

**AUSTRALIAN COLLEGE OF MIDWIVES
TASMANIA BRANCH Inc**



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6th December 2009

RE: Senate Inquiry regarding “collaboration with doctors” requirement for midwife registration, MBS and PII.

ACM Tas is heartened to know that parliamentary process has ensured there is senate inquiry into the unfair and controlling requirement of collaboration which affects a woman’s ability to choose a private midwife as her primary caregiver.

As President of the Tasmanian Branch of the Australian College of Midwives (ACMTAS) I am obliged to respond to the Federal Labour Government’s announcement that “medicare for midwives” Bill would be amended to require midwives to have “collaborative arrangements” with “medical practitioners” before being eligible for professional indemnity insurance or medicare rebates. This puts women’s access to private midwifery care under medical control as doctors become the gatekeepers to midwifery care. Women will only be able to access private midwifery care at a doctor’s discretion with the threat of this access to private midwifery care being withdrawn at any time should there be any disagreement regarding the woman’s care.

This proposed collaboration is one-sided, leaving midwives and women they care for at the mercy of the AMA and RANZCOG and their members.

We would like to propose:

- That the word collaborative be replaced with ***consultative*** as ***consultative relationships*** mean that midwives are able to work ***alongside*** their medical colleagues, rather than working under their control, which is implied by collaborative arrangements. Midwives ***CAN*** be trusted to refer and consult when needed as per the ANMC competency standards and ACM Guidelines for Consultation and Referral.
- The ACM has already published the ‘National Midwifery Guidelines for Consultation and Referral’ that Midwives currently use. This document was revised and updated by a multidisciplinary expert working group in 2008 consisting of a number of stakeholders from the medical and midwifery professions as well as consumers of maternity services.
- The ACM position paper “Eligibility for midwives accessing the MBS” and the National Midwifery Guidelines for Consultation and Referral, when used together, form the corner stone for the consultative relationship that many midwives and doctors already have. The amendment to the health legislation, as proposed by the AMA and RANZCOG requires midwives to have a collaborative relationship with one or more medical practitioners before being eligible for professional indemnity insurance or access to the MBS.
- The Macquarie dictionary defines ‘collaboration’ as ‘to cooperate treacherously’; the current draft legislation requirements for collaboration are treacherous. It is onerous and only serves to make the

choice more expensive and exclusive, plus this model puts the doctor, rather than the woman at the centre of maternity care.

- Women's access to private midwifery care will no longer exist under a regimented medical model with doctors becoming the gatekeepers for women accessing midwifery care. Women will only be able to access private midwifery care at a doctor's discretion with the threat of this access to private midwifery care being withdrawn at any time should there be any disagreement regarding the woman's choices. This proposed collaboration is one-sided, leaving midwives and women they care for at the mercy of AMA and RANZCOG members.
- It is hard to see the proposed amendment as anything other than an attempt by the medical lobby to ensure that doctors have a power of veto over the regulated professional practice of a midwife. The World Health Organisation (WHO) recognises the midwife as "a responsible and accountable professional who works in *partnership* to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant". If this amendment is to go ahead, midwives will be the only profession within the health professions legislation that will be under the control of another profession.
- If midwives are required to collaborate rather than consult with medical colleagues, problems will arise for women wanting to birth at home, as medical organisations are publically opposed to homebirth. They need only urge their members to refuse to collaborate with midwives if they provide homebirth services and homebirth will go underground with free birthing becoming common. ***This is a serious safety concern for Australian women wishing to birth at home, as accessing the professional, accountable services of a registered midwife will be denied to them.***
- It is outrageous that the Nursing and Midwifery Regulatory Board's authority is being superseded by the government setting restrictions on registration requirements prior to the board gaining its legal power in July 2010. Instead of the regulatory body determining safe and competent practice by midwives, it will be down to the whim of individual obstetricians. This will not pave the way to safe, high quality ***consultative*** care for women and their babies.
- Consultative relationships are about mutual trust and respect and professional cooperation focused on the needs of individual women and their babies. It's not going to work if it's a forced collaborative one-sided relationship with medical professionals holding all the power. "It's like only one hand clapping".

As the established and recognised professional body for Midwives in Tasmania, we implore the senate to remove collaborative arrangements as a requirement for midwives to be able to register and access professional indemnity insurance and MBS, and replace it with consultative relationships based on the National Midwifery Guidelines for Consultation and Referral, as published by the Australian College of Midwives.

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