access to... appropriate work experience" (p.85), with the recommendation to provide "greater flexibility to undertake placements, including ... part-time placements and online placements, where feasible" (p.101).

6. Limitations and highlights

A limitation of this study is the inability to obtain data from those students who withdrew from their midwifery studies and may not have seen the advertising material for the survey. Some students may have ceased their studies as a result of pregnancy and or caring responsibilities for young children. Other limitations are the lack of knowledge regarding the duration of paternity leave and model of professional experience placement. Why most students choose to resume studies within six weeks rather than extend their time, allowing time to transition to parenthood should be explored in more depth. This study has focussed on students, there may be similar experiences from midwives returning to work post pregnancies which could be explored in future research.

A highlight of the study is the insight that PEP, coupled with academic requirements and juggling the transition to parenthood is the greatest barrier to continuation of studies. This study highlights the need for clinical partners to work alongside universities to individualise return to study pathways, specific to the PEP component, that support students to complete their studies. The recent release of the Australian Universities Accord (2024) recommends that universities and health services work collaboratively in strategies to support students to complete their studies (Department of Education, 2024).

7. Conclusion

Knowledge of the barriers and facilitators students face when resuming midwifery studies, following birth, can assist universities to provide educational environments that are cognisant of what is valued and what is important for students to complete their midwifery education. This study revealed that the greatest barrier for students, who have birthed during their midwifery studies, in resuming and completing their midwifery education is PEP, coupled with academic requirements whilst juggling the transition to parenthood. In accordance with the Australian Universities Accord (2024), there is a need for universities to work closely with maternity services, to reduce discrimination in the study and workplace for childbearing students; to individualise return to study pathways that support students to complete their studies. While further research is required in capturing Australian data regarding why students leave their midwifery studies, supporting women who birth while undertaking tertiary studies may reduce the attrition rates and grow the future midwifery workforce.

CRedit authorship contribution statement

Liz McNeill: Writing – review & editing, Validation, Project administration, Methodology, Formal analysis, Data curation, Conceptualization. **Elaine Jefford:** Writing – review & editing, Validation, Methodology, Formal analysis. **Jessie Johnson-Cash:** Writing – review & editing, Validation, Methodology, Formal analysis. **Dianne Blossome:** Writing – review & editing, Validation, Methodology, Formal analysis. **Michelle Gray:** Writing – review & editing, Writing – original draft, Validation, Methodology, Formal analysis, Conceptualization. **Terri Downer:** Writing – review & editing, Visualization, Methodology, Formal analysis, Conceptualization. **Lyn Ebert:** Writing – review & editing, Methodology, Formal analysis.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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