Women's Hospitals Australasia ABN: 50 065 080 239

Elton Humphrey Committee Secretary Community Affairs Legislation Committee Department of the Senate PO Box 6100 PARLIAMENT HOUSE Canberra ACT 2600 Email: community.affairs.sen@aph.gov.au 21 July 2009



Dear Committee Secretary,

Please accept this submission to the Health Legislation Amendment (Midwives and Nurse practitioners) Bill 2009 and two related Bills.

Women's Hospitals Australasia (WHA) is a not for profit peak body whose vision is to enhance the health and wellbeing of women and neonates. It achieves this by supporting member hospitals to aspire to excellence in clinical care by sharing knowledge and evidence underpinning best practice. The three key strategies utilised are benchmarking, advocacy, and networking. WHA represents the majority of tertiary women's hospitals in Australia and New Zealand and almost 90.000 babies are born in these hospitals each year.

## Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009

In our submission to the National Maternity Review, WHA recommended that the midwife be recognised as the most appropriate and cost effective provider of primary maternity care. Giving midwives access to Medicare and the PBS is a vital step in ensuring this occurs. Therefore WHA strongly supports this legislation.

As well as legislative changes, the introduction of of this new model of midwife care also requires

- excellent collaborative practice between the different clinicians,
- evidence based and clear referral and practice guidelines,
- a competency and practice review framework, and
- evaluation.

Medicare payments to midwives should be provided in a way that ensures **continuity of care by the same midwife or small group of midwives across the pregnancy, birth and postnatal period**, as evidence suggests that it is this element of care that improves both women's experience of care and clinical outcomes. It would also safeguard against midwives electing to provide just part of the care, say, pregnancy and postnatal care but not the birth care.

A range of settings exist for this new model to work -

- self employed,
- private group practice (with other midwives, GPs, obstetrician),
- practice within a public or private hospitals, and
- community health services.

Further, implementing this new model of midwife care in remote and regional settings will go some way to addressing the current workforce shortages and birthing options available to women in their local communities.

## Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009

In our submission to the National Maternity Review, WHA recommended a national review of professional indemnity insurance as the current situation prevents some doctors from practising maternity care (e.g. rural GPs with very low volume workloads), while midwives are unable to obtain professional indemnity insurance in Australia at all. This compounds the shortage of midwifery and medical staff in both the urban and rural settings and impacts on models of care. Therefore, again WHA strongly supports the provision of indemnity insurance for Australian midwives which this legislation will enable.

It is of some concern to us that the legislation excludes midwives who are caring for women who elect to labour and birth at home. This will may lead to midwives practicing in the home setting without professional indemnity insurance or, care at home being provided by non-trained carers. WHA knows that State/Territory funded models of home birth do exist in New South Wales, South Australia, Western Australia and Northern Territory. It is important that this new legislation does not block or impact on States and Territories being able to provide safe home birth models of care.

## Midwife Professional Indemnity (Run-off Cover Support Payment) Bill 2009

WHA strongly supports this legislation as some injuries that may be attributed to the care received during pregnancy and birth are not always manifest until after the birth, sometimes years. Women and their children deserve access to compensation when this is the case and this should not be dependent on the current practicing status of the midwife who provided the care.

I would be very pleased to address the Senate Enquiry on these matters if required. If you would like to further discuss this submission please contact Liz Chatham WHA CEO on 0417388032. Yours faithfully,

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Professor David Ellwood , President, Women's Hospital Australasia