

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

Re: SENATE COMMUNITY AFFAIRS COMMITTEE INQUIRY INTO THE
NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR DOCTORS
AND OTHER HEALTH WORKERS.

I have used the services of two different Registered Private Midwives for the births of my children. While I support National Registration of Health Providers (NRHP) in general, I am deeply concerned about the impact of the scheme for these midwives.

Events not related to Private Midwives saw their indemnity insurance removed in 2001. Since then thousands of babies have been born without any insurance. Private midwifery services for birthing women have also been marginalised as a result of this issue.

Homebirthing with registered midwifery is “normal” in the Netherlands. Reported widely in the media, a recent study of almost 500,000 Dutch births showed conclusively that homebirth is as safe as hospital birthing. The UK, New Zealand and other countries also actively support homebirthing for many reasons including it's lower cost to the health care system.

It is my understanding private indemnity insurance will become a mandatory requirement for registration under NRHP. In principle I support this, however a dire and unwanted consequence will be the loss of the important services private midwives provide.

I urge the government to resolve the indemnity insurance issue prior to the implementation of the NRHP. Failing to do this will mean effectively restricting womens rights to choose where and with whom they give birth. This will have significant impacts on health services and patient care and safety.

Industry regulation is an important part of government protection of consumers. Losing an entire birthing choice based on insurance calculations rather than safety or efficacy of that service runs counter to these objectives.

Losing private midwifery through NRHP will have a range of additional impacts as outlined below:

(a) the impact of the scheme on state and territory health services

There are at least 600 planned, midwife attended homebirths each year in Australia. Our hospital system will have to meet the majority of these at increased cost to the government.

Many of the women who chose homebirthing will use hospital services very reluctantly. This will bring a resentful group in to the hospitals which will have significant implications for morale and procedures in the hospitals.

(b) the impact of the scheme on patient care and safety;

A significant number of women will chose to birth at home without a qualified carer should private midwifery cease to be available. This will have enormous implications for patient care and safety and I believe lives will be lost.

Private Midwives currently attend hospital births in a supportive role. There have been significant studies to show that the continuous care they provide has a large impact on the standards of care women receive and their birthing outcomes in terms of safety and other factors.

(c) the effect of the scheme on standards of training and qualification of relevant health professionals within particular professional streams; (d) how the scheme will affect complaints management and disciplinary processes;

Homebirthing will go “underground” if the private midwifery issue is not resolved. Standards and disciplinary processes, training, ongoing assessment of qualifications and complaints management for those who do attend these births (in a paid or unpaid manner), will cease to exist.

(e) the appropriate role, if any, in the scheme for state and territory registration boards;

Not applicable

(f) alternative models for implementation of the scheme.

The Government actively supports obstetricians to attend routine births in many ways. These include subsidising their insurance and supporting their fees via medicare and the medicare safety net. There is an opportunity to extend these supports to Private Midwives as an alternative and safe choice for consumers like mine. This will bring the regulation of both birthing service providers into unison.

Ilana Solo