Australia's national maternity consumer advocacy organisation

National Office

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To: The Secretary
Senate Community Affairs Legislation Committee
community.affairs.sen@aph.gov.au

20 July 2009

Dear Senate Community Affairs Committee,

Re: Senate Community Affairs Committee Inquiry into Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills

Introduction

As Australia's "umbrella" organisation representing consumers of maternity services, Maternity Coalition would like to offer input to the above Inquiry.

We would also like to thank the Senate Committee for bringing its attention to this matter, and expect the process to be effective in illuminating a path forward in the current impasse regarding insurance for midwives in private practice.

Overview

Maternity Coalition supports the Government's maternity reform agenda, including plans to give Australian women access to Medicare-funded midwifery care. We are aware of the significant benefits to women and their families of this initiative.

We are very concerned at the potential loss of homebirth care due to the interaction of this initiative and the National Registration and Accreditation Scheme. We urge the Commonwealth Government to find a solution which retains homebirth as a safe choice for Australian women, and we outline a model which we consider to be effective.

Support for proposed legislation

Maternity Coalition strongly supports the Government's maternity reform agenda, as outlined in the 12 May 2009 Budget, and as intended to be implemented in the three Bills presented to Parliament on 24 June 2009.

The reforms promise women the option of employing a midwife of their choice, who is working in private practice (within a range of possible models), who is accredited to receive Medicare funding and subsidised insurance, and has collaborative arrangements with doctors and hospitals. The goal of these reforms is to provide mothers with *"safe, high-quality and accessible care based on informed choice"* (Maternity Services Review).

This is a historic breakthrough for Australia's health care system. It promises to, over time, improve the accessibility, quality, safety and cost-effectiveness of Australia's maternity services, by building a primary care foundation which is currently missing for most women.

We are particularly aware of the potential in these reforms to improve services and outcomes for rural women, who have significant problems accessing maternity care. For example, a midwife in private practice could work in a country town without a local maternity service, and without sufficient GP capacity. She could provide local antenatal and postnatal care for women, and manage their access to medical care and a birthing facility in another town.

Indigenous communities and health services also stand to benefit significantly. Midwives in private practice, perhaps working in an indigenous health service, could provide accessible and culturally-appropriate maternity services, including birth care in the nearest appropriate place. The relationship of trust and familiarity only possible with continuity of carer, is an essential element of culturally appropriate care, which is fundamental to closing the gap.

The Government's initiative is, to a significant extent, in response to ongoing advocacy by women and families for better access to midwifery models which provide continuity of carer. These models have

been shown to improve women's experience at a time of great change, vulnerability and opportunity for families, as well as to improve outcomes. Examples scattered around Australia consistently prove popular with women, in a way not evident for other models of maternity care. Frequently these models are the focus of locally-based support groups, such as the "Friends of the Birth Centre" groups, and homebirth support groups. The Government's maternity reform agenda could reasonably be described as an example of health care policy being driven by democratic process, while being supported by evidence.

We support the three bills before Parliament as they currently stand. Any concerns we have relate to associated Regulations, and defining documents, not yet in existence or in the public domain.

Risks in the reform agenda

While we strongly support the Government agenda, we are also cognisant of the risks as the process moves forwards. The success of this initiative in improving women's access to care or choice in care will depend on elements which are yet to be clarified, and thus remain of concern to us. These elements will be determined in a political environment.

Definitions of eligibility and accreditation of midwives for access to Medicare and insurance, and of "collaborative arrangements" will be key determinants of the agenda's success. We understand that these questions will be considered by the Maternity Services Advisory Group, currently being established by the Department of Health and Ageing. Maternity Coalition has been invited to participate in this group, and we look forward to the first meeting on 12 August.

We hope that eligibility and accreditation sets a standard of professional practice which ensures the safety and quality of the care provided to women. We also hope entry standards are reasonable, allowing enough midwives to enter the scheme to improve women's access and choices in maternity care.

The requirement for midwives to work in "collaborative arrangements" is also a key to safety and quality, and to women's and families' experience of having babies. Again, a balance will need to be found between ensuring that midwives identify clear and functional pathways for consultation and referral, and ensuring that localised medical resistance does not limit women's choices or access.

Some doctors' organisations have explicitly stated their opposition to women having direct access to Medicare-funded midwives in midwifery private practice. In their submission to the Maternity Services Review, the Australian Medical Association (AMA) warned against a move to midwifery care as *"Highly interventionist government agendas to advance an ideological cause"*.

Specific criticism has been directed at the New Zealand system, in which approximately 80% of women have a midwife as their "Lead Maternity Carer", providing continuity of carer and managing their care. The AMA catalogued criticisms of New Zealand's use of midwives to provide primary maternity care in their submission to the Maternity Services Review, including a claim that perinatal mortality (deaths of babies around birth) rates in New Zealand were higher than Australia's. NZ Ministry of Health statistics show Australia and NZ to have very similar perinatal mortality rates, with 2006 figures (the most recent) showing NZ rates at 8.8/1000 (NZ Ministry of Health) compared to Australia at 10.3/1000 (AIHW) (Table attached as Appendix 2).

Extreme voices from the medical lobby have historically carried disproportionate weight in determining government policy, and while we hear the Minister's voice on her determination to act in the community's interests, we remain somewhat anxious.

Homebirth

The maternity reform agenda (to be delivered by these Bills), coupled with the National Registration and Accreditation Scheme, is currently set to prevent midwives from providing birth care at home. Appendix 1, ***Homebirth in Australia: no insurance, no care****, outlines how these processes interact to bring this about. In our opinion, this is the main problem to be addressed in relation to the three Bills under consideration.*

Birthing at home is a reasonable choice for women to make. The most authoritative review of available scientific evidence on *"Home versus hospital birth"*, by the Cochrane Library, concludes that *"There is no strong evidence to favour either planned hospital birth or planned home birth for low-risk pregnant women"*. Despite the science, a heated and ongoing debate continues in Australia about what choices women should make in birth. This tends to be based on raw personal opinion, or at best, "cherry-picked" evidence.

Developed health care systems, including in New Zealand, Canada, Britain, Europe and some US states, offer homebirth as a funded mainstream option for women. Most countries have homebirth rates under 5%, but the Netherlands stands out with about one third of births occurring at home. In

these places homebirth is not the subject of conflict at the scale seen in Australia. In Britain, the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives endorse a joint statement on homebirth, stating that they both *"support home birth for women with uncomplicated pregnancies"*.

Australia's very low rate of homebirth can be attributed to the difficulty of accessing care from a midwife in private practice, and the expense to families of meeting the whole cost of care themselves. Loss of professional indemnity insurance in 2001 led to many midwives leaving private practice, and has made care even harder to access.

Women currently birthing at home tend to be extremely determined about this choice. As a minority option, a decision to plan a birth at home tends to be the outcome of extensive research and discussion, usually involving the whole family. Women usually choose their midwife carefully, and a close bond is often formed between families and their midwife. The family must plan to meet the whole cost themselves, usually between $3000 to $5000. Transfer to hospital for medical care is always a possible outcome, but even in this eventuality the family usually has the support of their midwife in hospital, and retains the care of their midwife for postnatal care.

For a proportion of women currently birthing at home, they are so unwilling to go to a hospital, that if necessary – usually because they can not afford or find a midwife - they will birth at home without a trained caregiver, or with a non-midwife carer to provide support. For some women this choice is described in terms of the trauma they feel about their previous experiences of birth in hospital. Bad outcomes for women and babies are reported from unattended births, but we are unaware of any statistical data. Clearly, access to qualified midwifery care for birth at home is in part a matter of respecting women's choices and rights, but is also an issue of public health and safety.

Homebirth in the maternity reform agenda

The Report of the Maternity Services Review identified homebirth as a *"sensitive and controversial issue",* was concerned to avoid *"polarising the professions",* and advised against Commonwealth funding for care on this basis. No comment was made regarding the safety of homebirth.

The Review was more flexible on the issue of supporting professional indemnity insurance for homebirth midwifery, stating: *"It is also likely that professional indemnity cover support for a Commonwealth-funded model that includes a homebirth setting would be limited, at least in the short term. It is likely that insurers will be less inclined to provide indemnity cover for private homebirths and, if they did provide cover, the premium costs would be very high."*

Minister Nicola Roxon stated, in her second reading speech for the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill, that *"Commonwealth supported professional indemnity cover will not respond to claims relating to homebirths"*. Verbal communication with the Minister's office indicates that this position is due to high estimates of the cost of procuring insurance.

Insurance for homebirth

Women and midwives involved in homebirth have been unprotected by professional indemnity insurance since 2001. It is unclear whether there are rational grounds, based on cost, for excluding homebirth from cover by subsidised insurance under the maternity reform agenda.

Midwives in private practice have been unable to obtain professional indemnity insurance since 2001. Midwives working as employees (usually in hospitals) have been unaffected by this, working under the cover of their employer.

Before the loss of insurance, midwives purchasing insurance primarily worked in private practice, providing homebirth care. A small number had achieved visiting rights to provide birth care in hospital, a significant cultural challenge for most hospitals. Premiums were around $800 per year, covering $5million liability. Some midwives received insurance with their union membership.

Guild's stated reason for withdrawing their product was the small number of midwives purchasing it. This occurred before the insurance crisis arising from "9/11" in September 2001, and before the $14 million damages awarded against an obstetrician in the Calandre Simpson case in November 2001 (reduced on appeal to $11mil.). These events contributed to the medical indemnity crisis, which has been addressed at the Commonwealth level by the medical indemnity package, and at the state level by reforms to tort law.

Maternity Coalition is unaware of an evidence-based discussion on the cost of insurance cover for homebirth midwifery. We consider that this question is a very important issue for investigation by the Senate Committee. It is unclear whether advice provided to Government is rationally informed by a good understanding of midwifery practice and the risks around homebirth.

Some media coverage of the issue suggests that this understanding is lacking at high levels. The Australian of 5 March 2009 quoted Dr Paul Niselle, of Avant (medical insurer), as stating that there was *"no particular reason why indemnity costs for independently practising midwives would be any different from independently practising obstetricians".* On this assumption, the article concluded that cost to Government could be up to $24 million per year to insure 1000 midwives in private practice. Dr Niselle, an AMA Gold Medal recipient, considered that medical cultural resistance was a relevant factor. *"…medical insurers might be reluctant to fill the void for fear of alienating their own members, many of whom are at best cautious about independent midwifery"*. Note that this discussion related to midwives in private practice overall, and did not specifically address homebirth care.

The speculated cost of $24 million per year was based on the Commonwealth's Premium Support Scheme under which doctors' insurance premiums are subsidised, which has not been applied to midwives. It is approximately equivalent to having the highest historic damages award for obstetric negligence awarded against an insured midwife twice every year – an extremely unlikely outcome. It neglects the fundamental differences in scope of practice between midwives and obstetricians, as well as large differences in numbers of births per year cared for. It is not informed by data from countries where midwives provide care under the conditions likely for Australian Medicare-accredited midwives.

We would like a comprehensive and open examination of the likely cost of insuring midwifery care for homebirth, based on a full understanding of midwifery practice and associated risks.

Risks of leaving homebirth uninsured

Maternity Coalition considers it untenable to leave Australian women without access to midwifery care for birth at home.

Most importantly, women should have control over their place of birth, as with other aspects of their reproductive life. Women have powerful personal, cultural, psychological, religious and rational reasons for their choices in birth, and a civilised society should respect these.

Homebirth is an established choice in birth for Australian women. This choice has an unbroken tradition through history, despite great difficulties and significant discrimination against both mothers and carers.

Leaving the community without access to care for birth at home will result in negative consequences. Some women will plan births at home without carers, or will employ unregistered and untrained carers, exposing them and their babies to serious risks. Unregistered birth carers, currently practicing around the country, can be expected to increase in numbers and activity in response to demand. Please see Appendix 3 *"Who can catch babies?"* for more details.

Loss of access to homebirth care will be interpreted by disenfranchised consumers as government action against women's right to choice, in response to medical prejudice.

Ways forward

Maternity Coalition identifies three possible outcomes from the current situation, regarding insurance for midwifery care at homebirths. Only the final option – insured homebirth care, represents a reasonable long-term outcome. The three possible outcomes are outlined below:

1. No private midwifery care for homebirth

As we stated above, we consider leaving women without any access to homebirth care to be an untenable outcome, regarding both the status of birthing women, and public health and safety.

No maternity care stakeholder advocates that women birthing at home should do so alone. No stakeholder in the current discussion has (to our knowledge) proposed that Australian laws should be amended to prevent women from choosing to birth at home. Consequently, the option of offering women no care for homebirth meets no-one's needs.

It has been suggested that State-run public maternity care services could fill the homebirth gap. Public homebirth models exist in several jurisdictions: Northern Territory, Western Australia, South Australia, and New South Wales. These models are limited to specific locations, and are the outcome of many years of incremental cultural reforms at the service level. Even in states with existing homebirth models, there is no prospect of a rapid rollout of new homebirth models, to provide state-wide coverage.

Other states cannot be expected to offer public homebirth services in the foreseeable future at all. The Qld Deputy Premier and Minister for Health has recently stated unequivocally that public homebirth

models are off the agenda for Queensland. Depending on a state-based solution will leave women without care for homebirth.

This outcome can be expected to result in women losing a reasonable choice, and some women birthing at home with untrained or no care at all.

2. Uninsured midwifery care for homebirth

We see two possible ways in which this might occur.

Exemption: An amendment could be made to the Exposure Draft of Bill B, the model legislation for national registration intended for State Parliaments. This could provide an exemption to the requirement for professional indemnity insurance, for professions unable to obtain insurance. This option has been proposed to, considered, and rejected by the Health Ministers in May 2009. It appears highly unlikely that this position will be reversed.

If such a provision was to be made, it would allow any registered midwife to provide care at homebirths, without insurance, without any additional accreditation, consistent with the current situation.

Accommodation: The new National Nursing and Midwifery Board, due for establishment in January 2010, could determine that they will not take disciplinary action against midwives who were appropriately registered and insured, but who provided care for a birth at home, outside the cover of their insurance. This would result in registered midwives, eligible and accredited for Medicare and subsidised insurance, providing funded and insured antenatal, postnatal and hospital birth care, having the choice to provide homebirth care without insurance.

This would leave women birthing without access to redress for negligence (no change), and might not be permitted by the Ministers. However it would offer significantly improved frameworks for safety and quality, compared to current care for homebirth. As the best of the bad options, this could be an interim solution while insurance cover was found.

3. Insured homebirth care

Affordable insurance covering the full scope of midwifery care is the only reasonable long-term outcome. This offers women choice in birth, within a framework of safety and quality, and covered by insurance.

Maternity Coalition proposes that Commonwealth-subsidised professional indemnity insurance be extended to include homebirth.

We propose insured homebirth care provided by:

- Midwives in private practice,
- Accredited and eligible for Medicare, and undertaking regular Midwifery Practice Review with the Australian College of Midwives,
- Having collaborative arrangements for consultation and referral with local doctors and hospitals,
- Consulting and referring according to the Australian College of Midwives' *Midwifery Guidelines for Consultation and Referral*,
- Covered by subsidised insurance for their full scope of practice,
- Providing homebirth care under clearly defined protocols.

This framework is consistent with international standards, and represents significant progress on current arrangements for homebirth care by midwives.

We anticipate that this model would be a realistic candidate for insurance. There are good reasons to expect that a reasonable premium might be achieved, with appropriate government support, due to the risk characteristics of midwifery practice:

- Low numbers of births per year per full-time midwife – around 40/year, compared to around 300/year for a private obstetrician, and responsibility for hundreds of births/year for public obstetricians.
- Scope of practice which excludes responsibility for complex and consequently risky care.
- Increasing numbers of midwives in private practice, and thus sharing risk, due to Medicare funding.
- Evidence-based guidelines for clinical practice.

- Evidence-based guidelines for consultation and referral to medical and other care.
- Quality and safety benefits of the continuity of carer model.
- Current state-run models are covered by state government insurers, and have similar structures for clinical governance.
- Regular review of individual midwives' practice, outcomes and professional development.
- Low historical insurance costs for midwives, inclusive of homebirth.
- This problem is dealt with in health care systems in other countries.

Summary

Maternity Coalition, representing consumers of Australia's maternity care services, thanks the Senate Committee for Community Affairs for considering these very important Bills before Parliament.

We have briefly described the benefits to Australian mothers and families of the Government's maternity reform agenda, as these Bills are intended to deliver.

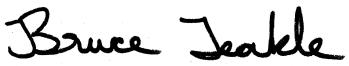
We hope we have outlined above some of the context of these Bills, and the possible unfortunate consequences regarding women's care in homebirth.

We have brought to the Committee's attention the lack of visible evidence on the cost of including homebirth in the Commonwealth subsidy scheme for midwives' professional indemnity insurance.

We have proposed that Commonwealth-subsidised professional indemnity insurance include homebirth, in an effective framework of clinical governance, within its scope.

Maternity Coalition would be pleased to contribute to the Senate Committee's Review in any way requested, including by appearing before the Committee.

Yours sincerely,



Bruce Teakle,

Immediate past President, Maternity Coalition Queensland Branch

on behalf of the Maternity Coalition National Committee

References:

Olsen O, Jewell D. Home versus hospital birth. Cochrane Database of Systematic Reviews 1998, Issue 3. Art. No.: CD000352. DOI: 10.1002/14651858.CD000352.

Royal College of Obstetricians and Gynaecologists/Royal College of Midwives, Joint statement No.2, April 2007

Maternity Coalition

Australia's National Maternity Consumer Advocacy Organisation
www.maternitycoalition.org.au

Homebirth in Australia: no insurance, no care

Fact Sheet

Major reforms are currently reshaping Australia's maternity services positively

- **The Federal Government's maternity reform package,** implementing recommendations of the Maternity Services Review. This promises to improve women's access to choice in maternity care, especially midwfery care, by reforms to Medicare, insurance for midwives, professional development initiatives, etc..
- **National registration for health practitioners,** due July 2010. This will bring uniformity across Australia, with single national registration for caregivers. Implementation will be via Bills introduced first to Qld Parliament and then to other States and Territories.

Midwives in private practice currently have no access to professional indemnity insurance

- Insurers withdrew cover in 2001-2002 during medical indemnity crisis.
- Private practice midwives currently practice uninsured (mainly providing homebirth).
- Lack of P.I. insurance prevents private midwifery practice in hospitals.

Federal midwifery reforms provide insurance for eligible midwives, but not for homebirth

- Federal Budget (12 May 2009) funds Medicare and insurance for midwives, along with other recommendations from DoHA Maternity Services Review.
- Bills introduced to Federal Parliament on 24 June enable:
    - Medicare payments starting November 2010 to "eligible midwives" (as defined in Regulations) working in private practice, and
    - subsidised insurance for eligible midwives in private practice starting July 2010, subject to conditions to be defined in Regulations. Commonwealth covers 80% of claims over $100,000, 100% over $2million.
- Federal Maternity Services Review (Feb 2009) advised against premature support for homebirth to avoid "*polarising the professions*" (p20) and because insurance "*premium costs would be very high*" (p20).
- Minister Roxon's Parliamentary and media statements on 24 June state that "*the Commonwealth-supported professional indemnity cover will not respond to claims relating to homebirths".* This restriction is not described in Bills, is expected to be set in the Regulations.

National registration to require professional indemnity insurance for all practitioners

- The exposure draft of the Health Practitioner Regulation National Law 2009 was released for public comment on 12 June 2009, by the Australian Health Workforce Ministerial Council.
- The draft bill requires that a registered health practitioner "*must not practise the health profession unless professional indemnity insurance arrangements are in force".*
- Non-compliance "*does not constitute an offence but may constitute behaviour for which disciplinary action may be taken*" (clauses 101, 125).

Together, these 2 processes will prevent midwifery care for birth at home

- Midwives wishing to remain in private practice will need to become accredited as “eligible midwives” by 1 July 2010 to access Government-supported insurance.
- Midwives not accredited as “eligible midwives” must either leave practice, register as “non-practicing”, or work only as an employee.
- From July 2010 birth care at home will be outside terms of insurance for “eligible midwives”, and thus potentially subject to disciplinary action by the midwifery professional regulator.

Loss of private midwifery for homebirth is a problem for safety and choice

- Homebirth is a reasonable option for women - shown by current evidence to be safe for low-risk births, available as a normal funded option in other developed countries, low cost.
- State services cannot be expected to provide broadly accessible homebirth services in the forseeable future.
- Women will not have the choice to birth at home with a registered caregiver.
- Some women will birth at home with an unregistered carer or no carer. Bad outcomes can be expected.
- Responsibility is not currently being accepted by either level of Government.

Two possible solutions

- Include homebirth in the Commonwealth’s arrangements to subsidise professional indemnity insurance for midwives. This is the only reasonable long-term outcome.
- A temporary arrangement within national regulation processes to allow homebirth care by eligible midwives until insurance can be sourced.

References:

Maternity Services Review: overview, submissions and report

- http://www.health.gov.au/maternityservicesreview

Federal maternity reform program bills from www.aph.gov.au

- Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009
- Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009
- Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009

Minister’s media statement on maternity reform program

- http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr09-nr-nr087.htm

National Registration and Accreditation Scheme

- http://www.nhwt.gov.au/natreg.asp

Evidence on the safety of homebirth

- A full list of references is available on request. An extensive list of research papers, oriented to the Australian situation, is documented in the paper below.
- L Newman (2008),'Why planned attended homebirth should be more widely supported in Australia', Australian & New Zealand Journal of Obstetrics & Gynaecology , 48:450-453.

Maternity Coalition July 2009. For more information please contact Bruce Teakle: teakle@maternitycoalition.org.au

NZ

	Total births	Live births	Fetal deaths		Early neonatal deaths		Neonatal deaths		Infant deaths		Equivalent Perinatal Death		(using Australian defini
			No	Rate*	No	Rate	No	Rate	No	Rate	No	Rate	
2000	57363	56994	369	6.4	175	3.1	216	3.8	359	6.3	585	10.2	G:\Analyst\PubTables\Fetal\[
2001	56611	56224	387	6.8	143	2.5	170	3.0	315	5.6	557	9.8	G:\Analyst\PubTables\Fetal\[
2002	54905	54515	390	7.1	185	3.4	221	4.1	337	6.2	611	11.1	G:\Analyst\PubTables\Fetal\[
2003	56,969	56,576	393	6.9	141	2.5	184	3.3	304	5.4	577	10.1	G:\Analyst\PubTables\Fetal\[
2004	59228	58723	505	8.5	161	2.7	198	3.4	347	5.9	703	11.9	G:\Analyst\PubTables\Fetal\[
2005*	59092	58,727	403	6.8	148	2.5	183	3.1	294	5.0	586	9.9	PROVISIONAL - http://www.r
2006*	60643	60,274	369	6.1	137	2.3	165	2.7	308	5.1	534	8.8	PROVISIONAL

* Note: Data for 2005 & 2006 is provisional

AUSTRALIA

	Total births	Live births	Fetal deaths		Early neonatal deaths		Neonatal deaths		Infant deaths		Perinatal Death		NPDC
			No	Rate*	No	Rate	No	Rate	No	Rate	No	Rate	
2001	254326	252572	1754	6.9			825	3.2			2579	10.1	Mothers and Babies 2001 p6
2002	255095	253388	1707	6.7			786	3.1			2493	9.8	Mothers and Babies 2002 p7
2003	256,925	255,099	1826	7.1			775	3.0			2601	10.1	Mothers and Babies 2003 p6
2004	257205	255286	1919	7.5			783	3.1			2702	10.5	Mothers and Babies 2004 p8
2005	272419	270,440	1979	7.3			875	3.2			2857	10.5	Mothers and Babies 2005 p7
2006*	282169	280,078	2091	7.4			816	3.0			2907	10.3	Mothers and Babies 2006 p

Who can catch babies?

Fact Sheet

Some Australian states and territories "protect" midwifery practice in law.

- This means that only midwives can legally "*care for a woman in childbirth*" (e.g. Qld Nursing Act, section 77I), with certain exceptions including for doctors and students, and in emergencies.
- Nursing Boards and Councils can and do prosecute birth carers who are not registered midwives, generally for homebirth care.
- These state Nursing Acts, and Nursing and Midwifery Acts, are due to be repealed on implementation of Bill B on 1 July 2010.

Bill B – draft Act for national regulation – does not protect midwifery practice.

- Only Dentistry, Optometry, and spinal manipulation are protected practices under the Bill B (clauses 135-137).
- Bill B does not protect midwifery practice, or caring for a woman in childbirth.
- The national regulation taskforce has taken this approach, reflecting the majority position of the State's current legislation. State positions are in part due to the difficulty and complexity of legally protecting health care practices which may be within the responsibilities of a range of practitioners.
- Bill B does protect all registered practitioner titles, and related titles, i.e. it will be illegal to use a practitioner title unless you are registered as one (clauses 128-134).

From 1 July 2010 women will be able to receive homebirth care from an unregistered carer, but not from a midwife

- Following implementation of Bill B on 1 July 2010, it will be **legal** for an unregistered, uninsured, non-midwife to provide care in childbirth, including homebirth, including for payment, as long as they do not use a protected title.
- Registered midwives will not be able to attend homebirths, due to lack of professional indemnity insurance (see HomebirthFacts fact sheet).
- Unregistered caregivers are currently known to provide home birth care in some communities. Titles include "lay midwife", "birth worker", "spiritual midwife". Although clinical care is generally understood to be outside the scope of "birth supporters" or "doulas", reliable anecdotes describe these carers sometimes attending homebirths without midwives.

References:

- Qld Nursing Act 1992
- National Registration and Accreditation Scheme **http://www.nhwt.gov.au/natreg.asp**

Maternity Coalition July 2009. For more information please contact Bruce Teakle: teakle@maternitycoalition.org.au