

CHAPTER 1

INTRODUCTION

Terms of reference

1.1 The matter was referred to the Committee on 30 June 1999 for inquiry and report by 30 December 1999.

1.2 The complete terms of reference are:

To inquire into and report by 30 December 1999 on childbirth procedures, with particular reference to:

- (a) the range and provision of antenatal care services to ascertain whether interventions can be minimised through the development of best practice in antenatal screening standards;
- (b) the variation in childbirth practices between different hospitals and different States, particularly with respect to the level of interventions such as caesarean birth, episiotomy and epidural anaesthetics;
- (c) the variation in such procedures between public and private patients;
- (d) any variations in clinical outcomes associated with the variation in intervention rates, including perinatal and maternal mortality and morbidity indicators;
- (e) the best practices for safe and effective births being demonstrated in particular locations and models of care and the desirability of more general application;
- (f) early discharge programs, to ensure their appropriateness;
- (g) the adequacy of access, choice, models of care and clinical outcomes for rural and remote Australians, for Aboriginal and Torres Strait Islander women and for women of non-English speaking backgrounds;
- (h) whether best practice guidelines are desirable, and, if so, how they should be developed and implemented;
- (i) the adequacy of information provided to expectant mothers and their families in relation to the choices for safe practice available to them; and
- (j) the impact of the new Medicare rebate provided for complex births, including the use of the term 'qualified and unqualified neonates' for funding purposes, and the impact that this has had on improved patient care and reduction of average gap payments.

Conduct of the inquiry

1.3 The inquiry was advertised in *The Weekend Australian* on 3 July 1999 and through the Internet. Submissions were also invited from Federal, State and Territory Governments, hospitals, professional organisations and other groups and individuals involved with childbirth in Australia. The closing date for submissions was originally 6 August 1999, although the Committee continued to receive submissions throughout the course of the inquiry.

1.4 The inquiry attracted wide interest throughout Australia with the Committee receiving 190 public submissions and 5 confidential submissions. The Committee also received a substantial amount of additional material from witnesses. Submissions were received from a wide range of organisations and individuals including hospitals and health services, practitioners, independent and hospital based midwives, welfare and peak organisations, and individual mothers. The list of submissions and other written material received by the Committee and for which publication was authorised is at Appendix 1.

1.5 The Committee held six days of public hearings in Canberra, Melbourne, Sydney, Adelaide, Brisbane and Perth. Some hearings were held in hospitals: the Royal Women's Hospital, Melbourne; the Women's and Children's Hospital, North Adelaide; the King Edward Memorial Hospital for Women, Perth; and the Mater Misericordiae Mothers' Hospital, Brisbane. While at these hospitals, the Committee took the opportunity to inspect the maternity facilities available. The Committee also inspected maternity facilities at the Mercy Hospital for Women in Melbourne and Queen Elizabeth Hospital in Adelaide. On behalf of the Committee, the Chair visited the Kirwan Hospital for Women, Townsville and inspected the maternity facilities including the telemedicine project. Details of the public hearings and the witnesses who gave evidence are listed in Appendix 2.

Acknowledgments

1.6 The Committee expresses its appreciation to the individuals and organisations who made submissions to the Committee or gave evidence to the inquiry. As always, the Committee places great value on the submissions it receives as primary sources of information. Many witnesses provided additional written information and copies of published articles. This material was most helpful to the Committee during its deliberations on the inquiry.

1.7 The Committee would like to thank all the hospitals that opened their facilities for the Committee's use and also the hospital and medical staff who generously gave their time to accompany Committee members on the inspections of maternity facilities. In particular the Committee would like to thank Ms Therese Sampson from the Mercy Hospital, Ms Ro Hogan and Ms Julie Webber from the Royal Women's Hospital, Dr Ross Sweet and Ms Joanne Harrison from the Women's and Children's Hospital, Dr Brian Pridmore from the Queen Elizabeth Hospital, Ms Robyn Collins from the King Edward Memorial Hospital, Mrs Jennifer Skinner and Professors

Jeremy Oats and David Tudehope from the Mater Misericordiae Mothers' Hospital, and Mr John Whitehall from the Kirwan Hospital.

1.8 The Committee's inquiry was greatly assisted through being able to discuss issues with Hospital staff and to see first hand the services provided and the developments that are occurring within hospitals.

1.9 The Committee would particularly like to thank Mr Paul Mackey from the Social Policy Group of the Department of the Parliamentary Library for the provision of material used by the Committee in the preparation of this report.

1.10 A Bibliography has been included at the end of the report. While not being comprehensive on the subject, it lists recent reports, research outcomes and other source material used by the Committee in the preparation of this report.

Consultancy

1.11 During the inquiry, the Committee received conflicting evidence in relation to medical indemnity, including the impact of escalating premiums for obstetricians, their fear of litigation and subsequent loss to the profession. The Committee had minimal success in attempting to obtain current data on medical indemnity to clarify the situation.

1.12 The Committee engaged Ms Fiona Tito to supply recent data on medical indemnity, including litigation in obstetrics, and to provide an analysis of this data with observations and recommendations relating to the escalation in litigation and costs. Ms Tito had previously chaired the 1995 Review of Professional Indemnity Arrangements for Health Care Professionals, which produced the report *Compensation and Professional Indemnity in Health Care*.

1.13 Ms Tito's paper has been incorporated, with some minor alterations and additions, as Chapter 10 of this report. The Committee would like to thank Ms Tito for undertaking this work at short notice and so late in the Committee's inquiry.

