



HOMEBIRTH AUSTRALIA

5 May 2011

SUBMISSION TO THE NURSING & MIDWIFERY BOARD OF AUSTRALIA

- 1. Draft for professional indemnity insurance for midwives guideline**
- 2. Revision for professional indemnity insurance arrangements registration standard**
- 3. 'Quantum of cover' for professional indemnity insurance for midwives guideline**

Homebirth Australia (HBA) is the peak, national body for Homebirth in Australia. For over thirty years, HBA has worked to support consumers and midwives who choose homebirth by increasing awareness, providing information and support, and advocating for the rights of parents to choose how, where and with whom they give birth. HBA has both midwife and consumer members with an executive of equal representation.

Homebirth Australia welcomes the opportunity to make a submission regarding the above draft guidelines. Homebirth Australia welcomes the protection that professional indemnity insurance offers to its members, both midwives and consumers. However, we hold some concerns regarding the guidelines that are detailed below.

- 1. Revision for professional indemnity insurance arrangements registration standard**
- 2. Draft for professional indemnity insurance for midwives guideline**

HBA supports the development of clear guidelines regarding midwives' Professional indemnity insurance (PII) requirements. We would like to draw attention to the following issues regarding the draft guideline, and registration standard.

Equity in maternity care

It is imperative that all registered midwives have access to the same level of PII coverage, thereby ensuring all midwifery consumers are guaranteed a minimum level of recourse, in the unfortunate event that it is needed.

Currently there does not exist a PII product that is available to Midwives in private practice for intrapartum care. The current exemption set down in section 284 of the National Law¹ expires on 30 June 2012. If a midwife's registration and ability to practice is tied to their insurance provision in such an explicit way, it is vital that the Government and the Nursing and Midwifery Board of Australia continues to work towards sourcing the provision of an appropriate, affordable product to ensure equity in midwifery care is established. Insurance companies have publicly cited that their unwillingness to tender for, and provide such a product, is due to it not being in the best interest of their members (Australian Medical Practitioners and medical students), as well as the lack of clarity around the recent legislative changes.²

The mechanism of insurance provision being established by these regulations will have lasting impacts on Australian women and the way that they give birth, and the entire Australian maternity system.

The Maternity Services Review in 2009 identified that a lack of PII for midwives in private practice is a barrier to collaboration and working together, both formally and informally, as other health professionals fear the risk could be transferred to them if an adverse situation occurs³. There will always be women who choose home as the place to birth their children, with the caregivers they choose. It is imperative that all stakeholders work to ensure the same levels of safety and protection for these women, as the women in any other model of care experience.

Requirements for midwives to exercise the exemption under section 284

HBA strongly disagrees that in order for a midwife in private practice to claim an exemption they must:

“have appropriate collaborative arrangements with a medical practitioner or private hospital or a care plan communicated to a public hospital providing maternity services”

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Formal collaborative arrangements have proved to be an extremely problematic mechanism within the maternity system, not least of which, for the reasons outlined above pertaining to the transfer of professional indemnity risk. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) does not endorse Home Birth⁴ and the Australian Medical Association (AMA) has been particularly vocal about its lack of support for homebirth. It is little wonder that doctors are not willing, and are being advised by their own insurance providers, to not enter, strict, formal, collaborative arrangements.

¹ Health Practitioner National Law Act 2009

² <http://www.avant.org.au/News-and-Events/News/Avant-supports-members-over-tender-for-indemnity-for-midwives/> (Accessed 30 April 2011)

³ Commonwealth of Australia, *Improving Maternity Services in Australia, Report of the Maternity Services Review Feb 2009*, 2009

⁴ RANZCOG, College Statement C-obs 2, August 2009

3. 'Quantum of cover' for professional indemnity insurance for midwives guideline

For the following reasons HBA strongly supports *Approach 2: The Board does not specify a minimum amount of cover for professional indemnity.*

- It would be extremely difficult to determine what the proposed minimum amount of cover would be given there have been no claims made prior to the withdrawal of insurance in 2001. There doesn't exist a single precedent from which to guide the formulation of such a figure.
- Midwives in private practice have a broad range of factors impacting the level of cover and PII arrangements as identified in the draft Guidelines and Registration Standard. This level of diversity within the profession does not lend itself to the enforcement of a strict minimum amount of cover
- Specification of a minimum amount of cover for PII would be extremely premature, if indeed, it was ever deemed necessary, given the current uncertainty, confusion and disruption within this sector of midwifery, brought about by the recent legislative changes

In conclusion, it is imperative that Australian women have access to the maternity care provider of their choice, at an equitable rate. Any decisions made about PII must ensure that women can continue to access the care of skilled private midwives.
