

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?

The ABTA considers the update to the guidelines to be clear and relevant. The changes overall are minor when compared to the 2016/17 edition. ABTA supports the continual review and updates on all clinical guidelines relating to pregnancy, birth and postpartum to ensure service provision is evidence-based, safe and of high quality that supports women and birthing people to be actively engaged in their care and have their individual needs met.

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

The ABTA welcomes the statement for inclusivity around the terms ‘woman’ and ‘maternity’ being used for clarity and so not to exclude pregnant people who do not identify as women (page 9). ABTA recommends; however, this also includes the terms ‘mother’ (page 20) and ‘she’ (page 12) which are used in the guidelines and could be interpreted as non-inclusive language.

The ICM description of a midwife (page 20) refers to a midwife's role as ‘the promotion of normal birth.’ ABTA acknowledges the terminology ‘normal birth’ is used frequently in maternity literature and the ICM definition of ‘where the woman commences, continues and completes labour with the infant being born spontaneously at term, in the vertex position at term, without any surgical, medical, or pharmaceutical intervention.’ ABTA finds the use of the term ‘normal birth’ problematic and could contribute to psychological birth trauma. If this definition is ‘normal’, women who experience intervention or a c-section can perceive their birth as ‘abnormal’. We have many types of birth in Australia, and we should embrace them all. Using alternative language to describe this type of birth will better promote optimal mental wellbeing for birthing women.

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?

See question 2.

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.

The ABTA believes women should make an informed choice in their preferred model of care, with access to various models of care to suit their individual needs. This includes care via a PPM and home births should it be a woman's preference, and they have been counselled on their individual risks. The changes to the guideline should not impact a woman's ability to access this model of care.

The ABTA also believes maternity care should be evidence-based, safe, and high-quality. ABTA is concerned that the professional development and training requirement is proposed to be reduced from annual to biennial. As independent practitioners who are practising in a relatively isolated environment with delays in accessing additional expert clinical support, it is imperative that PPMs are adequately skilled to manage emergencies to avoid preventable harm. The ABTA recommends that annual professional development/training remain at a minimum for the management of medical and obstetric emergencies and adult and neonatal life support.

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.

The ABTA notes that NMBA is consulting directly with Aboriginal and Torres Strait Islander organisations and stakeholders through this consultation and will leave this question for those stakeholders to respond to.

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.

The ABTA is concerned that the professional development and training requirement is proposed to be reduced from annual to biennial. As independent practitioners who are practising in a relatively isolated environment with delays in accessing additional expert clinical support, it is imperative that PPMs are adequately skilled to manage emergencies to avoid preventable harm. ABTA recommends annual professional development/training remain at a minimum for the management of medical and obstetric emergencies and adult and neonatal life support.

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

ABTA thanks the NMBA for the invitation to provide feedback on the updated guidelines and looks forward to working collaboratively in the future.

