

Safety and quality guidelines for privately practising midwives

Survey responses from public consultation

Response 1: 6/11/2022

Name

[REDACTED]

Are they responding on behalf of an organisation?

No

Which of the following best describes you?

I am a health practitioner, Registered nurse, Midwife, Endorsed midwife

Q1. Is the updated content of the draft revised guidelines helpful, clear and relevant? Why or why not?

Clear- the updated guidelines seem to imply that only a PPM is able to be a second at a home birth, which is not clear and correct.

Relevant- a number of the references utilized are very much out-of-date. A number are from 2010 and even 2008, while evidence is not considered up-to-date if it is more than 10 years old (for books) and 5 years old (for journals and online information).

Relevant- the National Health (collaborative health arrangements for midwives) determination (2010) has been repealed and is no longer in effect making it no longer relevant.

Is there any content that needs to be changed or removed in the draft revised guidelines?

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Is there any new content that needs to be added in the draft revised guidelines? Why or why not?

No new content needed.

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.

Requiring collaborative agreements with medical practitioners creates a barrier for endorsed midwives who wish to practice and therefore decreases access for women to homebirth, continuity of care by a known midwife (gold standard of care) and PPMs.

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.

Please ensure consultation with people who identify as First Nations people for this important aspect. There was no consultation with First Nations organizations during the initial Preliminary consultation. This conflicts with government Closing the Gap policy.

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

Discussion about second practitioner at homebirth is not clear and may lead some people to believe that only a PPM is able to attend as a second for homebirth.

Do you have any other comments on the draft revised guidelines?

No

Name

██████████

Are they responding on behalf of an organisation?

No

Which of the following best describes you?

I am a health practitioner, Endorsed midwife, Privately practising midwife

Q1. Is the updated content of the draft revised guidelines helpful, clear and relevant? Why or why not?

It is clear and relevant

Is there any content that needs to be changed or removed in the draft revised guidelines?

Biennial Professional practice review is not clear, what does this entail ?

Homebirth should be able to be attended by a PPM who has access to PII, to not allow such puts both women and midwives at increased risk and does not allow for equitable access

PPM should have access to PII for indigenous women to birth on country (cultural safety)

Is there any new content that needs to be added in the draft revised guidelines? Why or why not?

See previous question

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.

Indigenous women will experience continued cultural risk/unsafety due to PPM not having insurance or having no access to MBS for Homebirth

Biennial professional reviews may have increased costs for PPM

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.

See previous question

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

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Do you have any other comments on the draft revised guidelines?

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Name

[REDACTED]

Are they responding on behalf of an organisation?

No

Which of the following best describes you?

I am a health practitioner, Endorsed midwife, Privately practising midwife

Q1. Is the updated content of the draft revised guidelines helpful, clear and relevant? Why or why not?

Yes, I feel that the draft revised guidelines are helpful, clear and relevant.

Is there any content that needs to be changed or removed in the draft revised guidelines?

No

Is there any new content that needs to be added in the draft revised guidelines? Why or why not?

No

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.

I believe that the proposed draft make the guidelines clearer to follow and therefore will only have a positive effect on women and families who seek PPM services.

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.

I am not able to identify potential or unintended effects on ATSI community but having said that ATSI peoples need to be consulted in order to determine this.

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

I do not believe so. I believe this draft strengthens the guidelines.

Do you have any other comments on the draft revised guidelines?

Thanks to all who have contributed to this revision.

Name

██████████

Are they responding on behalf of an organisation?

Yes - **Australasian Birth Trauma Association** - Professional body (e.g. College or Association)

Which of the following best describes you?

I am a member of the community

Q1. Is the updated content of the draft revised guidelines 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.

Is there any content that needs to be changed or removed in the draft revised guidelines?

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.

Is there any new content that needs to be added in the draft revised guidelines? Why or why not?

See Q2.

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.

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.

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.

Do you have any other comments on the draft revised guidelines?

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

Name

[REDACTED]

Are they responding on behalf of an organisation?

Yes - Department of Health, Government

Which of the following best describes you?

Other - please describe below - Policy maker

Q1. Is the updated content of the draft revised guidelines helpful, clear and relevant? Why or why not?

The intent for additional clarity for PPMs has merit and the updated content appears to achieve this.

Is there any content that needs to be changed or removed in the draft revised guidelines?

No

Is there any new content that needs to be added in the draft revised guidelines? Why or why not?

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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.

Nil identified

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.

Midwives providing care to First Nations People should ensure that their professional practice activities are relevant to their caseload client profile.

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 additional clarity should benefit professional practice.

Do you have any other comments on the draft revised guidelines?

The revision is well written and builds on the existing guidance for PPMs

Name

[REDACTED]

Are they responding on behalf of an organisation?

No

Which of the following best describes you?

I am a health practitioner, Endorsed midwife

Q1. Is the updated content of the draft revised guidelines helpful, clear and relevant? Why or why not?

yes it is clearly set out and relevant

Is there any content that needs to be changed or removed in the draft revised guidelines?

I think the board needs to include a variety of representatives when making decisions and seeking input regarding PPM eg midwives whom provide antenatal and postnatal care only not just midwives who do antenatal, intrapartum and postnatal care. Not all midwives have admitting rights to hospitals and may not want to do homebirths and therefore their scope of practice is restricted.

Is there any new content that needs to be added in the draft revised guidelines? Why or why not?

I think collaborative agreements need to be reviewed as I know a midwife who has a collaborative agreement with a DR 4 hours away!

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.

There are a lot of PPM that do not provide intrapartum care but are still considered the primary care provider as we care for them all throughout their pregnancy and postnatal period. Woman and families should be able to choose to have access to PPMS s regardless of whether the local hospital allows PPMs to have admitting rights.

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.

Due to potential changes with definition of the primary care provider, yes. Alot of patients which are classified as high risk due to possible medicare changes will miss out on vital education and care

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

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Do you have any other comments on the draft revised guidelines?

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Name

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Are they responding on behalf of an organisation?

Yes - **Health Care Consumers' Association**, Other - please describe below Peak Health Consumer body of the ACT

Which of the following best describes you?

I am a member of the community

Q1. Is the updated content of the draft revised guidelines helpful, clear and relevant? Why or why not?

The updated content is clear for its intended audience. It would be great to have a version targeted at consumers to tell them what they can expect from a privately practicing midwife.

Is there any content that needs to be changed or removed in the draft revised guidelines?

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Is there any new content that needs to be added in the draft revised guidelines? Why or why not?

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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.

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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.

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

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Do you have any other comments on the draft revised guidelines?

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