

From: OCNMO_Corr | [REDACTED]
Subject: Feedback: Review of the Safety and quality guidelines for privately practising midwives (NM22-1530)
Date: Thursday, 5 January 2023 5:01:13 PM
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Importance: High

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Good afternoon,

Apologies for the late response.

Thank you for opportunity in providing the Office of the Chief Nursing and Midwifery Officer, QLD input to the Review of the safety and quality guidelines for privately practising midwives.

We support Option 2 for review and minor update (given this timing coincides with the planned due review period); the opportunity and importance of providing clarity for consumers, PPMs and organisations or personnel with whom these parties interact (such as public hospitals, their staff and services, GP's and or obstetricians etc); the need to be contemporaneous and reflective of women's needs ; and to support a woman's informed decision making and right to choose her birth place and preferred regulated maternity care provider.

In response to the specific questions the NMBA have posed in the public consultation paper we offer the following:

1. Is the updated content of the draft revised Safety and quality guidelines for private practising midwives helpful, clear and relevant? Why or why not?

RESPONSE: Clarity has been provided. No reason has been proposed for why it is proposed there be differences between second attender being a midwife or alternate health professional.

2. Is there any content that needs to be changed or removed in the draft revised Safety and quality guidelines for private practising midwives?

RESPONSE: Nil identified

3. Is there any new content that needs to be added in the draft revised Safety and quality guidelines for private practising midwives? Why or why not?

RESPONSE: Nil identified

4. Would the proposed updates result in any potential negative or unintended effects for women and families, including members of the community accessing PPM services who may be more vulnerable to harm? If so, please describe them.

RESPONSE: Securing a second attender is likely to be more difficult in rural communities, and as such the increased requirements inserted for the second attender if a midwife compared to even less available second attenders of a different professional group is likely to be a barrier for women in those communities.

5. Would the proposed updates result in any potential negative or unintended effects for Aboriginal

and/or Torres Strait Islander Peoples? If so, please describe them.

RESPONSE: It is highly likely the proposed changes around the second midwife will impact First Nations mothers and babies. Birthing on country remains limited. Provision of care relies on both clinical safety and cultural safety. In both metropolitan and more so in rural areas securing a second midwife who is skilled and competent in birth and emergency procedures should be sufficient, with the second midwife not being required to have the same extensive level of skills of the PPM. The second midwife may not ordinarily be a PPM but who otherwise could have attended birth at a local service (for example hospital or birth centre) is well placed to be the second midwife. Local services are likely to have staff who know the local people and culture, and the proposal as indicated, has potential to limit partnerships for the purpose of safely facilitating homebirth to First Nations peoples where the only likely option for second attender is a midwife.

6. Would the proposed updates result in any potential negative or unintended effects for PPMs, other health practitioners or stakeholders? If so, please describe them.

RESPONSE: Possibly in respect of a PPM being able to offer available services on the basis of changes to second midwife attender.

7. Do you have any other comments on the draft revised Safety and quality guidelines for private practising midwives

RESPONSE: Whilst outside of the ability of this guideline the collaborative arrangements in place for PPMs (as referred to in this guideline) remains a barrier given reliance on the receptiveness of medical practitioners, and can practically play out as anti-competitive behaviour on the part of those medical practitioners that continue to withhold such arrangements to be in place.

Additionally there is a difference in the requirement for second attender at the birth, if it is a midwife as compared to another maternity professional (i.e. ambulance officer, medical practitioner). Consideration needs to be made particularly for the second attender being a midwife where they may have volunteered or not ordinarily be classified as a PPM to support local homebirth to be the same as that of other professionals. This is likely to be a particular issue in rural areas. The same conditions for the second attender regardless of professional background should apply.

Please don't hesitate to contact Dr Jocelyn Toohill on [REDACTED] to further discuss the response in more detail if required.

Many thanks,

Dan

Queensland Government



Daniel Sharp

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campaign image



Queensland Health acknowledges the Traditional Custodians of the land across Queensland, and pays respect to First Nations Elders past, present and future.