Feedback is required by close of business on Friday 30 December 2022.

Questions for consideration

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

The updated content of the draft revised guideline is helpful, clear and relevant in most areas other than the items referred to below.

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

There is an area of potential confusion in the section *"What is a privately practising midwife?"* which may offer an opportunity for non-compliance with the guideline.

Specifically, the statement:

"Midwives who are employed by a private health service, a private obstetrician, obstetric group practice or Aboriginal Community Controlled Health Organisation; provide non-clinical midwifery services on behalf of a government, agency, and authority or deliver policy, research, academic services or consulting are not considered PPMs for the purpose of this guideline"

This statement may enable midwives who are providing home birth services and are also working in the described roles an opportunity to avoid complying with the guidelines. Revision of this section is recommended to indicate that midwives who are providing home birth services in a private capacity and who are concurrently employed or engaged in other services are required to comply.

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 response to each individual question.

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.**

There is a challenges between risk management and expected compliance in the mandatory requirements – *"Table 1 Mandatory requirements for Privately Practicing Midwives, section No 2"*

The updates may reduce the availability of a second midwife being available to attend home births in rural and/or regional areas. This in turn has the potential to reduce access to services for women and families in these areas which may lead to choices such as birthing outside the system and without a midwife.

Privately practicing midwives face significant barriers to access professional and skill development options appropriate for their level of advanced practice. Barriers are multilayered, ranging from the availability of courses specific to their unique practice needs, to capacity for time away from their practice, costs of unsubsidised education and distance. These barriers are substantially increased for Private Practice midwives working in marginalised and rural/remote locations.

These issues have also been compounded over the last 3 years of Covid-19 which has impacted access to professional development, such as BLS, neonatal resuscitation and obstetric emergency training across all levels of the private and public sectors. It has been reported by many midwives in

rural and regional areas across both –private and public sectors that the options to access mandatory training have been significantly reduced.

The expectation for a safe, skilled workforce is essential to ensure public protection. However, it is unreasonable to require mandatory training when said mandatory training is either not available or accessible. There is a need for revision of this section regarding these conflicting requirements. In addition there is an urgent need to move beyond an urban centric lens with targeted responses to the professional development and skill maintenance needs for PPM's in rural and remote locations.

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.

Again the updates may reduce the availability of second midwives able to attend home births in rural and/or regional areas (see response to Q4). The flow on effects from availability of a second midwife then impacts the ability of the primary midwife to provide safe care. This in turn impacts equity of access to public protection by limiting safe maternity care options for women in regional, rural and remote areas. Areas already recognised for significant maternity service gaps that continue to impact our most vulnerable populations.

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.

Appendix A – Compliance with the safety and quality guidelines for privately practicing midwives – Second Health Practitioners.

The compliance requirement for the second health practitioner to ensure the Primary PPM satisfies, or will satisfy, the full requirements of the Safety and Quality guidelines creates a situation where the second midwife is vicariously liable for the actions of the primary midwife. This is a complex legal dilemma where the actions of one person transfer to the other and is often difficult to apply in the judicial system. This presents an unreasonable expectation for what is often a less experienced or novice practitioner who may have no understanding of these matters, and little or no involvement other than their presence during an activity at a set moment in time. Therefore we recommend this section be reworded to ensure the onus of liability for actions remains with each individual practitioner.

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

The requirement for an incident log and other elements of paperwork increases the administration and risk management requirements for PPM's. More detailed education around these requirements for PPM's would potentially improve compliance.