

Response to the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009.

The Student Advisory Committee of the Australian College of Midwives welcomes the opportunity to provide comment on the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009. The Student Advisory Committee is composed of six members some of whom are still undertaking Midwifery studies, and others who are recent graduates. We have representatives in most states of Australia, and as such represent the wider voice of midwifery students. We are proud to represent the future of Australia's midwifery workforce.

A consequence of the scheduled Amendment, is that individual doctors will now have the ability to effectively veto a midwives right to access registration. No profession should have the power of veto over another professions right to carry out their business. This is an unprecedented action, and a complete insult to competent, professional, registered midwives. This is not about collaboration for the benefit of birthing women and their families. It is about Obstetricians, led by their union leaders – the Australian Medical Association (AMA) – attempting to monopolise what is essentially a lucrative market. In the recent article '*Meet Mr Sam*' (The Age, November 29, 2009), Dr Andrew Pesce blatantly announces on the public record, that his greatest achievement is seeing this Amendment come to fruition under his guiding hand as president of the AMA. This is an outrageous attack on not only registered midwives, but also Australian women and their families. Australian women have the right to determine their own bodily autonomy, not be forced into a model of obstetric care, which is not being promoted for safety but rather profit margins.

Midwives are registered health professionals, licensed to carry out care from preconception to six weeks postnatally, under their own authority, in any setting, as defined by the International Confederation of Midwives:

'A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery. The midwife is recognised as a responsible and accountable professional who works in partnership with women 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. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. A midwife may practice in any setting including the home, community, hospitals, clinics or health units.'

(ICM Adopted 19 July 2005: supersedes ICM The International Definition of the Midwife 1972 and its amendments of 1990).

Registered midwives are already accountable for the care they provide, and answerable to their own regulatory bodies. Midwives abide by the Australian College of Midwives *Guidelines for Consultation and Referral* which stipulate when it is appropriate to seek consultation and collaboration. With these mechanisms currently in place, it is completely unnecessary to introduce yet another layer of hierarchy.

Student Advisory Committee,
Australian College of Midwives.

Collaboration is a two way process, if it's only one way, then it is *control*. The Student Advisory Committee would like to offer the following alternatives:

- Rather than requiring midwives to have an agreement with individual obstetricians, midwives should be able to have an agreement with a public hospital (essentially visiting rights), so that they can provide women with seamless transfer of care if needed and continue to provide care in the hospital. This system exists and works well in New Zealand.
- If the Amendment is passed and to exemplify the *spirit of collaboration*, private obstetricians will be required to refer low-risk healthy women who present for care to registered midwives. This ensures that their specialist obstetric skills are used appropriately and avoids placing a greater toll on the already over-burdened health care system, by reducing the amount of women undergoing unnecessary interventions during their pregnancy and birth.

As future health care professionals, midwifery students simply won't work in a health care system that fails to support us to practice in the full scope of midwifery. In light of chronic work force shortages in areas such as midwifery, it is in the best interest of the Government and Australian women and families, to support registered midwives to continue to provide essential, safe, indemnified primary health care.

Kind regards,

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