Australian Private Midwives Association

Representing Private Midwives - Supporting Women Through Continuity

Australian Private Midwives Association

Dear Ms Copeland,

The Australian Private Midwives Association (APMA) represents the majority of privately practising midwives in Australia. APMA aims, through representing private midwives in national professional discussions, to support women through promoting and protecting continuity of midwifery primary care. APMA is a key stakeholder in any professional discussion about midwifery including midwifery training.

We welcome the opportunity to respond to this consultation process around PII requirements for private practice midwives and would be happy to provide further information as requested.

Yours sincerely

National President
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May 6, 2011

Introduction to the Australian Private Midwives Association

Australian Private Midwives Association (APMA) represents the majority of privately practising midwives in Australia. Midwives in private practice provide homebirth services for the majority of women choosing homebirth care. APMA represents private midwives at national professional discussions and aims to support women through promoting and protecting continuity of midwifery primary care. APMA is a key stakeholder in any professional discussion about homebirth.

Many APMA members are active professionally in the Australian College of Midwives (ACM), as well as in groups that establish partnership between midwives and consumers, such as Maternity Coalition, Homebirth Australia, Home Midwifery Association (Qld), Homebirth Access Sydney (NSW), Birth Matters (SA), and BirthingBaBS).

APMA has many concerns about the overall situation regarding PII. Our members are the peak professionals impacted by the decisions made as a result of this consultation process. The woman who are also impacted by the decisions are our clients and we therefore are extremely concerned to ensure that they are not negatively impacted by the decisions made by the NMBA around PII for private practice midwives.

There are a range of concerns that APMA has in relation to the consultation documents.

Guideline: Consultation Draft Professional indemnity insurance

Private midwifery is defined according to the way midwives structure their business within the document and within the flow chart

Many midwives in self employed practice are not:

working as sole practitioners (either on a full-time or part-time basis) working in businesses owned solely by the midwife, or in a partnership or collective; or where a midwife is employed (full-time or part-time) by a company that is owned solely by the midwife, or that is owned solely by practising midwives, where the only directors of that company are practising midwives;

No other profession is required to be working in a particular business set up to be defined as ‘self employed’. It is clearly problematic to midwives who work in companies where the directors of the company are family members (or others) and where regulatory documents determine ways in which the midwife is able to structure their business.

It is clear to APMA that extremely limited consultation with midwives actually working in private practice has occurred as consultation would have highlighted the variances of business structure.

Regulation should not determine HOW a midwife structures a business but should define elements of private midwifery practice or self employed practice.

Requirement on page 4 that midwives have retroactive cover

It is unclear as to whether midwives are required to have retroactive cover. Midwives who have been working in private practice between 2001 and 2010 will have been working uninsured. None of the PII products available to midwives will retroactively cover this period of uninsured practice. Wording could be clearer that retroactive cover cannot be enforced.

A requirement for PII for midwives in the absence of an appropriate product

Midwives working in private practice providing predominantly intrapartum care within the home are paying for PII to cover the elements of their practice which could be considered the lowest level of clinical risk. Whilst midwives providing intrapartum care within the home do not consider birth “risky” there would be no argument that paying thousands of dollars antenatal and postnatal care whilst the birth care is not covered is inequitable.

Approach 1

APMA does not support a situation whereby the insurance industry provides guidance to the NMBA to set a quantum of cover

There is no data to support a quantum of cover. The difficulty with obtaining indemnity insurance to cover birth care within the home has been reported to be related to a lack of meaningful data around claims history for private practice midwives. Imposing a arbitrary level of cover for private midwife, which covers only a small component of their clinical practice, without any data to support this is absolutely not supported by APMA.