

About us:

We are Australia's leading maternity consumer organisation with over 1200 members and member organisations. We have been involved in federal maternity policies: Woman Centred Care, Medicare Review of Participating Midwifery Items and Implementation Liaison Group, and The Living Evidence Pre- and Post-natal Guidelines development Steering Committee.

We have three concerns about the proposed insurance product:

(1) *The ACM guidelines protect women's right to informed decision making and recognise the benefits of maintaining midwives as primary carers.* Whilst the ACM Consultation Referral Guidelines have been utilised as a guideline for place of birth in for insurance purposes, the proposal does not recognise women's right to informed decision making, nor the improvement in outcomes for women who receive continuity of care from a known midwife. The proposed guideline especially should not override women's right to bodily autonomy by requiring women with Category C conditions to have their care transferred to another provider without their consent.

Recommendations:

- a. Incorporate the requirements of documentation of discussions of recommendations of referral, diagnosis, benefits and risks and allow the woman to decide on place of birth as suggested in the ACM Guideline (see attached Appendix).
- b. Utilise the ACM position statement about caring for women who make choices outside professional advice. Midwives should follow these Guidelines appropriately when the woman's condition is beyond their scope of practice.
- c. Where a woman is referred to another healthcare professional for a medical condition, unless the woman consents to transferral of care, this is for management of the diagnosed condition only. The midwife continues to be the primary maternity care provider, and may liaise with the medical team to provide optimal care of the woman's condition.
- d. Where the woman declines consultation with another medical professional, the midwife may liaise/consult with them on her behalf for advice and support on managing her condition.

(2) Maintain current guidelines that the 2nd attendant at a homebirth may be any registered healthcare professional with appropriate training in neonatal resuscitation. This is critical to maintain services in regional areas with a low concentration of endorsed midwives. The second attendant should be covered under the primary endorsed midwife's insurance to enable flexibility in who can attend, and avoid the potential need to create additional insurance products for other kinds of healthcare professionals.

(3) The cost of insurance should not exceed the benefits provided by an MBS intrapartum item number. Women already pay \$5000-\$7500 out of pocket for homebirth, and high premiums will make it even less affordable. We suggest creating a tiered insurance product based on the midwife's number of births/year, to ensure equitable products that provide the best value for consumers.

Further considerations:

- The federal government should mandate that hospitals provide visiting access and collaborate with endorsed midwives to provide support for women who transfer. There is evidence that hospitals currently vexatiously report endorsed midwives and do not permit them to continue caring for women. The best way to prevent a poor outcome is to enable the endorsed midwife, who has the deepest understanding of the woman's condition, to continue to support her in the event of a hospital transfer.
- Outstanding structural barriers to private midwifery should be addressed, including the requirement to complete 5000 hospital clinical hours for endorsement, and the lack of a direct pathway into private midwifery for graduates. This was addressed in the MBS Review of Participating Midwives (2018) but there has yet to be an established working group to support the remaining outstanding recommendations.

