



community.affairs.sen@aph.gov.au

RE: Health Legislation (Midwives and Nurse Practitioners) Bill and the Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill - amendments.

To Whom It May Concern,

The following contribution made on behalf of our organisation outlines our concerns and considerations regarding the recent amendments to the above mentioned Health Legislation Bill. It is our understanding that these concerns be submitted by 11th December for review within the inquiry that will be completed prior to the next parliamentary sitting.

Background: The present legislation appears to state that Midwifery Registration will depend upon the availability of Professional Insurance and on a Collaborative Model.

The present Professional Midwife

Midwives are educated and regulated to provide care for pregnancy, labour and birth on their own responsibility under the International Confederation of Midwives definition of a midwife.....

In Australia, Midwives who are currently self-employed refer women who need care to the appropriate person.

According to the Amended Bill: a midwife is only eligible for the benefits if they are registered. To be registered Midwives will be required to have professional insurance and render "a service in a collaborative arrangement or collaborative arrangements with one or more medical practitioners of a kind or kinds specified in the regulations".

Our concern is that: the Amendment does not clearly state that a medical practitioner or hospital medical practitioner is also required to be collaborative with a registered midwife (albeit private or otherwise). A registered midwife may lose her registration if a collaborative arrangement and professional indemnity is not secured for example:

- A midwife must practice under a collaborative care model.
- A private midwife must have indemnity insurance in place from 1st July 2010. Professional Insurance for 'the birth' – has not yet been negotiated, deeming midwives ineligible for registration after 1st July 2010.

The Amended Bill does not clearly define a most important requirement of collaboration.

*In a collaborative model **all parties** have defined role responsibilities and be required to participate as part of the collaborative team i.e. any registered midwife (private or otherwise) any registered medical practitioner or any referring hospital*

Considerations: the amended bill appears to have the following possible detrimental consequences

- A. Medical Practitioners and hospitals **will not** be compelled to enter a collaborative agreement/model.
- B. It is not unbiased as it does not include that a medical practitioners registration depends on his/her being part of the collaborative team.
- C. Any 'one' Medical practitioner or Hospitals hostility to the concept of homebirth could prevent a woman from being safe at her birth.
- D. Private Midwives will not be able to be registered unless a formal collaborative agreement with medical practitioners has occurred – this could prevent a midwives access to registration.
- E. A medical practitioner or hospital medical practitioner could over-ride existing midwifery regulatory bodies i.e. The National Midwifery Registration Board & the Australian College of Midwives standards of consultation & referral.
- F. Many safe options such as homebirth, vaginal birth after caesarean and care in rural areas may be lost if a medical practitioner did not agree to formal collaborative agreements with a private midwife.
- G. Remote midwives presently offering services may not be able to procure back up if a hospital does not agree to be a part of the collaborative team.
- H. Formal agreements with medical practitioners may take away the option for midwives to refer to the most appropriate professional.
- I. If, Privately Practicing Midwives do not have Professional Insurance for 'the birth' as well as the pre & post natal care, they will be providing a service outside of the conditions of registration

Amendments need to include:-

1. the lines of responsibility for de-registration of midwives i.e. review by the National Midwifery Board & The Australian College of Midwives. Concerns by medical practitioners about Registered Midwives (private or otherwise) should be raised thru by either the Health Care Complaints Commission and/or the National Midwifery Board (with representatives from The Australian College of Midwives Ass). Complaints about the practice of a midwife need to be reviewed by professional peers.
2. All parties involved in any collaboration i.e. the general practitioners and/or obstetricians & hospital medical practitioners and registered midwives, be they practicing privately or otherwise, should have responsibilities appropriate to their specific expertise.
3. That all homebirth transfers - regardless of personal bias, religious or cultural background be accepted by any medical practitioner or referring hospital for care, in a manner that is respectful to the woman and her chosen practitioner,

We trust you will in your deliberations - consider the above additional contribution.

Thank you.

Warm Regards

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CEO

The Natural Birth Education & Research Centre Inc

8th December 2009.