Elton Humphrey
Committee Secretary
Community Affairs Legislation Committee
Department of the Senate
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15 December 2009

Dear Committee Secretary,

Please accept this submission to **Community Affairs Legislation Committee Inquiry into the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills.**

Women's Hospitals Australasia (WHA) is a not for profit peak body whose vision is to enhance the health and wellbeing of women and neonates. It achieves this by supporting member hospitals to aspire to excellence in clinical care by sharing knowledge and evidence underpinning best practice. The three key strategies utilised are benchmarking, advocacy, and networking. WHA represents the majority of tertiary women's hospitals in Australia and New Zealand and almost 90,000 babies are born in these hospitals each year.

In our submission to the National Maternity Review, WHA recommended that the midwife be recognised as the most appropriate and cost effective provider of primary maternity care. Giving midwives access to Medicare and the PBS is a vital step in ensuring this occurs. Therefore WHA strongly supports this legislation.

Medicare payments to midwives should be provided in a way that ensures continuity of care by the same midwife or small group of midwives across the pregnancy, birth and postnatal period**,** as evidence suggests that it is this element of care that improves both women's experience of care and clinical outcomes. It would also safeguard against midwives electing to provide just part of the care, say, pregnancy and postnatal care, but not care during labour and birth.

In this submission we are addressing items (a), (c) and (d) of the Terms of Reference for this Inquiry:

(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;

(c) whether the Government's amendments will create difficulties in delivering intended access and choice for Australian women;

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

WHA strongly urges that the legislation includes public hospitals as one of the maternity service providers with whom a midwife working under this legislation can enter into a collaborative arrangement. Public hospitals have a history of excellent collaboration between obstetricians and midwives which contributes ultimately to improved care for women. Within our member hospitals there are a number of models of maternity care where, in fact, collaboration is an absolutely vital component. We would be happy to provide to you further information about these models and the nature of the collaborative arrangements within them.

Further, public hospitals have developed valuable experience and wisdom in establishing and maintaining successful collaborative arrangements not only between obstetricians and midwives, but also between midwives and general practitioners and allied health staff. Importantly, public hospitals have in place clinical governance structures as well as access to allied health services and, professional support and education. Midwives working under this new legislation in collaboration with public hospitals could avail themselves of these services and structures for both their own benefit and ultimately to that of women in their care.

WHA believes that public hospitals are currently better placed than private obstetricians to work with midwives covered by this legislation. In many settings in both rural and metropolitan regions, it may be very difficult for midwives to establish arrangements with private clinicians for a number of reasons. These include availability, mistrust, and possible lack of understanding by obstetricians of their role in such a collaborative arrangement with a midwife. It may be particularly difficult in rural and remote settings. On the other hand, public hospitals have a number of enablers (experiences, resources and structures) in place to increase the likelihood of establishing successful collaborative arrangements with midwives.

It is of serious concern that there is an unintentional but real risk of medical veto inherent in the proposed legislation whereby a midwife is ineligible to practice and have access to professional indemnity insurance unless she is able to demonstrate that she has a collaborative arrangement in place with an individual clinician. WHA believes that allowing collaborative arrangements with a public hospital, rather than an individual clinician, could obviate this real but untenable risk. Further, the risk of medical veto may be greater in rural and remote settings where the need to increase access to maternity services is critical. If this remains unaddressed, it will potentially create difficulties in delivering intended access and choice for Australian women.

If collaborative arrangements between midwives and public hospitals are made possible, it would then also be possible for the Commonwealth Government to put in place a range of levers and balances with the State and Territory Health Departments to ensure that the public hospitals do establish, as a priority, collaborative arrangements with midwives working under this Act. We would also suggest that

without public hospitals included, the successful implementation of this model of maternity care will be at risk, or, it may only be able to be implemented in limited settings. This would run counter to the intention of increasing access and choice for Australian women.

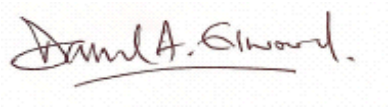
Lastly, it is of some concern to us that the legislation excludes midwives who are caring for women who elect to labour and birth at home. This may lead to midwives practicing in the home setting without professional indemnity insurance or, care at home being provided by non-trained carers. State/Territory funded models of home birth do exist in New South Wales, South Australia, Western Australia and Northern Territory. It is important that this new legislation does not block or impact on States and Territories being able to provide safe home birth models of care.

WHA repeats its strong request that the proposed legislation include public hospitals as one of the maternity service providers with whom a midwife working under this legislation can enter into a collaborative arrangement. We believe that this inclusion:

- reduces the medical veto inherent in the legislation that may prevent a midwife from meeting the eligibility criteria.
- improves access and choice for Australian women especially in remote and rural settings.

I look forward to discussing the issues raised above with you at the Senate Enquiry on these matters. If you would like to further discuss this submission please contact Liz Chatham (CEO, WHA) on 0417388032.

Yours faithfully,



Professor David Ellwood ,
President, WHA