

## **Australian College of Midwives SA Branch**

### **Response to the Health Legislation Amendments Bill 2009**

The South Australian Branch of the Australian College of Midwives appreciate the opportunity to provide feedback to the Health Legislation Amendments Bill 2009. We support the reform of Australian maternity services, in principle, however we have major concerns regarding the current forms of the Health Legislation (Midwives and Nurse Practitioners) Bill and the Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill.

#### **Collaborative arrangements:**

Midwives collaborate with all sections of the health service, including: medical practitioners, social workers, physiotherapists and mental health nurses, whenever the midwife's assessment of the women in their care requires these expertise. The philosophy of midwifery positions women at the centre of their care, ensuring that women are given the information required to make an informed choice, and indeed, includes collaboration with the women themselves.

To have a law that states "collaborative arrangements" with "one or more medical practitioner" before the midwife's services are eligible for Medicare rebates and/or Commonwealth-subsidized professional indemnity insurance only serves to place both midwives and women under the control of the medical profession. It relies on the doctor's 'good will' to support, not control the midwives' practice. Thus a difference in opinion on management, or the action of the midwife to support a woman's choice which does not comply with the doctor's belief about best management, could result in the midwife losing her license to practice. No other profession is required as a condition of practice to do this.

The International Definition of the Midwife, endorsed by the International Confederation of Midwives and the International Confederation of Gynaecologists and Obstetricians, and accepted by the World Health Organisation, identifies the midwife as being "*able to give the necessary supervision, care and advice to women during pregnancy, labour, and post-partum period..*" and to detect "*abnormal conditions in mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical help.*" These excerpts clearly identify the midwife as a professional in her own right, one who works collaboratively with the medical profession when detection of abnormal conditions require. In addition when there are no medical professionals available, the midwife can execute emergency measures. With this proposed legislation, if there are no medical practitioners available, as may occur in remote areas, or where there are no medical practitioners with the skills in obstetric care available such as in rural areas, this would then put women at risk and make the reforms unworkable.

#### **Homebirth**

It is essential that women have a choice to give birth at home with a skilled midwife in attendance. Women who choose homebirth do so with a strong philosophy of their ability to give birth naturally. They have researched their options, knowing that if complications arise they will transfer to medical care with the support of their chosen

midwife, their intent is also to achieve a healthy outcome for mother and baby. Under this proposed legislation, if medical practitioners refuse to 'collaborate' with midwives in these instances, women may feel forced to give birth at home without any professional support -this is a frighteningly increasing occurrence known as free birth - an extremely unsafe practice putting the woman and her baby at risk. The decision of how, with whom and where a woman chooses to give birth is a woman's fundamental right. It is the fundamental responsibility of both the midwifery and medical profession to enable women to exercise this right safely. By taking away the ability for a midwife to assist women to give birth at home is irresponsible, dangerous, discriminatory and anti-competitive.

Submitted by Julie Pratt (ACM SA Branch Vice President) on behalf of the president and Branch Committee

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