Australian Private Midwives Association
Representing Private Midwives - Supporting Women Through Continuity

Australian Private Midwives Association
Liz Wilkes, President
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Nursing and Midwifery Board of Australia
Ms Anne Copeland, Chair
natboards@dhs.vic.gov.au

24 November 2009

Dear Ms Copeland,

The Australian Private Midwives Association (APMA) represents the majority of privately practising midwives in Australia. APMA aims, through representing private midwives in national professional discussions, to support women through promoting and protecting continuity of midwifery primary care. APMA is a key stakeholder in any professional discussion about midwifery including midwifery training.

We welcome the opportunity to respond to the registration standards and would be happy to participate further in discussions.

Yours sincerely

Liz Wilkes

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President
Australian Private Midwives Association

Introduction to the Australian Private Midwives Association

Australian Private Midwives Association (APMA) represents the majority of privately practising midwives in Australia. Midwives in private practice provide homebirth services for the majority of women choosing homebirth care. APMA represents private midwives at national professional discussions and aims to support women through promoting and protecting continuity of midwifery primary care. APMA is a key stakeholder in any professional discussion about homebirth.

Many APMA members are active professionally in the Australian College of Midwives (ACM), as well as in groups that establish partnership between midwives and consumers, such as Maternity Coalition, Homebirth Australia, Home Midwifery Association (Qld), Homebirth Access Sydney (NSW), Birth Matters (SA), and BirthingBaBS).

The APMA will comment on areas where the organisation agrees with the position outlined by the NMBA in this consultation paper and areas where there are concerns. Some areas do not require comment or consider issues for nursing. APMA, as a midwifery organisation, will not make comment on those points.

Criminal history

APMA supports the NMBA's guide on criminal history and requirements as outlined in the draft document.

English language skills

AMPA supports the NMBA's recommendations regarding English language skills and the requirements as outlined within.

Professional indemnity insurance

APMA would like to make the following submissions in response to the Boards proposal for PII.

This proposal considers the exemptions under clause 284 of the proposed national law which is as follows; that private practising midwives who attend a woman, who chooses to birth at home will be exempt from the requirement to have PII for this episode of care (the birth). However, the private practising midwife will require PII for the antenatal and postnatal episodes of care. This exemption in the proposed national law for the home birth episode of care is for a 2 two year period until July 2012.

APMA would like to point out that this proposal (2.3) by the Board will not be reviewed for 3 years and that therefore there is a significant gap in time frames, between the national law exemption and the review of this proposal (12 months). Midwives in private practice providing care for women who choose to birth at home, may have no means of meeting the lawful legislation requirements and the registration requirements as proposed by this document for the period 2012 - 2013 prior to a review of this document.

Upon expiry of the current exemptions to the national law midwives in private practice represented by APMA providing home birth services to women and their families, will not be able to register as midwives after July 2012

This is unacceptable, unfair and discriminatory.

APMA would also like to respond to point 2: Privately practicing midwives must provide full disclosure on their level of PII to their clients

Midwives in private practice providing services for women and their families currently provide full disclosure as they do not currently have PII. APMA acknowledges the requirement under the NRAS legislation for full disclosure of indemnity and are happy to provide documentation that could be adapted nationally to accommodate this.

APMA would also like to respond to point 5: Different nurses and midwives will require different levels of professional indemnity cover according to risk.

Risk cannot be measured in the context of maternity/ midwifery service provision as it is not clearly defined in the literature or agreed by the professions who provide maternity care. The following are examples of current literature and research pertinent to APMA's response:

These were described in the Hirst Report of maternity services in Queensland as the **Contextual/Relational Model (Organic).** *A model that places pregnancy and birth in a life context which is predominantly a low-risk natural process that requires care and support, with medical intervention as needed. The term 'Organic' is described as one of occurring gradually and naturally, without being forced, while consisting of elements that exist together in a natural relationship enabling organised efficiency; midwifery-led care*. (Hirst, 2005)
And
Analytical/ Technical or Biomedical (Mechanic) model. *This model places pregnancy and birth in an intervention paradigm, where there is potentially a high-risk situation that requires dedicated care and access to the best knowledge and technology that is available. It refers to the term 'Mechanics' as one that pertains to the involvement of manual labour and skills such as the nature of a*

machine; a biomedical led model. A medical model that identifies the medical practitioner as the expert to manage the pregnancy and birth. The pregnancy and birth are seen as symptoms of a disease or organic condition that requires treatment. (Davis-Floyd, 2001; Davis-Floyd, Barclay, Daviss & Tritten, 2009).

APMA would like to respond to point 6: The board encourages practitioners who are assessing whether they have appropriate professional indemnity arrangements in place to consider

APMA is concerned that there is no clear differentiation from antenatal care to birth and it is unclear what definition will be used. APMA believes this will impact private midwives (providing birth care at home) gaining PII and they will be required to meet a particular undefined criteria which will leave private midwives at a disadvantage. Without clear demarcation between antenatal, birth and postnatal periods the midwife providing care under an exemption from PII for birth care is in “uncharted” territory.

APMA would also like to respond to point 7: Self-employed nurses and midwives are also required to have run-off cover.

The Board defines Run-off cover as: insurance that protects an insured nurse or midwife who has ceased a particular practice or business against claims that arise out of activities that occurred when he or she was conducting that practice or business. (This type of cover may be included in a PII policy or may need to be purchased separately).

This is also unachievable for midwives who provide home birth services and should be included in the previous statement proposed by APMA

APMA propose that this document states clearly that midwives in private practice will be exempt from requiring PII (including Run-of cover) for the home birth episode of care, as per the current national law until such time there is a resolution or indefinitely if the matter is not resolved.

Continuing Professional Development

The purpose of Continuing Professional Development (CPD) is to enhance the provision of safe and high quality midwifery care by identifying individual strengths, gaps and future priorities, and developing a CPD plan and professional portfolio.

The ANMC Continuing Competence Framework that was launched in Feb 2009 encompasses both self assessment as well as professional review. The ACM CPD framework Mid*plus* would work well in conjunction with this aforementioned ANMC framework to ensure a safe and competent midwifery workforce. APMA believe it is essential that the education as well as the CPD requirements is profession specific. The foundations to developing a safe and competent midwifery workforce must start with profession specific education programs. A qualification that is specific to midwifery enables the members entering the profession to be educated and mentored in this specialised area of midwifery. It is essential that the guidelines for CPD for midwives have separate criteria to nurses. APMA supports the use of midwifery specific programs to demonstrate CPD requirements. The APMA is therefore supportive of the suggested CPD requirements for both nurses and midwives contained within the consultation document.

Recency of practice

APMA support the NMBA requirements for recency of practice to ensure those in the midwifery workforce are up to date with current trends and following best practice guidelines. This supports a competent and confident workforce.

Board specific standards

Midwife practitioner

AMPA does not support the concept of midwife practitioner or the use of this terminology. This position is long held by the profession. The endorsement is available in one state and our members are aware of only two midwives with this endorsement.

Midwives have the same scope of practice regardless of context of practice. The legislation refers to a midwife practitioner as having an extended scope of practice. APMA considers an extended scope of practice in midwifery (i.e. care of high risk mothers or babies or extended skills in a specific area of practice) to be a midwife working in a nurse practitioners role. We are cognisant that this argument has been presented in most discussions throughout the consultation process.

It is acknowledged that some midwives may wish to apply for Nurse Practitioner status, especially where such authorisation is accompanied by financial and /or industrial reward and incentive. If a midwife did however wish to specialize in a specific area of care; eg, diabetes in pregnancy, this would be an example of a nurse practitioner (midwife).

Within midwifery the selection of a few practitioners to have the authorisation of midwife practitioner in order to provide care across an increased scope of practice fails to achieve the broader, evidence based, public health objective of developing midwifery continuity of care models where all midwives have the same privileges afforded the nurse/midwife practitioner.

APMA acknowledges and respects that midwifery and nursing are distinct professions with different career pathways. Midwives are practitioners in their own right who are licensed to practise midwifery at entry point of qualification and registration, according to the role and sphere of practice of a midwife. This is recognised in the International Definition of a Midwife (ICM, 2005).

AMPA is strongly apposed to the use of this endorsement of midwife practitioner to define the 'MBS eligible' midwife. The 'MBS eligible' midwife will provide care for women within the community for antenatal care, for hospital based birth care and for postnatal care in the community is working to a normal scope of midwifery practice. The 'MBS eligible' midwife will be working in such a model. It is contrary to the ICM definition of the midwife to consider this extended scope of practice.

Proposals for endorsements

Scheduled medicines

The proposal of the board to establish two separate national endorsements; one for nurses and one for midwives is supported by AMPA. These fields are professionally separate in scope and education.

APMA recognise that the NMBA is commencing discussions around an endorsement in relation to scheduled medicines (midwives) and that this endorsement will not apply to all midwives. However we would recommend that the following points be considered:

- Three years experience appears to have been selected as an arbitrary figure as we can find no evidence to support a requirement of three additional years experience for the purposes of this endorsement.

- Additional education requirement take into consideration undergraduate preparation of midwives for prescribing.

- Educational requirements are appropriate to midwives and the scope of midwifery practice and the drugs likely to be prescribed for practice.

Area of practice

APMA would welcome a separate endorsement (i.e. not a midwife practitioner endorsement) to determine which midwives will be eligible to access the MBS/PBS. We recognise and support the Health Ministers announcement that the criteria for access to MBS would include either/or a specific educational qualification, experience and/or a credentialing mechanism. APMA would strongly reiterate the point that the 'MBS eligible' midwife is providing standard midwifery care as defined by the ANMC competency standards. Further the MBS eligible midwife is not providing any care additional to that for which they have been initially registered. We therefore are of the opinion that education required would be a midwifery qualification to practice, that experience *may* included one year post graduate experience and that an appropriate credentialing mechanism *may* be required.

APMA would also ask for consideration of a "grandmothering" clause for midwives who have worked in private practice for an extended period of time who may not meet all other requirements.

Assessment against the procedures for development of registration standards

APMA asks that all registration standards, including endorsements, be considered against the ICM definition of the midwife.

Definition of the Midwife

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.
The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care.
A midwife may practise in any setting including the home, community, hospitals, clinics or health units.

Adopted by the International Confederation of Midwives Council meeting, 19th July, 2005, Brisbane, Australia
Supersedes the ICM "Definition of the Midwife" 1972 and its amendments of 1990

References

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International Confederation of Midwives (2005). *International definition of a Midwife*; statement release. National Conference, Brisbane, Australia. Retrieved June, 2006, from Web site: http://www.internationalmidwives.org/Portals/5/Documentation/ICM%20Definition%20of%20the%20Midwife%202005.pdf