Queensland Centre for Mothers & Babies

December 11, 2009

Elton Humphery
Committee Secretary
Senate Community Affairs Legislation Committee
community.affairs.sen@aph.gov.au

Dear Mr Humphery

Re: Senate Community Affairs Committee Inquiry into:

- Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009
- Midwife Professional Indemnity (Run-off Cover Support Payment) Bill 2009
- Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009

The Queensland Centre for Mothers & Babies is an independent research centre based at the University of Queensland and funded by Queensland Health to facilitate maternity care reform in Queensland.

We support the maternity services reform agenda of the Rudd Government that aims to improve ***choice*** and increase opportunities for women to ***access*** midwifery care through Medicare funding, in addition to providing access to the Pharmaceutical Benefits Scheme for midwives, and subsidised professional indemnity insurance for independent midwifery services. We have serious concerns, however, regarding the recent amendments proposed by the Minister for Health on November 5, 2009. We applaud the Senate Committee for establishing this Inquiry and demonstrating the commitment of the Australian Government to ensuring that these important Bills will provide safe, fair and accessible services for women across Australia.

We address the Committee's Terms of Reference as follows:

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

The suggested amendment to the Bills, to link 'collaborative practice' to ***one or more medical practitioner/s,*** effectively gives medical practitioners direct control over the rights of midwives to practise autonomously. Whilst we recognise the professional expertise of appropriately trained medical practitioners, we argue that midwives have similar, though different, levels of professionalism and expertise and that a genuinely collaborative model would position both medical practitioners and midwives as equal partners. These amendments are in direct opposition to the statements by the Minister that her reform agenda aims to ***increase access and choice*** for women.

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b) *Whether the Government's amendments will have an anti-competitive effect on the health care market*

The amendments have the potential to restrict midwives' capacity to offer services within the private and public sectors. While midwives, GP Obstetricians and Obstetricians have different, yet complementary, skill sets, there are common, shared skills and knowledge. The proposal to grant access to MBS and PBS funding to appropriately qualified and registered midwives would result in increased competition in the marketplace. Conversely, denying this access to midwives is effectively anti-competitive. Given that the original intent of the reforms was to enable women to have access to midwifery models of care, the proposed amendments must be considered to be anti-competitive.

c) *Whether the Government's amendments will create difficulties in delivering the intended levels of access and choice to Australian women*

RANZCOG and the AMA have lobbied the Government to restrict midwives' access to federal funding through the MBS and PBS. Nowhere is this more apparent than in the AMA's newsletter to their membership declaring the November 5 amendments as a *'win for the profession'*. It is our opinion that the political position of both RANZCOG and the AMA are at variance with the private views and practices of many medical practitioners, who already practise, and would like to expand, collaborative models of care that offer genuine choice to women. The amendments will continue to ensure that medical practitioners, rather than women themselves, control women's access to midwifery care options. This in turn will reduce women's **choice** and **access** to continuity of care by midwives, despite extensive evidence that both choice and continuity of care positively impact on women's satisfaction and the health outcomes of both mother and baby.[1]

Women in rural and remote areas will be particularly disadvantaged by these amendments. High rates of turnover occur among health professionals in many of these communities. Medical positions are either nonexistent or staffed by short-term locums. To require midwives to obtain serial endorsement from each individual medical practitioner within this environment will further undermine women's access to midwifery care.

d) *Why the Government's amendments with require 'collaborative arrangements' do not specifically include maternity service providers (particularly hospitals)*

It is recognised that processes need to be implemented that facilitate the safe and timely transfer of women from primary to secondary and tertiary levels of care where required. Currently, birthing women who need to transfer from out-of-hospital care, and their midwives, can experience hostility and practical barriers to access. The Queensland Centre for Mothers and Babies supports legislation that promotes

[1] Hatem M, Sandall J, Devane D, Soltani H, Gates S. Midwife-led versus other models of care for childbearing women. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD004667. DOI: 10.1002/14651858.CD004667.pub2.

seamless transfer of care where this is necessary. The current amendments will not achieve this, and will continue to place some women at increased and unnecessary risk. Midwifery care is different to medical care, and is chosen by different women for different reasons; yet under the current amendments it appears that only models of care that match the medical worldview of pregnancy and birth will be supported.

We support the requirement to develop pathways that engage women and midwives with health services, but these pathways should not negate the ability of midwives to practise within their recognised scope of practice. As a regulated profession, midwifery has its own standards, guidelines and codes of practice which ensure the safety of care provided by midwives in any setting. Both these professional standards and those of medical practitioners should be acknowledged.

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

The implications of these amendments for pregnant and birthing women are to place them at increased risk of dissatisfaction and poor health outcomes for themselves and their babies. There will always be some women who choose to opt out of services, bypassing the system, and avoiding antenatal care. These women may choose to birth outside of hospitals, or alternatively their first contact with formal health services may come when they present at hospital in established labour. The reforms could, and should, offer additional models of midwifery care to these women. The current amendments will locate decision-making regarding access to alternative models of care as the responsibility of the medical practitioner. This can be problematic in rural and remote areas, where it is frequently the case that the only medical practitioner available will be someone who is not in the community and who does not know the women, the midwives, the services available, or the community culture.

Australian maternity care has an unfortunate history of poor collaboration and professional tension between the two main carer groups. These amendments will reinforce existing poor relationships, not assist in developing a more genuinely collaborative approach to maternity care between medical practitioners and midwives. The consequences will be fewer choices for women and greater risk of poor quality care.

f) *any other related matter*

If the amendments are successfully passed, there will be direct financial benefit to the medical profession, who will continue to receive financial benefits from controlling maternity services in the private sector, but both midwives and women will be disadvantaged.

The amendments would give authority to one professional group to control the services of another professional group. This is inconsistent with the current context of health reform and regulation in Australia and across the developed world. Further, there is the risk of legal challenge to the proposed legislation on this basis.

Midwifery is a nationally and internationally recognised profession, regulated under legislated frameworks designed to protect the public. The current amendments undermine these frameworks.

There is strong national and international evidence to demonstrate that midwives working in collaboration with health systems, with medical practitioners and with women themselves, produce better outcomes for both mothers and babies. A recent Cochrane systematic review[1 above] of eleven randomised controlled trials, involving over 12,000 women from around the world, has demonstrated conclusively that outcomes for women receiving continuity of care from known midwives were better than for women who received fragmented care from multiple midwives and doctors.

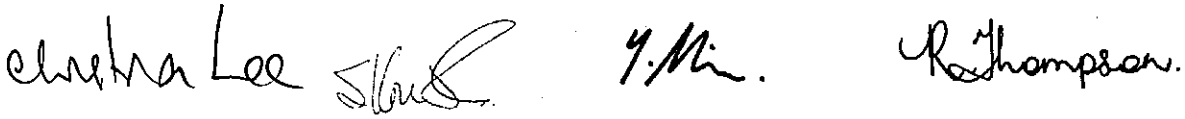
Further, those medical practitioners who support multiple models of care and the provision of choice to women will be prevented from providing services in the way they believe to be most beneficial.

Finally, the amendments will not benefit women. They will support a single model of care, with doctors employing midwives to work under their direct supervision. We argue that the legislation should support a suite of models available to women, in order to increase choice and provide greater access to midwifery care for those women who want it, while enabling seamless transition to hospital care where that becomes necessary.

We do not believe that the political positions of the AMA and RANZCOG reflect the views and preferences of many of the practising obstetricians currently working in collaborative models across Australia, particularly in the public sector. That these medical practitioners continue to work within these models ***in spite of*** a hostile policy platform of the AMA and RANZCOG is testament to the perceived value of these models among those medical practitioners. Further, both the preferences of women and the robust clinical and scientific evidence on the benefits of midwifery and out-of-hospital care have been ignored in the formulation of these amendments.

Thank you for the opportunity to contribute to the inquiry.

Yours sincerely



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