



Homebirth Access Sydney

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

Via email: community.affairs.sen@aph.gov.au.

Re: Inquiry into National Registration and Accreditation Scheme for Doctors and Other Health Workers

Dear Sir/Madam

Please find following a submission made on behalf of Homebirth Access Sydney (HAS).

HAS is principally a consumer organisation with a focus on supporting homebirth families and increasing the access to birthing choices – in particular homebirth - for women in NSW. HAS was established in the 1970s to provide information and support to people interested in homebirth including parents, midwives, child birth educators and birth support workers.

HAS currently has a membership of around 400 families and birth professionals. We are one of the very few maternity consumer organisations in Australia with a large and active membership of families in their pregnancy and early parenting years.

This submission will primarily focus on part (b) of the terms of reference - the design of the Federal Government's national registration and accreditation scheme for doctors and other health workers as it impacts on patient care and safety.

Our organisation believes that the proposed new National Registration and Accreditation Scheme could have significant potential benefits for consumers in terms of increasing access to midwife led care for women and babies, and for improving quality assurance for pregnant and birthing women and their families.

We acknowledge that there are a small number of women in Australia who currently birth outside the hospital system. However, we strongly believe it is the role of the Government to ensure that all consumers in the health system are provided with appropriate protection – not just those in the majority. The latest Australian figures show that just over 700 women plan a homebirth each year, around 150 in NSW.

Safety and availability of homebirth

There is a wealth of international evidence to support the safety of planned, assisted homebirth for women with low risk pregnanciesⁱ.

In a groundbreaking new study published earlier this month in *BJOG: An International Journal Of Obstetrics And Gynaecology* of more than half a million women, researchers found no difference in death or serious illness among either mothers or their babies if they gave birth at home rather than in hospitalⁱⁱ.

This study looked at almost 530,000 low-risk births over seven years in the Netherlands where homebirth rates are close to 30% of all births.

In another recent study of nearly 5500 women planning a homebirth in the US and Canada, researchers found that outcomes for mothers and babies were the same as for low-risk mothers giving birth in hospitals but with a fraction of the interventionsⁱⁱⁱ

The kind of interventions many mothers wish to avoid are inductions of labour, episiotomy, epidural, forceps or vacuum extraction of their babies and of course caesarean section deliveries.

Treating low risk birth within a highly medicalised model has seen intervention rates reaching a high of close to 30% caesarean section births in a number of States. This contrasts with a World Health Organization (WHO) recommended rate of no more than 15%.

Planned home birth for low risk women using certified professional midwives is clearly associated with significantly lower rates of medical intervention and no higher intrapartum and neonatal mortality than that of low risk hospital births.

Midwives use the Referral Guidelines of the Australian College of Midwives, to support informed decision making by their clients when it may be necessary for the woman or baby to be seen by, or transferred to the care of, other health professionals or facilities such as obstetricians and hospitals^{iv}.

WHO also recognises that care from a known midwife is the optimum and most cost effective form of care for healthy pregnant and birthing women. Midwives are also recognised as experts in risk assessment and the recognition of complications.

Australian women have virtually no capacity to choose care from a known midwife, either within a hospital or birth centre, or to give birth at home. Only 3% of Australian mothers have midwife led care, and less than 1% give birth at home.

This compares with countries including the UK (upwards of 65% of women have a midwife as their lead carer and 2-3% have a homebirth), New Zealand (over 76 per cent of women there have midwife-led care and the national home birth rate is around 7%), and the Netherlands (where 46% of births are attended by midwives and approximately 30% of babies are born at home).

Cost of Homebirth

While most women giving birth at home do so with the assistance of independent (or private) midwives, public homebirth services have been available for a small number of women for a number of years in Western Australia and South Australia through Community Midwifery Programs. In NSW publicly funded homebirth services have been established since 2005 at St George in Kogarah, since 2007 at Belmont and since mid 2008 at Wollongong Hospitals. From 2006 publicly funded services have also operated in Alice Springs and Darwin.

Women participating in these publicly funded programs can do so at no cost and have the protection of the host hospital's professional indemnity insurance cover (in NSW provided through the Treasury Managed Fund) if the need arises.

However the majority of women birthing at home are not in the catchment areas for the limited number of public services and receive their antenatal and birth care from an independent midwife. This type of care currently costs women around \$5000, which does not attract any rebate through Medicare. Our organisation is aware of

only three health funds nationally who currently cover homebirth with refunds ranging from less than \$500 for pregnancy and birth care up to around \$3000. Even if their health fund covers homebirth, many families are significantly out of pocket at a time when they are saving the public health system money.

The cost of homebirth is unlikely to reduce until such time as privately practicing midwives are properly registered with relevant health authorities, covered by professional indemnity insurance and have access to Medicare provider numbers. These conditions must all be met if homebirth is to remain and particularly expand as an accessible, safe and affordable option for Australian women.

Professional indemnity insurance for privately practicing midwives

In addition to the cost barriers facing many women seeking a homebirth, women birthing with private midwives currently have no protection through their midwife's professional indemnity cover.

Our organisation very much concurs with the words of the recent Commonwealth Maternity Services Review report that "a situation where a health professional operates without appropriate professional indemnity cover is not considered acceptable." However privately practicing midwives and their clients currently have no other choice.

Following a number of multi million dollar compensation payouts against obstetricians in the early 2000s, an insurance crisis affected all providers of birthing services. However the Commonwealth stepped in subsidise insurance to obstetricians through the Premium Support Scheme and High Cost Claims Scheme. Despite considerable lobbying efforts by consumer organisations and professional bodies, similar options have not been made available to midwives. The enormous cost of professional indemnity insurance (PII) discouraged many midwives away from private practice and as the pool of homebirth midwives shrank to an uncommercial size, the existing insurers ceased offering professional indemnity coverage to privately practising midwives in 2002. This means that women birthing with private midwives have had no protection through their midwife's PII since 2002.

The lack of PII for privately practicing homebirth midwives is a critical issue which must be resolved as part of the National Registration and Accreditation Scheme for Doctors and Other Health Workers.

In the National Registration and Accreditation Scheme for Health Professionals Consultation Paper on Proposed Registration Arrangements, released 18 September 2008, it is proposed that any midwife who is unable to obtain professional indemnity insurance will not be registered (page 10):

"Proposal 6.3.1: It is proposed that the legislation require registrants (except for non-practising registrants if any) to be covered by PII arrangements at all times during the registration period, as a condition of registration, and to require registrants demonstrate coverage to the satisfaction of the responsible board, at the time registration is granted for the first time, and annually on renewal of registration."

This means that from July 2010, not only will privately practicing midwives not be able to offer women birthing at home the safeguard of insurance should something go wrong, but any private midwife offering homebirth will be in breach of the law. This will occur because the National Registration and Accreditation Scheme, as proposed, will require midwives to hold PII in order to obtain registration while at the same time relevant state legislation makes it an offence to practice midwifery while unregistered.

State legislation makes it an offence punishable in most jurisdictions by substantial fines and/or imprisonment, to practice midwifery while unregistered.

For example, in New South Wales, section 10AG of the *Public Health Act 1991 (NSW)* prohibits a person from engaging in a restricted birthing practice (defined to mean care of a pregnant woman involving management of the 3 stages of labour and child birth) unless she is a registered midwife or medical practitioner. The penalty is 50 penalty units (ie \$5,500) or 12 months imprisonment or both.

Similar legislation exists in most, if not all, state and territory jurisdictions in Australia, along with prohibitions against holding oneself out as a midwife if not registered.

The consequence of this proposal is that women having babies at home with private midwives after October this year (ie 9 months before the scheme is due to come into affect), will be in legal limbo and potentially face being involved in criminal prosecutions and de-registration of their midwives.

We note that the Commonwealth's Maternity Services Review report recommends Commonwealth support for a PII scheme, but not for midwives attending homebirths:

"That, in the interim, while a risk profile for midwife professional indemnity insurance premiums is being developed, consideration be given to Commonwealth support to ensure that suitable professional indemnity insurance is available for appropriately qualified and skilled midwives operating in collaborative team-based models. Consideration would include both period and quantum of funding." (Recommendation 18, page 55.)

"It is also likely that professional indemnity cover support for a Commonwealth funded model that includes a homebirth setting would be limited, at least in the short term. It is likely that insurers will be less inclined to provide indemnity cover for private homebirths and, if they did provide cover, the premium costs would be very high." (page 21)

The Maternity Services Review Report also directly addresses the links between the PII issue with the National Registration and Accreditation Scheme:

"Furthermore, the issue of professional indemnity cover for midwives is an issue associated with registration, with most states and territories having professional indemnity insurance requirements for the registration of health practitioners.¹¹⁹ This issue is currently being highlighted by the introduction of the National Registration and Accreditation Scheme from 1 July 2010. The Scheme will create a single national registration and accreditation system for ten health professions, including midwives. A proposal currently under consideration would require all health practitioners covered by the Scheme, including midwives, to have professional indemnity insurance cover at all times as a condition of registration." (page 55)

However, the Government has yet to respond to calls to urgently address this issue and given the timeline for the introduction of the National Registration and Accreditation Scheme which will begin to impact on women's choices for antenatal care from October this year, our organisation has grave concerns about the impending illegality of professionally attended homebirth in Australia. This issue is

particularly pressing as we are already being asked by our members, who are planning pregnancies, what their options for maternity care will be.

Our primary concern is the safety of mothers and babies and the likelihood that the de-registration of privately practicing midwives will lead to a dangerous increase in women birthing at home with no professional care provider.

Despite the financial and practical difficulties already associated with accessing homebirth in Australia, women and their families continue to choose this type of care. Such demand will not decrease if availability is further reduced as a result of private midwives being deregistered.

We are especially concerned about the growing number of women in the community advocating 'free-birthing' (ie birthing unattended by any health professional) and that deregistration of the existing private midwifery workforce will substantially exacerbate this trend placing women and their babies at serious risk.

Some recent media clips highlighting the dangers of this practice are attached for the Committee's information.

HAS is firmly of the view that consumers need to be at the centre of this debate. The issue of insurance is not just about providing protection to health professionals, but fundamentally providing protection to women and their families in the case of something going catastrophically wrong with their maternity care.

Our organisation does not claim to be experts on insurance products but as consumers our needs, experiences and perspectives should inform discussions about this issue that fundamentally affects our care.

Our key concern is that professional indemnity insurance should be offered to midwives, GP obstetricians and obstetricians on the same basis - and to the same value - so that women choosing care from different health professionals can be able to make a true choice and be provided with equivalent protection.

Options for the Commonwealth to address this issue could include extending the Premium Support Scheme currently provided to obstetricians, including midwives in the High Cost Claims Scheme, or directly establishing some kind of government insurance scheme which could cover midwives.

Addressing the issue of medical indemnity insurance would also enable Independent Midwives who are hired as a woman's primary carer to attend her in birth centre and hospital settings on a visiting basis in the same way as obstetricians. Area Health Services in NSW are currently required to develop protocols for transfer of women from homebirth to hospital but due to the absence of insurance, women who plan a homebirth and who transfer to hospital care either during their pregnancy or in labour cannot continue to receive care from their midwife.

This is an unsatisfactory situation for the woman involved and may place birthing women and their babies at risk if an independent midwife as the previous primary carer is not appropriately consulted about the woman's history and condition.

Homebirth Access Sydney strongly urges the Senate Committee to ensure that the National Registration and Accreditation Scheme for Health Professionals provides appropriate protection for all Australian mothers, particularly women birthing at home and their babies.

Homebirth is a safe, cost effective form of care for many mothers and one which must continue to be an option for Australian families

Please feel free to contact me on either 9519-8524 or mobile 0432 561 232 or by email at jotilly2009@gmail.com should you like to discuss this submission in more detail.

Yours sincerely



Jo Tilly
HAS Coordinator

ⁱ Ackermann-Leibrich et al (1996); Bastian, Keirse, & Lancaster (1998); Campbell R, Macfarlane A (1994); Chamberlain, Wraight, & Crowley (1997); Crotty, Ramsay, Smart, & Chan (1990); Gulbransen, Hilton, & McKay (1997); Johnson & Daviss (2005); Macfarlane A, McCandlish R, Campbell R. (2000); Murphy & Fullerton (1998), Olsen O. (1997); Wiegers, Keirse, & van der Zee (1996); Woodcock, Read, Moore, Springer NP, Van Weel C (1996); Stanley, & Bower (1990)

ⁱⁱ A de Jonge, BY van der Goes, ACJ Ravelli, MP Amelink-Verburg, BW Mol, JG Nijhuis, J Bennebroek Gravenhorst, and SE Buitendijk *Perinatal mortality and morbidity in a nationwide cohort of 529 688 low-risk planned home and hospital births* BJOG An International Journal of Obstetrics and Gynaecology RCOG 2009 (15 April)

ⁱⁱⁱ Johnson KC and Daviss B, *Outcomes of planned home births with certified professional midwives: large prospective study in North America*. BMJ 2005;330:1416 (18 June)

^{iv} Can be found at http://www.acmi.org.au/text/corporate_documents/ref_guidelines.htm