

**Senate Standing Committee on Community Affairs - Inquiry into Health Legislation
Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills.**

~ A response from Community Midwifery WA ~

11 December 2009

Community Midwifery WA (CMWA) respects and appreciates the initiative of Senator Siewert to have proposed midwifery related legislations once again referred to the Community Affairs Legislation Committee (CALC) for consideration.

This recommendation again enables the people of Australia to register our aspirations and concerns with regard to the future of maternity care in this country including the potential impact of the legislation as they are currently articulated. CMWA maintains the hope that all pregnant women will be respected for the informed choices they make with regard to their care and that this respect is extended to the midwives who are committed to providing continuity of care in all settings, including the home.

Background to CMWA

CMWA is in a unique position to comment on the importance of midwifery-led care as the organisation has delivered a highly sort after and successful homebirth service since January 1996. In the current context it is important to note that the service was established with federal funds in response to the inequity issue that saw women paying a significant amount of money to birth at home instead of taking up the option of birthing in a public hospital for free. While this remains the case for many families across the country, women who live in the Perth metropolitan area can apply to birth at home at no cost on CMWA's Community Midwifery Program.

In 2008/09 257 babies were born on the Community Midwifery Program (CMP) with the care and support of midwifery continuity of care. The CMP is funded by and delivered in partnership with WA Health. Given indemnity insurance for midwives has not been available in the private sector in Australia since 2001, CMP midwives are employed directly by the state government and as such will not be affected by the proposed legislation. CMWA however has a mandate to ensure that women in Western Australia have access to a full range of maternity care choices including birthing in their own homes with the support of an independently employed midwife.

CMWA's response below, to the questions posed for the Senate Committee, is less about the potential impact of the proposed amendments / legislation and more about the need for a paradigm shift within the maternity care sector – both across the profession and the birthing community itself. We trust that this broader perspective will serve to promote a re-evaluation of the proposed changes in order to support a safer, fairer and more respectful maternity care sector.

Questions for Consideration

(a) whether the consequences of the Government's amendments for professional regulation of midwifery will give doctors medical veto over midwives' ability to renew their licence to

practice; AND (d) why the Government's amendments require 'collaborative arrangements' that do not specifically include maternity service providers including hospitals;

While CMWA supports and actively promotes collaborative relationships between midwives and GPs/obstetricians the reality is that the establishment of such arrangements may be difficult to enact without a significant cultural shift across mainstream health services and with practitioners working in the field of maternity care. This shift in perspective includes the recognition of the key role of the midwife in the care of women with normal pregnancies and deliveries AND a belief that birth can occur naturally for fit and healthy women who are well-prepared and well-supported for the experience. Mutual respect and understanding is required for true collaboration to occur and this respect and understanding must also be extended by maternity care providers to the clients who seek, or come into, their care.

An example of the barrier to the establishment of collegial relations across and within the maternity professions has been evidenced by CMWA through the lack of response to a mail-out sent to medical practices across the Perth metropolitan area. Letters were sent to introduce CMWA's Pregnancy Support Service for refugee and migrant women, and to seek an expression of interest from practitioners willing to work in support of women choosing to birth with the CMP in a shared-care arrangement. Of the 160 letters sent, only one reply was received. CMWA also has on file over a decade of correspondence aimed at breaking through to the GP network to facilitate collegial relations and discussion about our model of care – each with little or no response. Such observations do not auger well for midwives who will be obliged, through the proposed amendments, to seek formal arrangements with GP/obstetricians in order to gain or maintain registration. There is a distinct possibility that in regional and remote areas midwives will not have access to other maternity professionals with whom to collaborate and many in towns and cities the allegiance of GPs and obstetricians to their peers may well take precedence over formalizing arrangements with midwives.

That midwives could be prohibited from practicing through no fault of their own is clearly unjust. Registration of midwives should be based on evidence of current competencies in midwifery practice (and assessed by an independent licensing body) rather than on whether another maternity care professional is willing to enter into a collaborative arrangement with a given midwife, or not. The proposed amendments will structurally and legally engrain the professional inequalities that characterize and handicap maternity care in Australia and if implemented the country can reasonably expect to see cases where individual midwives are unable to renew their license to practice.

(b) whether the Government's amendments' influence on the health care market will be anti-competitive; AND (c) whether the Government's amendments will create difficulties in delivering intended access and choice for Australian women;

CMWA is concerned that the proposed legislation is anti-competitive in that it will reduce rather than support access to a full range of maternity choices in Australia.

The issue for expectant couples at this point in Australia's cultural development is that there is an almost universal assumption that maternity care will be provided by an obstetrician or a general practitioner. The option of having a midwife is rarely considered even though midwives are trained to support normal pregnancy and birth and to detect when referral for additional clinical care is required. As midwifery care is significantly cheaper to provide

than obstetric or GP care, it is not surprising that the federal government is seeking ways and means to increase the uptake of this option across the country. While CMWA applauds this as a step in the right direction, this is unlikely to occur if legislation is implemented that endorses rather than dissipates the unproductive power relationships that are evident within the maternity care sector. As indicated above through not fault of their own midwives may be prevented from securing the support of their GP and obstetric colleagues. If this is the case then the access and choice in maternity care that the federal government intends to provide Australian families will be reduced from that which is currently available. A far more developmental approach would be to ensure that birthing families have access to evidence-based information about the full range of maternity care options and that support is provided where demand for services is demonstrated.

(e) whether the Government's amendments will have a negative impact on safety and continuity of care for Australian mothers;

The power dynamics present at birth between maternity-care providers must be recognized as a serious impediment to women birthing safely and with ease and respect. As the proposed amendments are more likely to enhance rather than seek to eradicate the inequality of maternity care professionals, it is unlikely that the quality and safety of maternity care will be improved as a result.

Continuity of care is recognized – and evidenced through research – to be a significant factor in improving maternal outcomes and homebirth midwives are the maternity care professionals with the most experience and skill in this field. Given that this is the case it is essential that this model of maternity care is not only developed and supported by legislation but also recognized for its safety and quality outcomes. As indicated previously a key step here is to have both consumers and providers of health care recognize the competency and commitment of midwives in the care of low-risk pregnant and birthing women. Indeed it is not helpful that many medical practitioners hold and promote the ill-founded opinion that homebirth midwives do not practice safely. When thinking logically about the context in which homebirth midwives work, i.e. without obstetric care and facilities at hand, it is not unreasonable to conclude that the opposite is actually the case! The fact is that for decades homebirth midwives have successfully worked to ensure the safety of birthing women and their babies – not only because this is their job and they wish to keep doing it - but precisely because they are constantly aware that they are under the scrutiny of their mainstream medical colleagues. In addition to this covert monitoring, the insurance crisis of 2001 has placed an even stronger imperative for homebirth midwives to prevent any adverse outcomes occurring for mothers and babies in their care.

From the experience and observations of CMWA over the last 13 years the biggest risk to the quality and safety of planned homebirths is in the potential delay in transfer that may occur due to the lack of respect that hospital based staff may have for homebirth midwives and parents. In order for a transfer not to be delayed, women who wish to birth on the CMP must sign a Terms of Care document 3 times during their pregnancy which indicates that they will agree to transfer to hospital if their midwife believes additional support, or clinical advice, is required. Approximately 15% of women on the CMP transfer to hospital during labour for additional care or as a planned domino birth. Data from CMP's post-discharge surveys shows that while the overwhelming majority of women feel fine about transferring when required, many report experiencing stress as a result of negative responses from hospital staff to their choice of a planned homebirth. Due to the occasional lack respect and the impact this

has on a woman's capacity to birth well, CMWA has ceased providing care for VBAC women. Domino births may also cease in the near future due to similar concerns.

While the negative scenario mentioned in the previous paragraph occurs more than CMWA would like (indeed once is too much!) it is not at all uncommon for transfers to occur with excellent reception and mutual respect from hospital staff. On these occasions continuity of care is maintained and the safety of the woman maximized through minimizing the stress that good collegial relations brings.

(f) any other related matter.

As wise counsel is often heard to suggest, respect is something that is earned rather than assumed and this is the fundamental issue at the heart of the concern that CMWA has with regard to the proposed amendments.

Individuals who take responsibility for their choices - and the impact these have on themselves and others - are generally thought to be deserving of respect and support. When it comes to maternity care however, Australian citizens are generally not encouraged to take responsibility and it is clear that the status quo is more comfortable when expectant parents comply with mainstream standard practice, i.e. birthing in a hospital with GP/obstetric led-care. Over the past few years CMWA has noted a steep increase in the number of women seeking counsel and support after disempowered birth experiences. Many recognize their ignorance in retrospect and speak about how they assumed that their GP/obstetrician knew best and simply followed their command. CMWA's Mission is for all women and their partners to be well-informed, well-prepared and well-supported for pregnancy, birth and parenting. When cultural expectations are stripped away and the pros and cons of maternity care options considered in detail, many couples choose the benefits of planning to birth at home. When expectant couples take full-responsibility for their choices they also prepare better and in doing so develop a flexibility that enables them to cope when things might not go according to plan - during childbirth and throughout their parenting. It is of great concern that the proposed legislation does not respect or support couples who make the effort to research birth options and conclude that homebirth is their preferred choice.

If Australia is to develop as a nation citizens must be encouraged to be responsible for the choices they make. Women surveyed about their birth on the CMP - either at home or in a hospital - invariably report that it was the most the amazing experience of their life. Pregnancy and childbirth are developmental processes and families deserve the support to make these exceptional experiences. To have legislation proposed that goes against this happening by prohibiting maternity care choices is a concern not only for women and their families but for the future of maternity care in Australian and our society at large.