



Review article

Financial hardship and Australian midwifery students: A scoping review and thematic analysis

Lynnelle Moran^{a,*}, Tanya Capper^b, Meena Gupta^a, Shahla Meedy^c, Sarah Mendez^c

^a Australian Catholic University, 115 Victoria Parade, Fitzroy, VIC 3065, Australia

^b Australian Catholic University, 1100 Nudgee Road, Bonyo, QLD 4014, Australia

^c Australian Catholic University, 22 Main Street, Blacktown, NSW 2148, Australia

ARTICLE INFO

Keywords:

Students
Midwifery education
Student poverty, financial hardship, attrition
Scoping review

ABSTRACT

Problem: Despite the pressing need to grow the Australian midwifery workforce, the rising cost of living is making midwifery education programs unaffordable for many. Understanding of the financial hardships faced by Australian midwifery students is currently limited.

Background: Attrition from midwifery programs is high and rising. In Australia, this is further compounded by the financial pressures brought about by the cost-of-living crisis. Attending compulsory unremunerated clinical placements and being 'on call' for continuity of care experiences contributes to the financial challenges of midwifery students.

Aim: To identify and synthesise available literature addressing financial hardship faced by Australian midwifery students during their studies.

Methods: Arksey and O'Malley's framework guided this scoping review. Six databases were searched between January 2020 and April 2024. The key findings of eight included papers were thematically analysed.

Findings: Four themes were identified; "Attending placements and supporting COCE's as key contributors to financial hardship", "Impacts of financial hardship on midwifery students and their wider family", "Impacts upon the future growth and diversity of the profession" and "The need for universal financial support".

Discussion: The findings highlight the nature of financial challenges, causal factors and the consequences of financial hardship associated with completing midwifery programs in Australia. Appropriate universal financial support is urgently needed if we are to grow and sustain the midwifery workforce.

Conclusion: With no primary studies specifically exploring financial hardship faced by Australian midwifery students, further research is required to understand the challenges they face and evaluate the efficacy of funding initiatives.

Statement of Significance

Problem/Issue:

The need to grow the Australian midwifery workforce is well recognised. For midwifery students, the cost of attending placement and being 'on call' for continuity of care experiences contributes to their financial challenges. As the cost of living continues to rise, midwifery education is now becoming unaffordable for many.

What is already known:

International data suggests that attrition from midwifery

programs is high and continuing to rise. Whilst various factors have been implicated as reasons for this, post the COVID-19 global pandemic, sharp rises in the cost of living have left many students experiencing what is coined as 'placement poverty' and this is having a negative impact upon their ability to complete their studies.

What this paper adds:

This is the first scoping review to identify and synthesise recent literature addressing financial hardship faced by midwifery students in Australia.

* Corresponding author.

E-mail addresses: Lynnelle.Moran@acu.edu.au (L. Moran), Tanya.Capper@acu.edu.au (T. Capper).

1. Introduction

The Australian maternity care system is under considerable strain due to staffing shortages [1], with deficits to the midwifery workforce projected to significantly worsen [2]. Australia is however not alone in experiencing a healthcare staffing deficit with the World Health Organization (WHO) projecting a global shortfall of 10 million health and care workers by 2030 [3], 750,000 of which being midwives [4]. One strategy to address this crisis is to increase the numbers of graduating midwives [5]. Data from the United Kingdom (UK) however suggests that attrition from midwifery programs is increasing with 13.8 % of students failing to complete their program in 2021/2022, a significant rise from 2011/2012 [6]. Within the Australian context, no recent data has captured midwifery student attrition rates and limited literature has explored factors leading to the decision to leave midwifery education [7, 8]. Anecdotally however, there is a growing awareness that the rising costs of living are making midwifery education unaffordable for many, with students now experiencing what is coined 'placement poverty' [9, 10].

1.1. Background

During the mid-1980's, midwifery education in Australia began to migrate from being hospital-based into the tertiary education sector [11]. This move has meant that midwifery students no longer receive a salary during their studies, however, to complete their program and gain registration as a midwife, they must complete a range of midwifery practice experiences (MPE) in a variety of settings [12]. This is generally achieved by undertaking unpaid clinical placements until able to demonstrate their achievement of the Nursing and Midwifery Board of Australia (NMBA) Midwife Standards for Practice [13]. MPE, commonly referred to as clinical placements, are frequently allocated in blocks and communicated with little advance notice of projected rosters, thus restricting student's ability to compensate for lost income and organise childcare. In addition to rostered MPE shifts, and distinct from nursing students, midwifery students must also complete a minimum of ten continuity of care experiences (COCE) during their course [12]. This involves connecting with ten women and contributing to their care during the pregnancy, labour, birth, and postpartum period, thus requiring students to be 'on-call' for much of their program. Whilst COCE experiences are highly valuable components of midwifery programs [14], they have been associated with not only having negative impacts upon students' personal health and wellbeing, but also their finances [15]. In recent years, due to the surge in the cost-of-living in Australia [16], these financial pressures have been further exacerbated, placing significant burden on students.

In May 2024, following extensive lobbying from key stakeholders, the Australian Government announced a new initiative aiming to support eligible students undertaking clinical placements by providing a Commonwealth Prac Payment (CPP) of \$319.50 AUD per week [17]. The CPP will be means tested and available to eligible students from July 2025. Although this is a welcome announcement, limited information is currently available regarding the eligibility criteria for accessing this funding, and what, if any, conditions will be applied.

Midwifery students are often unique to other students; many have working partners, children, and their own homes [18,19]. This means that they are often ineligible for financial support due to their household income and/or the value of their assets despite many needing additional funds to cover the high costs associated with accessing short notice childcare whilst completing MPE and COCE's. This one example highlights the importance of better understanding the unique needs and experiences of midwifery students in Australia. Whilst the financial hardship faced by Australian *nursing* students has recently been explored [20,21], to date, no attempt has been made to identify and synthesise what is known about how this issue affects Australian *midwifery* students. This scoping review aims to fill this gap in knowledge.

2. Methods

This scoping review followed Arksey and O'Malley's five step process to ensure rigour and transparency [22]. First, we defined the review question, then identified the documents that were relevant, next we selected the documents for inclusion, we then extracted and charted the data, and finally, we reported the results. Arksey and O'Malley's scoping review methodology was selected as this was deemed the most appropriate approach to gain an understanding of the types of literature available, and to determine the breadth and depth of the existing knowledge on this topic. Additionally, this approach enabled the gaps in current knowledge to be identified [22].

Whilst the results of scoping reviews are traditionally presented in a descriptive and/or numerical format, due to the aim of this review, thematic analysis [23] is used to organise and present the findings. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA – ScR) checklist [24] guides the reporting of the results. Please see Appendix 1.

2.1. Identify the review question

What is known about the financial hardship currently faced by students undertaking midwifery programs in Australia?

2.2. Identify the relevant documents

Before undertaking full systematic searches of the selected databases, TC and LM used Google Scholar to identify the relevant terminology and keyword combinations frequently used in literature. Using the PICO (Population, Issue and Context) framework [25] to develop the agreed search strings (see Table 1.), each was applied to the following databases by an academic librarian (MG); to identify the literature published in English between January 2020 and April 2024: MEDLINE Complete, CINAHL Complete, APA PsycInfo, Academic Search Complete, Web of Science Core Collection, and Scopus. The date limitations were selected to ensure that only the contemporary literature was captured which is reflective of the current cost of living crisis facing Australian midwifery students.

The search strategy was conducted using the initial keywords and additional synonyms in title, abstract and subject heading searches in the discipline-specific databases, while the multidisciplinary databases were searched using title and abstract searches (see Appendix 2.). Boolean operators AND (to combine different concepts in the search string)/OR (for synonyms), truncation and phrase searching were

Table 1
Search terms.

Search term	Search terms
Population (P)	((Australia* OR Victoria* OR Tasmania* OR "New South Wales" OR Queensland OR "Northern Territory" OR "Western Australia*" OR "South Australia*") AND ("midwi* student*" OR "student midwi*" OR "midwi* undergrad student*"))
Issue (I)	((Challenge* OR problem* OR hardship* OR struggl* OR barrier* OR crisis OR crises) AND (financ* OR money OR cost* OR expens* OR income* OR earn* OR wage* OR "cost of living"))
Context (Co)	Placement OR "Clinical placement*" OR "Student placement" OR "workplace* learn*" OR "practic* learn*" OR practicum OR "professional practicum" OR "professional practice" OR "clinical practicum" OR "clinical practice placement*" OR "work integrated learning" OR Interns* OR "Clinical experience" OR WIL OR "field* experience" OR "field* placement" OR fieldwork OR "clinical practical" OR "professional experience placement" OR PEP OR "professional practice placement" OR PPP OR "clinical learning environment" OR "work based learn*" OR "clinical rotation" OR "train* prog*" OR training OR "train* placement" OR residenc* OR continuity OR "continuity of care" OR follow OR follow-through* OR "connect women"

incorporated. Further potentially relevant articles were identified through hand searching. All results were uploaded into Covidence [26] software which was used to remove duplicates, screen the titles, abstracts, and full-texts of the documents and to generate the PRISMA-flow diagram. Two authors (TC and LM) independently screened the documents; any conflicts were addressed by revisiting the inclusion and exclusion criteria and then agreed.

2.3. Study selection

The systematic database search yielded 58 documents, nine of which were duplicates, once removed the titles and abstracts of 49 documents were screened and a further 41 were excluded. The full texts of the remaining eight documents were reviewed against the inclusion and exclusion criteria presented in Table 2. Four documents met the criteria for inclusion in the review. The PRISMA flow diagram [27], found in Fig. 1. presents the reasons for document exclusion following full text assessment. A hand search of the reference lists was then conducted and further four documents were identified. Following full text review, all four met the inclusion criteria. Eight documents were subsequently included in this scoping review of the literature. As recommended by Munn et al. [28], quality appraisal of the included documents was not conducted as it was the intention of the authors to identify and capture all documents addressing the issue of interest to determine its scope and coverage, many of which did not lend themselves to the quality appraisal tools available.

2.4. Charting the data

Each documents' key data were charted using a tool previously developed and used by the authorship team. First, descriptive data, including the authors name/s, year of publication, the aim/s of the study, the methodology and methods used, and the participant population were extracted and charted. Next, the key relevant findings relevant to the review question were extracted and charted. The data presented in Table 3. were then thematically analysed to organise the results.

Table 2
Inclusion and exclusion criteria.

Inclusion Criteria	Exclusion Criteria
All types of documents including grey literature. Published Jan 2020-Apr 2024 in English. Full Text available.	Blogs and social media posts. Conference abstracts without the full paper.
Papers exploring midwifery students undertaking entry to practice programs in Australia.	Papers exploring students undertaking midwifery programs not leading to initial registration in Australia. Papers exploring all other types of healthcare students undertaking clinical placement as part of their studies.
Papers exploring midwifery students experiencing financial challenges linked to their studies.	Papers exploring midwifery students experiencing financial challenges that are not linked to their studies.
Midwifery students in all areas of Australia.	Midwifery students in countries outside Australia.
Papers addressing the impacts of the financial challenges linked to their studies. For example: – Course progression and attrition – Campus and placement attendance – Student health – Ability to afford the day-to-day costs of living.	Papers addressing impacts that were not linked to financial challenges caused by their studies. Papers addressing impacts triggered by financial challenges not linked to their studies.

2.5. Data synthesis and reporting of the results

Thematic analysis of the key findings was undertaken, guided by the process outlined by Braun and Clarke [23]. Each document was read and re-read by the reviewers independently to enable each member of the review team to become familiar with the material and identify the key relevant findings. Similar findings were then grouped together to form initial codes. Using coded excerpts from each of the documents, broader codes could then be interpretively analysed and merged to form early themes. The merged codes and early themes were then re-examined in the context of the previously coded excerpts. Once finalised through a process of further refining, the developing themes were named (LM, TC, SM, SHM). During this process, the authorship team met regularly, discussing progress, and agreeing upon the final themes. Section three of this manuscript presents the report of the findings.

3. Findings

Eight documents were included in the scoping review. Two were pre-budget proposals [29,30], three were newspaper editorial articles [31–33], two were mixed methods studies [15,34], and one was an integrative review of the literature [35]. Whilst all documents originated from Australia, the exact geographical location of the participants that took part in the two primary studies were unclear. Newton et al., [15] stated that their 405 midwifery student participants were from all Australian states except for Australian Capital Territory (ACT) and Tasmania. Foster et al., [34] stated that their 70 midwifery student participants were “enrolled in a Bachelor of Midwifery at two Australian universities in a metropolitan city” (p. 2) and could recruit women and undertake their COCE’s at any hospital across the (unknown) state. Within the included documents, there were several wording variations and abbreviations used to refer to Continuity of Care Experiences. These included COCE, CoCEs, and CoMC. For the purposes of consistency and clarity within this scoping review, the authorship team will use COCE when referring to Continuity of Care Experiences.

3.1. Themes

The findings from the eight included documents were thematically analysed, guided by the following review question:

What is known about the financial hardship currently faced by students undertaking midwifery programs in Australia?

This led to the identification of four overarching themes: “Attending placements and supporting COCE’s as key contributors to financial hardship”, “Impacts of financial hardship on midwifery students and their wider family”, “Impacts upon the future growth and diversity of the profession” and “The need for universal financial support”. These themes are now discussed in the next section of this manuscript.

3.1.1. Theme One: Attending placements and supporting COCE’s as key contributors to financial hardship

It was widely acknowledged that attending MPE and COCE experiences are essential and highly valuable components of midwifery programs. All eight documents however highlighted that both come at significant financial costs for midwifery students. Attending MPE shifts and supporting COCEs is costly, with the need to pay for petrol, parking, meals, and long episodes of childcare at short notice all leading to financial hardship for midwifery students [15,29–35]. Furthermore, needing to miss paid work shifts, reduce contracted hours, or even cease paid work altogether to meet their COCE commitments proved problematic [15,32,34,35]. One study highlighted how the COCE requirements impacted two thirds of the students’ ability to earn an income [15] with several other authors highlighting that these pressures are occurring at a time when Australia is facing a cost-of-living crisis [29,30,32,33]. The study by Forster et al. [34] identified that the mean financial cost incurred by students when supporting each COCE woman

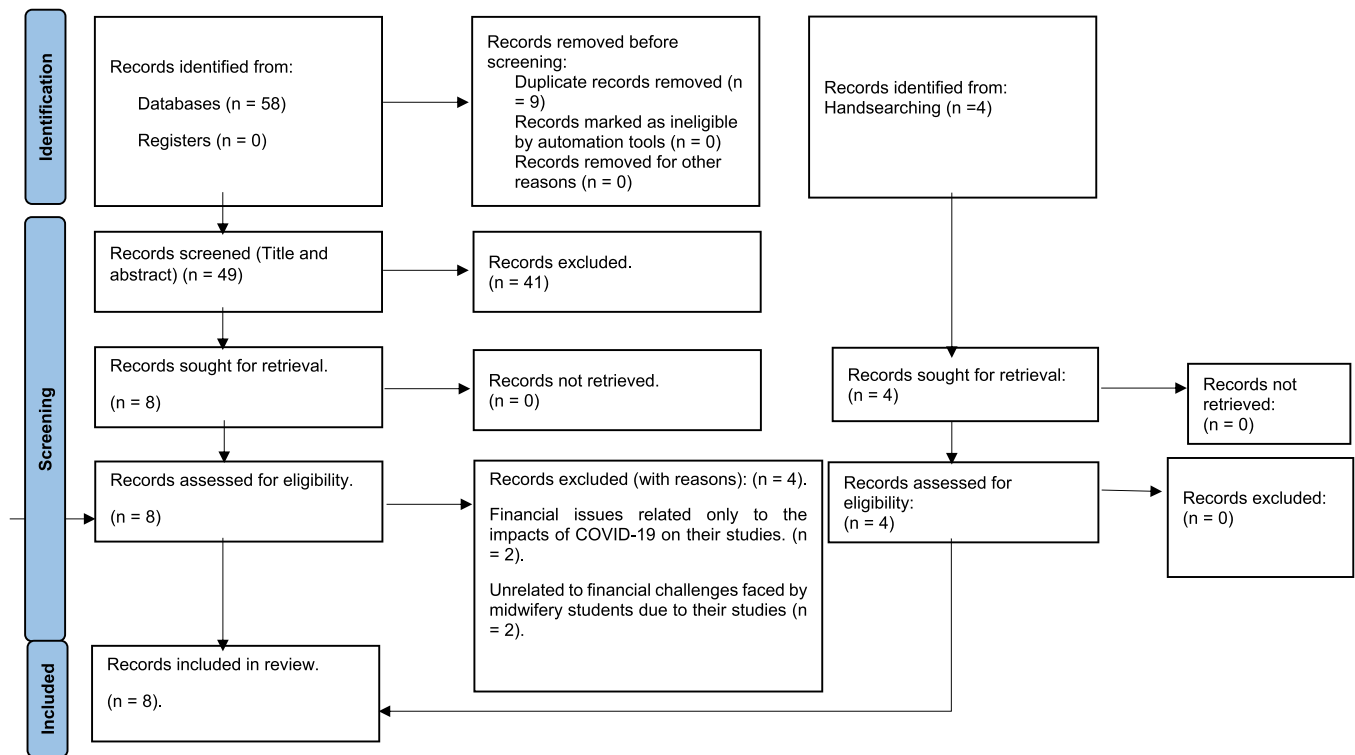


Fig. 1. PRISMA Flowchart. From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71.

during their program was \$367.19, thus amounting to many thousands of dollars across the degree. Based on the requirement to complete a minimum of ten COCE's, it can be assumed that this is leaving students at least \$3671.90 out of pocket for childcare fees, lost wages, petrol, taxis, parking, public transport, and meals. One study participant stated:

"Midwifery is an expensive course in time, fatigue, money, printing paperwork, fuel, childcare, food if staying out longer than expected, car running costs." (Foster et al. [34], p.5).

Avoiding the costs associated with running their own vehicle was not an option for many students as taxis were expensive and public transport was not a viable alternative, especially when attending births quickly or late at night [34]. Living further away from MPE locations was problematic as students accrued higher travel costs [34]. One student living rurally estimated their annual cost of completing clinical placement as \$9000 AUD, and in addition, she faced out of pocket childcare costs of \$15,000 AUD each year [31]. Childcare costs are exacerbated when options are limited, as is often the case when students are called out at short notice to support COCE women. Students reported that they incur childcare costs averaging \$50 AUD per COCE visit, often relying upon their family and friends [34]. Of the 346 midwifery students that participated in Newton et al.'s [15] study, 14 % described the financial impact of supporting their COCE women as 'extreme', 38 % as 'high', 37 % as 'moderate', 11 % as 'minimal', and only two students experienced no financial impact.

3.1.2. Theme Two: Impacts of financial hardship on midwifery students and their wider family

The impacts financial pressures have upon midwifery students and their families were multi-factorial. Six documents reported that loss of income while undertaking MPE impairs the student's ability to meet their daily living costs [15,29–32,34]. More than two thirds of the participants that took part in the study by Newton et al. [15] reported that completing COCEs impacted their ability to generate income and the impacts this has on their family's financial security. One participant

stated:

"Having to take time off work all the time is really hard too, especially because I am totally dependent on that income for rent and living etc." (Newton et al. [15], p.259)

In Foster et al. [34], another midwifery student shared:

"My partner missed 5 hours of work (for the 2nd time) today to have our son whilst I went to an antenatal appointment. He is understandably annoyed" (Foster et al. [34], pg. 6)

Fedele [31] reported the following account:

"...as her finances dwindled, her parents stepped in to cover her grocery bills and essential medications. Midway through her degree, she also sold her car to cut down on fuel and on-road costs." (Fedele [31])

Further student accounts echoed these challenges expressing experiences of food and housing insecurity due to the additional pressures exerted by the increased cost of living [30–32]. One student shared:

"Less money means less food on the table. "I have to pick and choose between being able to afford fruit and vegetables," she says. "I can live Centrelink payment to Centrelink payment – just." (Ittimani [32]).

Another student, caring for young children shared how her family had had to 'tighten its belt' to cope with costs associated with MPE which included meals, petrol and parking [33]. Studying midwifery whilst raising children is not uncommon with one study reporting that 77.8 % of midwifery student had one or more children/dependents [34]. This highlights that for most people, the ability to continue earning money during their studies is essential. This was confirmed by White [30] who stated that most midwifery students must support themselves and their families throughout their degree.

The relationship between midwifery education and debt accrual was explored in two documents [30,31]. Course fee loans, or an agreement to defer course fees in Australia attract high rates of interest resulting in further debt accumulation [30]. Financial pressures resulting from the

Table 3
Data Extraction.

Author Year of Publication	Aim/s	Population Sample Size	Methodology Methods	Key Relevant Findings
Carter et al. (2020)	To discover how well pre-registration midwifery education prepares and motivates Australian midwifery students to work in COCE models when they enter practice.	Nine (9) papers from Australia were included	Integrative Literature Review	COCE placements present financial challenges. COCE placements impact students' finances due to the costs associated with travel, parking, childcare and needing to miss days of paid work. One study reported upon how students were provided with a financial contribution to eliminate their need to undertake paid employment for the duration of their studies.
Council of Deans Nursing and Midwifery (CDNM) (2024)	For the CDNM to provide budget proposals ahead of the Federal Budget.	N/A	Pre-Budgetary Proposal. Recommendations.	Financial assistance is required to alleviate the rising costs of living faced by students on clinical placements. Funding is requested to address placement poverty experienced by midwifery students in the form of a non-means tested stipend (\$12,000 per student over 3 years). Students from low-income backgrounds, mature students, first in family students and First Nations People face diverse challenges. Struggling to meet placement costs negatively impacts physical and mental health. Students experience loss of income and additional costs associated with transport and relocation when on placement. Students struggle to meet their day to day living costs and get into debt. Currently, the costs associated with placements are deterring people from pursuing nursing and midwifery careers or reduce the likelihood of successfully completing courses.
Fedele (2024)	N/A	N/A	Newspaper Article	Midwifery students bear significant costs associated with clinical placements and on-call requirements associated with COCE. A student living rurally, estimates the annual costs of completing clinical placements is approx. \$9000. In addition, childcare expenses for her young children contributes to \$15,000 of out-of-pocket costs per year. <i>"The attrition rate in midwifery is quite bad. A lot of students drop out, and I know a lot of it is due to the fact that it's such an expensive degree to get through, with huge placement hours,"</i> Financial assistance would ease financial pressures, enabling students to complete their studies and enter the workforce. Feelings of exploitation are explored as well as the social and financial impacts of mandatory placements. <i>"What we're providing to the hospital is, essentially, just unpaid labour."</i> There are calls for both federal and state governments to support the future midwifery workforce through the funding of mandatory clinical placements. <i>"One of the biggest issues is that students are dropping out because they can't afford to finish their clinical placements,"</i> Another midwifery student stated if she known of the financial challenges associated with studying midwifery, she might have reconsidered enrolling. Were it not for the financial support of her parents, she would not have been able to buy food or essential medicines. <i>"During one placement, I spent a total of 18 hours across two days at two different hospitals attending births on my days off, meaning I did 7-8 days in a row, all completely unpaid."</i> <i>"It makes me angry that tradies and other professions are paid for their internships, their apprenticeships. Why isn't the same done for us"</i>
Foster et al. (2021)	To identify the costs (personal, social, and financial) of undertaking the COCE component of a midwifery program and to formulate means to minimise challenges and improve student support.	Seventy (70) midwifery students completed the demographic survey. Twelve (12) midwifery students submitted 74 diaries encompassing 518 episodes of care. Response rate of 18 %.	Mixed methods study Online survey (1st stage). Diary completion (2nd stage). Data Analysis: Integrative 'mixed analysis' approach	The mean time spent per completed experience was 22.20 hours and the mean cost was \$367.19 (x20 COCE's \$7343.80 across the degree). The costs associated with COCE impacted the student's ability to meet the requirements. Personal and social impacts included financial pressures – the costs associated with COCE were extensive: travel,

(continued on next page)

Table 3 (continued)

Author Year of Publication	Aim/s	Population Sample Size	Methodology Methods	Key Relevant Findings
				childcare, loss of income when called to a birth. <i>“Midwifery is an expensive course in time, fatigue, money, printing paperwork, fuel, childcare, food if staying out longer than expected, car running costs.”</i> (p.5). Avoiding costs associated with running their own personal vehicle was not an option for many students as taxis were cost prohibitive and public transport was not a viable alternative, especially when needing to attend births quickly or late at night. Childcare is limited when on-call and expensive. Students were forced to discontinue their employment or reduce hours – for some working was nonnegotiable leaving them feeling guilty. COCE was a financial burden and they upset their employers by missing paid shifts to attend COCE appointments. Partners must leave work early to cover childcare – having further family financial impacts. Students that live further away from maternity services accrued higher costs.
Ittimani (2024)	N/A	N/A	Newspaper Article	The ‘constant, uncertain hours’ students complete during midwifery courses are problematic when unpaid. Midwifery students must cut back on their paid work to accommodate placement requirements. Less money means less food on the table. <i>“I have to pick and choose between being able to afford fruit and vegetables,” “I can live Centrelink payment to Centrelink payment – just.”</i> Financial support is required to prevent students falling into poverty.
Newton et al. (2022)	To explore how COCE’s are viewed and experienced by students and academics across Australia.	Four hundred and five (405) midwifery students and sixty-one (61) academics.	Mixed methods study. Online survey. Descriptive statistics and content analysis.	Elements of COCE’s challenge students. COCE’s financial impact on students. COCE’s impacted 2/3 of the student’s ability to earn an income Being on call and struggling financially due to being forced to give up work to attend women’s births was deemed the worst part of the course. Loss of income and additional costs associated with attending COCE’s was problematic. Students were asked to rate the overall financial impact COCE’s had on them using a scale from ‘none’ to ‘extreme’. 14 % (48/346) of students described the impact as being ‘extreme’, 38 (131/345) as ‘high’, 37 % (127/346) moderate, and 11 % (38/346) minimal. Only two students indicated that COCE had no financial impacts on them. Often/nearly often impacted paid employment= 70 %. Often/nearly often impacted students’ social life= 68 %. Often/nearly often impacted students’ family life= 48 %. <i>“Having to take time off work all the time is really hard too, especially because I am totally dependent on that income for rent and living etc.”</i> and <i>“I support family members and the financial difficulties these experiences cause is unbelievable. Paying for hospital parking, fuel, missing out on so many of my other work shifts.”</i> (p. 259) and <i>“It is like the program is designed for the minority of students who still live with their parents, own a car, and don’t have to Work.”</i> The midwifery course limits opportunity for paid work. Poverty is more prevalent and in students from Indigenous, low socio-economic status (SES), regional and international backgrounds. All of which are currently under-represented in the profession.
White (2024)	To outline the Australian College of Midwives (ACM) key recommendations ahead of Federal Budget around midwifery capacity building, improved access to midwifery continuity of care models, and facilitation of multidisciplinary care.	N/A	Pre-Budgetary Proposal. Recommendations.	Federal Government support is required to assist midwifery students with costs such as meals, parking, accommodation and travel expenses, clinical items, and mandatory vaccinations. Additional recommendations include the removal of accumulating HELP

(continued on next page)

Table 3 (continued)

Author Year of Publication	Aim/s	Population Sample Size	Methodology Methods	Key Relevant Findings
Yoldas (2023)	N/A	N/A	Newspaper Article	<p>debts and the equitable application of, and access to all government incentivising programs. The overarching aim of these incentives is to prevent student experiences of 'placement poverty'. Mandatory course requirements such as clinical placements impact student's availability and capacity to earn income. Some placements may require temporary relocation. On-call and shift work restrict access to public transport outside of traditional business hours and therefore pose a potential risk to personal safety. Most students must work to support themselves and their family throughout their course. The costs associated with undertaking midwifery education and course completion act is a disincentive to enrolment and course completion, these barriers are increased for First Nations midwifery students and those who must relocate to undertake studies. In 2022, midwives were not included in a government initiative that saw the removal of debts for some health professional courses. ACM advocates that midwifery HELP debts be similarly funded with a minimum requirement to include midwives working in regional, remote, and rural Australia. In addition, ACM recommend that midwifery is included in all present and future Commonwealth career incentive programs to ensure that midwifery is equitably promoted as a key health workforce in primary care.</p> <p>A midwifery student caring for young children whilst studying stated her family has had to 'tighten its belt' to cope with costs associated with placement such as meals, petrol, and parking. Study requirements include the completion of more than 1000 hrs of unpaid placements, with travel times of greater than one hour from home. Working as a Registered Undergraduate Student of Midwifery (RUSOM), students earn \$26 per hour, with this income reducing the amount of government assistance received for parenting and rent assistance, thus deeming them ineligible for study assist funding. Hours worked as a RUSOM do not contribute to placement hours. Students understand the rationale for the requirements of the course and are driven by a love of the midwifery profession.</p> <p>In 2022, the Victorian government announced that midwifery students would be able to study for free however this did not include those already enrolled. Student requirements to undertake unpaid placements is a longstanding issue further exacerbated by increasing levels of inflation. "The financial toll of unpaid clinical placement has resulted in many students dropping out before complete their degree" Shaye Candish said.</p>

costs of attending MPE was associated with debt creation and accumulation [29,30,33] with one article reporting that students were using credit and 'by now-pay later' products such as 'After Pay' and 'Zip Pay' to pay their day-to-day expenses such as rent and bills [33].

Financial hardship has negative impacts on the health of midwifery students. Four of the eight documents reported that students experience a range of physical and psychological health issues related to the financial pressures they face [15,29,31,34]. One participant in the study by Newton et al. [15] stated:

"I think COCEs are a lovely idea but are the cause of many mental health issues among students (on call, missing rostered shifts, unable to secure a paid job outside of Uni, unable to organise childcare at last minute, parking fees for appointments etc.)." (Newton et al. [15], p.259)

Concerningly, the financial challenges faced by midwifery students places their personal safety at risk. Being on-call 24/7 and undertaking shift work results in students frequently traveling after dark. With the costs of running a personal vehicle and/or using taxis being prohibitively high, many students were left to rely upon public transport at night [30].

3.1.3. Theme Three: Impacts upon the future growth and diversity of the profession

The costs of completing MPE and COCE's are viewed by students as disincentives and barriers to successful course completion [15,29–31,33].

One student quote in Fedele's [31] article stated:

"The attrition rate in midwifery is quite bad. A lot of students drop out, and I know a lot of it is due to the fact that it's such an expensive degree to get through, with huge placement hours".

Furthermore, the literature suggests that the financial impacts associated with studying midwifery linger beyond graduation with one early career midwife interviewed by Fedele [31] sharing that had she been aware of the financial burden associated with studying midwifery, she might have reconsidered her career choice.

There has been union recognition of the challenges completing clinical placements creates for midwifery students and this effects course attrition rates. Shaye Candish, the General Secretary of the New South Wales Nursing and Midwifery Association was quoted in the article by Yoldas [33] as saying:

"The financial toll of unpaid clinical placements has resulted in many students dropping out before completing the degree" (Yoldas [33]).

Given the existing midwifery staffing deficits and the recruitment and retention challenges currently faced in Australia, concerns have been raised about how the unaffordability of midwifery education impact the current and future sustainability of the midwifery workforce [29–31]. Of particular concern was how the high costs associated with undertaking midwifery education limits opportunities for those that continue to be under-represented to enter the profession. A student finances survey conducted by Universities Australia suggests that students from Indigenous, regional, international, and low-socio economic backgrounds are thought to experience the highest levels of poverty during their studies [15,36]. This highlights the need to limit or ideally remove these financial barriers, particularly for under-represented groups such as First Nations students and those that often relocate to undertake their studies [30].

When students are fortunate enough to have parental financial support during their studies, this was viewed as crucial to affording essential items such as food, rent and travel costs [31]. Conversely, students who do not have such support, or were *themselves* considered the support system for others, are likely to experience increased levels of hardship and disadvantage.

One survey respondent stated:

"It is like the program is designed for the minority of students who still live with their parents, own a car and don't have to work." (Newton et al. [15])

Furthermore, within the included documents there were frequent references made to the financial burden the need for childcare creates when undertaking MPE [15,30–33]. This highlights how midwifery students, which are predominantly women, with carer responsibilities, face additional challenges and levels of disadvantage during their studies to their counterparts without these responsibilities. The issue therefore disproportionately impacts women with carer responsibilities, and students from Indigenous, regional, and international, and low-socio economic backgrounds thus limiting the future growth and diversity of the midwifery profession.

3.1.4. Theme Four: The need for universal financial support

The need for support to address the problem of midwifery student financial hardship was a strong theme throughout the literature. Specifically, it is believed that the Australian government has a key role to play in providing support to midwifery students to help them meet the costs associated with completing MPE [29–33]. The Australian College of Midwives (ACM) pre budgetary proposal made clear

recommendations and suggested strategies to address placement poverty experienced by students and to help support midwifery education [30]. The provision of government funding in the form of a cost-of-living stipend to cover expenses associated with clinical placements, the removal of student fee debts and ensuring equitable access to all government programs incentivising study were proposed as solutions [30], all of which were supported by other authors [29–33]. The recent Council of Deans of Nursing and Midwifery pre budgetary report recommended a non-means tested stipend to the value of \$4000 AUD per student per year to prevent placement poverty for midwifery students [29]. Whilst there were commonalities within students reports of financial pressures associated with clinical placements or COCE requirements, it is important to recognise the nuances that exist. These include; whether students are renting or living with parents, running a vehicle, or relying on public transport, having to pay for childcare or pay for private child-minding services that fall outside of traditional business hours, highlighting the need to be able to apply their funding in a manner that meets their individual needs.

Fedele [31] included calls from the Australian Nursing and Midwifery Federation for state and federal governments to financially support mandatory clinical placements for both nursing and midwifery students. Such funding schemes would signal value and recognition of the midwifery profession and the female dominant workforce within. When compared with other occupations such as those related to building and construction, it is notable that professional practice experience in these male dominated settings have long enjoyed paid models of learning.

One student expressed feeling exploited by the hospital where she undertook placement stating:

"...what we're providing to the hospital is, essentially, just unpaid labour.... It makes me angry that tradies and other professions are paid for their internships, their apprenticeships. Why isn't the same done for us?" (Fedele [31]).

The provision of universal financial support for midwifery students will not only help to mitigate cost of living pressures but will also address the need for industrial parity, promoting feelings of value.

4. Discussion

This scoping review highlights the nature of the contemporary financial challenges associated with completing entry to practice midwifery programs in Australia. The perceived causal factors and the far-reaching consequences of financial hardship have illuminated the urgent need for appropriate universal financial support if we are to grow and sustain the midwifery workforce.

Studies published prior to 2020 have touched upon the financial challenges experienced by Australian midwifery students, but arguably, these problems have been exacerbated by the COVID-19 global pandemic, particularly the impacts it had upon the costs of living [37]. In 2022, in response to growing concerns around post pandemic workforce shortages, a state government scheme was introduced to waive tertiary tuition fees for all new domestic students enrolling in midwifery and nursing programs in 2023 and 2024 [38]. Whilst this support was welcomed and served as an incentive for new students to enter these professions, it had little impact on the daily financial hardship experienced by those currently enrolled. Failing to address the costs directly associated with attending MPE meant that, when able, students persisted with their education, only sustained by their deep commitment to midwifery [39].

Attending MPE shifts contributes to the financial challenges faced by students, however many articles centered around the additional costs associated with supporting COCE's. It was widely recognised that if students are to undertake this costly, yet highly valuable component of midwifery programs, financial support is required to continue doing so. Several tangible strategies to address this problem were proposed within

the literature, and these came to fruition in May 2024 when the Australian Government announced a 'Commonwealth Prac Payment' (CPP) and proposed significant changes to the indexation of student loans, subject to the passage of legislation [17]. These significant government commitments will of course present valuable opportunities for future evaluation of the efficacy of funding, particularly in addressing student financial pressures, course completion rates, and in providing support for those from diverse and vulnerable student cohorts seeking to enter the profession. The decision to apply a means test to the CPP is in stark contrast to the recommendations made by key stakeholders within the sector [29,30]. Unless these initiatives are made universally accessible, financial barriers may continue to inhibit pathways to a midwifery career in Australia and will contribute to a homogenised workforce that fails to reflect the communities of women and people for whom it provides care [40]. Whether the decision to apply means testing to the funding becomes a barrier or enabler to student course completions will be particularly interesting.

Published in March 2024, the Universities Accord Report recommended that Australian students from the nursing and education sectors receive financial support when undertaking clinical placements [41]. Whilst this report has undoubtedly been instrumental in highlighting the significance of the issue of placement poverty, it was disappointing to note that midwifery students were *not* included in the recommendations made. This omission reinforced misconceptions that midwifery falls under the banner of other disciplines, contrary to National Law which recognises nursing and midwifery as distinct professions [13]. The failure to acknowledge midwifery students in the Universities Accord Report posed the risk of them being excluded from government financial support initiatives and took significant advocacy and lobbying from the Australian College of Midwives, Council of Deans Nursing and Midwifery, the Australian Nursing and Midwifery Federation, tertiary institutions, and midwifery students themselves to ensure that they were in fact eligible for the CPP.

Whilst it is of course undisputed that MPE and COCE experiences are key elements of midwifery programs, universities, regulatory bodies, and healthcare organisations must recognise the challenges completing these requirements poses for students and where possible, identify supportive strategies to help negate them. As it is the students who are impacted, it is vital that their voices are represented in identifying solutions and that meaningful consultation ensues [18].

Given that 98.9 % of the Australian midwifery workforce identify as female [42], ensuring that female dominated professions such as midwifery are seen to be of high value is essential [43]. Findings from the recent survey conducted by Griffith University Postgraduate Student Association (GUPSA) illuminated the alarming intersection of poverty and gender in relation to clinical placements, highlighting the need for urgent systemic action and change [10]. The same report also revealed that many students experiencing placement poverty are of mature age, first in family to attend university, from low-income backgrounds, and have caring responsibilities. Fewer than 2 % of the survey respondents said that the financial costs associated with attending placements had had no effect upon them [10]. These findings suggest that robust strategies are required to support the dismantling of gendered disadvantage and must be a key agenda item for government and policy makers. Failing to mitigate the impacts of financial disadvantage will apply further pressure on an already depleted and vulnerable midwifery workforce [44].

Whilst this scoping review took an Australian focus, this problem is not unique to Australia. The UK, identifying a significant and growing midwifery workforce deficit, have taken steps to address this problem by offering degree level midwifery apprenticeships and the National Health Service (NHS) provides *non means* tested financial support under the banner of a Learning Support Fund (LSF) of 5000 British Pounds per year [45,46]. Within the LSF framework, additional grants are accessible to provide financial support towards costs associated with parenting, travel and accommodation and students who are experiencing financial

hardship. Evaluation data is not yet available as these initiatives remain in their infancy.

4.1. Strengths and limitations

Very little primary literature from Australia was identified with just two mixed methods studies published since 2020 identified. Additionally, all but one³⁹ of the studies captured in the literature review by Carter et al. [35] were published prior to 2020. It is therefore important to acknowledge that these may now be outdated due to the significant rise in the cost of living since this time. Neither of the primary studies identified had specifically aimed to understand the financial hardship faced by midwifery students in Australia, rather, they arrived at findings relevant to our review question and were therefore included in the synthesis. Furthermore, neither took a purely qualitative approach, highlighting the need for further research capturing midwifery students' own stories and experiences of financial hardship. Finally, it was not possible to determine the exact geographical locations of the students captured in this review. Thus, determining whether they lived in rural and remote, regional, or urban settings was not possible. This information would provide context to the student's experiences as the cost of living varies from one geographical location to another.

5. Conclusion

Whilst somewhat limited, analysis of the literature available reveals consistent and intersecting themes pointing to the need for urgent and meaningful measures to address placement poverty. Ensuring universal access to appropriate financial support is key to supporting all midwifery students to complete their studies without experiencing the financial vulnerability. There exists a clear need to identify and implement sustainable strategies and solutions aimed at reducing financial hardship experienced by midwifery students. In recognition of the specific accreditation requirements related to Australian midwifery education programs, further research is necessary to capture midwifery students lived experiences of financial hardship.

Author Agreement

I, Lynnelle Moran, declare that the article is the author(s) original work.

I, Lynnelle Moran, declare that the article has not received prior publication and is not under consideration for publication elsewhere.

I, Lynnelle Moran, declare that all authors have seen and approved the manuscript being submitted.

I, Lynnelle Moran, declare that the author(s) abide by the copyright terms and conditions of Elsevier and the Australian College of Midwives.

Lynnelle Moran, Australian Catholic University, 115 Victoria Parade, Fitzroy VIC 3065.

Funding

Nil.

Ethical Statement

An ethical statement does not apply to this study.

CRedit authorship contribution statement

LM: Concept development; Screening of articles; data extraction; data and thematic analysis; manuscript development and final approval.

TC: Concept development; Screening of articles; data extraction; data and thematic analysis; manuscript development and final approval.

MG: Conducted database searches; methodology.

Sh M: Formal analysis including initial coding and thematic analysis,

writing findings of the original draft, reviewing & editing and final approval.

SM: Formal analysis including initial coding and thematic analysis, writing findings of the original draft, reviewing, editing and final approval.

Conflict of Interest

The authors declare no conflict of interest.

Acknowledgment

Nil

Appendix 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA – ScR) checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	Page 1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	Page 1
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	Page 4
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	Page 6
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	N/A
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status) and provide a rationale.	Page 7–9
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	Page 7
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	Appendix 2
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	Pages 7–10
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	Page 12–18
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	N/A
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	N/A
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	Page 12

Appendix 2. Example database searches

PiCo:	P	I	Co
	Australian Midwifery Student	Financial Crisis	Placement
Title/Abstract	((Australia* OR Victoria* OR Tasmania* OR "New South Wales" OR Queensland OR "Northern Territory*" OR "Western Australia*" OR "South Australia*") AND ("midwi* student*" OR "student midwi*" OR "midwi* undergrad* student*"))	((Challenge* OR problem* OR hardship* OR struggl* OR barrier* OR crisis OR crises) AND (financ* OR money OR cost* OR expens* OR income* OR earn* OR wage* OR "cost of living"))	Placement OR "Clinical placement*" OR "Student placement" OR "workplace* learn*" OR "practic* learn*" OR practicum OR "professional practicum" OR "professional practice" OR "clinical practicum" OR "clinical practice placement*" OR "work integrated learning" OR Interns* OR "Clinical experience" OR WIL OR "field* experience" OR "field* placement" OR fieldwork OR "clinical practical" OR "professional experience placement" OR PEP OR "professional practice placement" OR PPP OR "clinical learning environment" OR "work based learn*" OR "clinical rotation" OR "train* prog*" OR training OR "train* placement" OR residenc* OR continuity OR "continuity of care" OR follow OR follow-through* OR "connect women"
MEDLINE Complete (MeSH)	((MH "Students") OR (MH "Midwifery")) AND ((MH "Australia") OR (MH "Western Australia") OR (MH "South Australia") OR (MH "Australian Capital Territory"))	(MH "Financial Stress") OR (MH "Life Change Events") OR (MH "Housing Instability") OR (MH "Economics") OR (MH "Income") OR (MH "Remuneration") OR (MH "Work-Life Balance") OR (MH "Life Course Perspective") OR (MH "Socioeconomic Factors")	(MH "Interdisciplinary Placement") OR (MH "Professional Practice") OR (MH "Internship, Nonmedical")

(continued on next page)

(continued)

PiCo:	P	I	Co
	Australian Midwifery Student	Financial Crisis	Placement
CINAHL Complete Subject Headings Total number of results: 7	((MH "Australia") OR (MH "Western Australia") OR (MH "South Australia") OR (MH "Australians") OR (MH "Victoria") OR (MH "Tasmania") OR (MH "Queensland") OR (MH "Northern Territory") OR (MH "New South Wales") OR (MH "Australian Capital Territory")) AND ((MH "Students, Midwifery") OR (MH "Students") OR (MH "Students, Undergraduate") OR (MH "Students, College"))	(MH "Financial Stress") OR (MH "Debt, Financial") OR (MH "Cost of Living") OR (MH "Stress, Psychological") OR (MH "Stress")	(MH "Student Placement") OR (MH "Experiential Learning") OR (MH "Professional Practice") OR (MH "Internship and Residency") OR (MH "Fieldwork") OR (MH "Professional Practice, Evidence-Based") OR (MH "Learning Environment, Clinical") OR (MH "Continuity of Patient Care") OR (MH "After Care")
APA Thesaurus of Psychological Index Terms	(ZY "australia") AND (DE "Midwifery" OR DE "College Students" OR DE "Students")	DE "Financial Strain" OR DE "Personal Finance" OR DE "Salaries" OR DE "Income (Economic)"	DE "Internship Programs" OR DE "Internship Programs" OR DE "Continuum of Care"
Academic Search Complete (Subject Terms) / Index	(ZG "australia" or ZG "australian capital territory" or ZG "victoria" or ZG "tasmania" or ZG "new south wales" or ZG "queensland" or ZG "northern territory" or ZG "western australia" or ZG "south australia") AND (DE "COLLEGE students" OR DE "UNDERGRADUATES" OR DE "MIDWIFERY education" OR DE "MIDWIFERY" OR DE "MIDWIVES")	DE "FINANCIAL crises" OR DE "COST-of-living adjustments" OR DE "COST of living wage adjustments" OR DE "COST of living" OR DE "MINIMUM wage" OR DE "WAGES" OR DE "WAGE differentials" OR DE "COST"	DE "INTERNSHIP programs" OR DE "PRACTICUMS" OR DE "HEALTH occupations practicum" OR DE "PROFESSIONAL practice" OR (DE "CONTINUUM of care")

References

- K. Harvie, M. Sidebotham, J. Fenwick, Australian midwives' intentions to leave the profession and the reasons why, *Women Birth: J. Aust. Coll. Midwives* 32 (6) (2019) e584–e593, <https://doi.org/10.1016/j.wombi.2019.01.001>.
- R.P. Matthews, R.L. Hyde, H.L. McLachlan, F. Llewelyn, D.A. Forster, Midwifery workforce challenges in Victoria, Australia. A cross-sectional study of maternity managers, *Women Birth: J. Aust. Coll. Midwives* 37 (1) (2024) 144–152, <https://doi.org/10.1016/j.wombi.2023.07.130>.
- M. Boniol, T. Kunjumen, T.S. Nair, A. Siyam, J. Campbell, K. Diallo, The global health workforce stock and distribution in 2020 and 2030: a threat to equity and 'universal' health coverage? *BMJ Glob. Health* 7 (6) (2022) 1–8, <https://doi.org/10.1136/bmjgh-2022-009316>.
- United Nations Population Fund (UNPF). The state of the world's midwifery, 2021 (<https://www.unfpa.org/sowmy>).
- G. Moncrieff, S. Downe, M. Maxwell, H. Cheyne, Mapping factors that may influence attrition and retention of midwives: a scoping review protocol, *BMJ Open* 13 (10) (2023) e076686, <https://doi.org/10.1136/bmjopen-2023-076686>.
- Royal College of Midwives (RCM). State of Midwifery Education London, UK, 2023 (<https://www.rcm.org.uk/media-releases/2023/september/midwifery-education-facing-unprecedented-challenges/>).
- T. Capper, O. Muurlink, M. Williamson, Being bullied as a midwifery student: does age matter? *Br. J. Midwifery* 28 (3) (2020) 166–171, <https://doi.org/10.12968/bjom.2020.28.3.166>.
- M.C. Carolan, G.B. Kruger, Concerns among first year midwifery students: Towards addressing attrition rates, *Contemp. Nurse* 38 (1-2) (2011) 139–147, <https://doi.org/10.5172/conu.2011.38.1-2.139>.
- C. Duffy, It's known as 'placement poverty' - and it's 'exploiting' a generation of Australian students, ABC N. (2024). (https://www.abc.net.au/news/2024-03-02/university-accord-unpaid-student-poverty-placements/103511408?utm_campaign=abc_news_web&utm_content=link&utm_medium=content_shared&utm_source=abc_news_web) (accessed 2 March 2024).
- D. Harvey-Bravo, Where is the social justice for students? Experiences of poverty on placement an advocacy report by the Student Representative Council (SRC) and Postgraduate Student Association (GUPSA), Griffith University, Australia, 2023. (<https://griffithsrc.com.au/poverty-on-placement-report-2023/>).
- C.L. Davison, B. McKenzie, Y. Hauck, Looking back moving forward: The history of midwifery in Western Australia, *Women Birth: J. Aust. Coll. Midwives* 35 (5) (2022) e409–e420, <https://doi.org/10.1016/j.wombi.2021.10.009>.
- Australian Nursing and Midwifery Accreditation Council (ANMAC). Midwife Accreditation Standards 2021 (<https://www.anmac.org.au/standards-and-review/midwife/>).
- Nursing and Midwifery Board of Australia (NMBA). Midwife Standards for Practice. 2018 (<https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/Midwife-standards-for-practice.aspx>).
- J. Gamble, M. Sidebotham, A. Gilkison, D. Davis, L. Sweet, Acknowledging the primacy of continuity of care experiences in midwifery education, *Women Birth: J. Aust. Coll. Midwives* 33 (2) (2020) 111–118, <https://doi.org/10.1016/j.wombi.2019.09.002>.
- M. Newton, F. Faulks, C. Bailey, J. Davis, M. Vermeulen, A. Tremayne, G. Kruger, Continuity of care experiences: A national cross-sectional survey exploring the views and experiences of Australian students and academics, *Women Birth: J. Aust. Coll. Midwives* 35 (3) (2022) e253–e262, <https://doi.org/10.1016/j.wombi.2021.05.009>.
- J. McDonald, J. Leggatt, What Is the Cost of Living in Australia? The Ultimate Guide, *Forbes Advis. 16* (Jan, 2024). (<https://www.forbes.com/advisor/au/personal-finance/cost-of-living-in/>) (accessed 20 Feb 2024).
- Australian Government DoE. Commonwealth Prac Payment. 2024. (<https://www.education.gov.au/higher-education/commonwealth-prac-payment>) (accessed 8 May 2024).
- J. Oates, A. Topping, K. Watts, P. Charles, C. Hunter, T. Arias, The rollercoaster': a qualitative study of midwifery students' experiences affecting their mental wellbeing, *Midwifery* 88 (2020) 102735, <https://doi.org/10.1016/j.midw.2020.102735>.
- C. Newsome, Money Matters Cost. Living Crisis Stud. Debt. (2022). (<https://www.midwifery.org.uk/blog/money-matters-the-cost-of-living-crisis-and-student-debt/>) (accessed 19 June 2024).
- D. Grant-Smith, L. de Zwaan, Don't spend, eat less, save more: Responses to the financial stress experienced by nursing students during unpaid clinical placements, *Nurse Educ. Pract.* 36 (2019) 1–6, <https://doi.org/10.1016/j.nepr.2018.12.005>.
- K. Usher, A. Fagan, J.A. Brown, C. Mather, A. Marlow, T. Power, T. van de Mortel, C. West, M. Hutchinson, L. Zhao, V. Terry, C. Woods, J. Lea, The financial challenges for Australian nursing students attending placement-based work-integrated learning, *Coll. (R. Coll. Nurs., Aust.)* 29 (2) (2022) 154–160, <https://doi.org/10.1016/j.colegn.2021.07.005>.
- H. Arksey, L. O'Malley, Scoping studies: towards a methodological framework, *Int. J. Soc. Res. Methodol.* 8 (1) (2004) 19–32, <https://doi.org/10.1080/1364557032000119616>.
- V. Braun, V. Clarke, Using thematic analysis in psychology, *Qual. Res. Psychol.* 3 (2) (2006) 77–101, <https://doi.org/10.1191/1478088706qp0630a>.
- A.C. Tricco, E. Lillie, W. Zarin, K.K. O'Brien, H. Colquhoun, D. Levac, D. Moher, M. D.J. Peters, T. Horsley, L. Weeks, S. Hempel, E.A. Akl, C. Chang, J. McGowan, L. Stewart, L. Hartling, A. Aldcroft, M.G. Wilson, C. Garrity, S.E. Straus, PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation, *Ann. Intern. Med.* 169 (7) (2018) 467–473, <https://doi.org/10.7326/m18-0850>.
- W.S. Richardson, M.C. Wilson, J. Nishikawa, R.S. Hayward, The well-built clinical question: a key to evidence-based decisions, *ACP J. Club* 123 (3) (1995) A12–A13, <https://doi.org/10.7326/acpj-1995-123-3-a12>.
- Covidence. Systematic review software. 2022. (<http://www.covidence.org/>) (accessed 1 Feb 2024).
- M.J. Page, J.E. McKenzie, P.M. Bossuyt, I. Boutron, T.C. Hoffmann, C.D. Mulrow, L. Shamseer, J.M. Tetzlaff, E.A. Akl, S.E. Brennan, R. Chou, J. Glanville, J. M. Grimshaw, A. Hrobjartsson, M.M. Lalu, T. Li, E.W. Loder, E. Mayo-Wilson, S. McDonald, D. Moher, The PRISMA 2020 statement: an updated guideline for reporting systematic reviews, *Int. J. Surg. (Lond., Engl.)* 88 (2021), <https://doi.org/10.1016/j.ijsu.2021.105906>.
- Z. Munn, M.D.J. Peters, C. Stern, C. Tufanaru, A. McArthur, E. Aromataris, Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach, *BMC Med. Res. Methodol.* 18 (1) (2018) 143, <https://doi.org/10.1186/s12874-018-0611-x>.
- P.K. Strickland, 2024, The Council of Deans Nursing and Midwifery (CDNM) Pre-Budget Submission 2024-2025, 2024 <https://www.cdnm.edu.au/news-and-events>. (<https://www.cdnm.edu.au/news-and-events>).
- White H. Pre-Budget Submission 2024-2025. Removing Barriers to Primary Maternity Care and Maximising Health Outcomes For Women, Babies and Families, 2024 (<https://midwives.org.au/Web/Web/About-ACM/Guiding-Documents.aspx?hkey=5f46e7ad-8ffa-4abb-ad31-e127157eeceb2>).
- R. Fedele, Placement Poverty: Why nursing and midwifery students must be paid for clinical placements, *Aust. Nurs. Midwifery J.* 28 (4) (2024) 8–12.

- [32] L. Ittimani, Australian students struggling to put food on the table in unpaid training, but this could be a thing of the past, *Guardian* (2024). (<https://www.theguardian.com/australia-news/2024/mar/11/australian-students-struggling-to-put-food-on-the-table-in-unpaid-training-but-this-could-be-a-thing-of-the-past>) (accessed 11 March 2024).
- [33] M. Yoldas, Inflation, cost of living pressures increase struggle for students in unpaid health placements, *ABC News* (2023). (<https://www.abc.net.au/news/2023-05-24/health-students-completing-unpaid-placements-inflation-struggle/102373242>) (accessed 24 Jan 2024).
- [34] W. Foster, L. Sweet, K. Graham, Midwifery students experience of continuity of care: A mixed methods study, *Midwifery* 98 (2021) 102966, <https://doi.org/10.1016/j.midw.2021.102966>.
- [35] J. Carter, E. Dietsch, M. Sidebotham, The impact of pre-registration education on the motivation and preparation of midwifery students to work in continuity of midwifery care: an integrative review, *Nurse Educ. Pract.* 48 (2020) 102859, <https://doi.org/10.1016/j.nepr.2020.102859>.
- [36] Australia U. 2017 Universities Australia Student Finances Survey, 2018 (<https://universitiesaustralia.edu.au/policy-submissions/teaching-learning-funding/student-finances-survey/>).
- [37] B. Jessup, H. Hoang, T. Podubinski, K. Obamiro, L. Bourke, B. Hellwege, S. Jatrana, S. Heaney, A. Farthing, L. Sheepway, R. Rasiah, 'I can't go, I can't afford it': Financial concern amongst health students undertaking rural and remote placements during COVID-19, *Aust. J. Rural Health* 30 (2) (2022) 238–251, <https://doi.org/10.1111/ajr.12855>.
- [38] Victorian State Government DoH. Free nursing and midwifery study. 2023. (<https://www.health.vic.gov.au/nursing-and-midwifery/free-nursing-and-midwifery-study/>) (accessed 1 May 2024).
- [39] J. Evans, J. Taylor, J. Browne, S. Ferguson, M. Atchan, P. Maher, C.S. Homer, D. Davis, The future in their hands: Graduating student midwives' plans, job satisfaction and the desire to work in midwifery continuity of care, *Women Birth: J. Aust. Coll. Midwives* 33 (1) (2020) e59–e66, <https://doi.org/10.1016/j.wombi.2018.11.011>.
- [40] K.J. Effland, K. Hays, F.M. Ortiz, B.A. Blanco, Incorporating an equity agenda into health professions education and training to build a more representative workforce, *J. Midwifery Women's Health* 65 (1) (2020) 149–159, <https://doi.org/10.1111/jmwh.13070>.
- [41] Department of Education AG. Australian Universities Accord – Final Report. Australia, 2024 (<https://www.education.gov.au/australian-universities-accord/resources/final-report>).
- [42] Health Do. Australia's Future Health Workforce Report – Midwives. Australia, 2019 (<https://www.health.gov.au/resources/publications/midwives-australias-future-health-workforce-report>).
- [43] S.Z.G. Pezaro, J. Jones, M.L. Feika, L. Fitzgerald, S. Lukhele, J. McMillan-Bohler, O. B. Baloyi, K.M. da Silva, C. Grant, L. Bayliss-Pratt, Characteristics of strong midwifery leaders and enablers of strong midwifery leadership: An international appreciative inquiry, *Midwifery* 132 (2024) 103982, <https://doi.org/10.1016/j.midw.2024.103982>.
- [44] E. Callander, M. Sidebotham, D. Lindsay, J. Gamble, The future of the Australian midwifery workforce—impacts of ageing and workforce exit on the number of registered midwives, *Women Birth: J. Aust. Coll. Midwives* 34 (1) (2021) 56–60, <https://doi.org/10.1016/j.wombi.2020.02.023>.
- [45] National Health Service. Learning Support Fund. 2020. (<https://www.nhs.uk/nhs-learning-support-fund-lsf/>) (accessed 2 May 2024).
- [46] The Royal College of Midwives. RCM Apprenticeship Guide. 2018. (<https://www.rcm.org.uk/promoting/education-hub/apprenticeships/>) (accessed 19 June 2024).