

The Secretary  
Senate Community Affairs Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600

30/4/2009

Dear Ms Roxon,

**Re: National registration requirements for all midwives to carry Public Indemnity Insurance despite this not being available to midwives in private practice.**

As you know, early in 2009 your Government released the findings of the review on maternity services in Australia (The Maternity Services Review). Even though 53% of the submissions to this Review discussed access to home birthing, publicly funded homebirth has not been considered in the recommendations nor has assisting privately practicing Midwives regain Medical Indemnity Insurance.

*I understand that the Maternity Services Review was an attempt to deliver continuity of care and midwife-led services to more Australian women. In so doing, it has stripped that very same care and service from the only women who currently have it – women choosing homebirth with a midwife in private practice.*

The review recommended that in July 2010 all medical professionals in birth would come under a banner organisation to bring in a collaborative approach to maternity care. The aim is to attract women back to a hospital for birth rather than give women what we are asking for – access to affordable homebirths. What the review has failed to identify is *why* women choose to birth at home.

In fact, the outcome of the “collaborative care approach” that has been proposed is to make it illegal for privately practicing midwives to attend homebirths which is a big step backwards for women/baby-centred care.

In Australia homebirth with a midwife is a service that has been available for decades. As of July 2010 women will lose their right to choose both their caregiver and their place of birth. Midwives will not be allowed to attend homebirths due to new national registration of health professionals that requires professional indemnity insurance which is currently unavailable to midwives. The Australian Government has made this decision without consideration of birthing women.

Background to this issue; just prior to the demise of large insurance companies following September 11 in 2001, Guild Insurance who insured private practicing midwives decided the number of midwives in practice was too small to warrant insuring.

Overall, Medical Indemnity Insurance premiums rose to a level that resulted in many Drs considering to leaving their professions. The Government intervened to stabilise the crisis by subsidising premiums paid by Doctors in higher risk services such as Obstetrics. The government however did not extend this funding to cover midwives.

Today Midwives are still unable to get Medical Indemnity Insurance and privately practicing midwives are therefore left to support their women with no insurance backing which has forced many to leave the profession.

The majority of Midwives are employed in the services of health care institutions (public or private) and are therefore covered by their employers insurance. Though your Government admits that there is no adequate and reliable data available to accurately assess the risk profile for privately practicing midwives and despite global research that says homebirth is a safe option for low risk pregnancies, it deems the risk of insuring midwives to be too high and the number of midwives in practice is too small to warrant investigation.

***There is currently no Professional Indemnity Insurance available to privately practicing midwives.***

***To require midwives to have PI insurance as a condition of registration when it is impossible for them to obtain is unjust.***

If national registration is implemented in its proposed form, and midwives in private practice were to attend homebirth after July next year, they will be practicing unregistered and will face fines and up to 7 years in prison.

Homebirth in Australia accounts for a very small percentage of births (0.22%) and has been deemed to be a trivial amount however it is a number that is growing yearly as more and more families chose a safe, family centred alternative to the hospital environment.

The demand for publicly funded homebirth systems and the evidence of homebirth safety is such that NT, NSW, SA and WA have all implemented state run (public hospital run) homebirth systems in select areas. This service caters for very few women but the need has been heard at state level.

The only way the proposal from the Maternity Services Review will keep true choice for women and midwives in private practice, is if either a) they can obtain insurance or b) the government steps in to insure them. Neither option is being considered.

I urge you to heed the voices of those birthing women of Australia who chose home birth with a registered midwife as a safe, family centred alternative to the hospital environment and the midwives in private practice who support them.

Yours sincerely,

ROBERTA M MURPHY  
RN; RM; FACM