RACGP
Royal Australian College of General Practitioners

Healthy Profession.
Healthy Australia.

19 August 2024

Department of Health and Aged Care
GPO Box 9848
Canberra ACT 2601

Via email: medical.indemnity@health.gov.au

Dear Department of Health and Aged Care,

Re: Expanding eligibility under the Midwife Professional Indemnity Scheme for low-risk homebirths

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on the proposal for expanding eligibility under the Midwife Professional Indemnity Scheme for low-risk homebirths.

General practice plays a central role in the provision of maternity care, regardless of whether a general practitioner (GP) has specialised in obstetrics. GPs provide continuous care across the lifespan, including during pregnancy and caring for the newborn, mother, father/partner and extended family. In rural and remote settings maternity care often depends upon GPs, particularly procedural GPs, working in close collaboration with local midwives and other health workers.[1] Supporting GPs and GP obstetricians to work to top of scope in collaboration with obstetricians and midwives, will ensure patients receive the best possible maternity care.

The RACGP recognises and respects that women have a right to choose their place for birthing. However, choices must be fully informed and birthing options safe. We strongly caution against the de-medicalisation of maternity care. Recent evidence from New Zealand suggests de-medicalisation has resulted in an increase in birth injuries, deaths and poor perinatal outcomes.[2] Australia must learn from but not replicate New Zealand's model and consider what governance models are required in the Australian setting to ensure practice models reflect the quality and safety processes present in the hospital setting (for example, near misses and critical incidences are reviewed and analysed and there is appropriate feedback to clinicians and teams).

Our comments on the proposed changes and criteria for the Midwife Professional Indemnity Scheme (MPIS) for low-risk homebirths are outlined below.

Question 1a) Do you think this is an appropriate definition for low-risk homebirth?

The proposed definition for low-risk homebirth as currently presented is not appropriate. The proposal attempts to address two issues with one solution. There should be clear distinction between Birthing on Country and home birth. RACGP's Aboriginal and Torres Strait Island Faculty advise:

- Birthing on Country can represent a multitude of models of care. Birthing on Country programs are designed to support Aboriginal and Torres Strait Islander families. It conveys a resumption of maternity services in Aboriginal and Torres Strait Islander communities with Community governance to support a best start to life.[3]

  Birthing on Country services have been defined as encompassing some or all of the following elements: *"… community based and governed; allow for incorporation of traditional practice; involve a connection with land and country; incorporate a holistic definition of health; value Aboriginal and/or Torres Strait Islander and non-Indigenous ways of knowing and learning; risk assessment and service delivery; are culturally competent; and developed by, or with, Aboriginal and/or Torres Strait Islander people*."[4]

For Aboriginal and Torres Strait Islander families who have access to and choose a Birthing on Country model of care the RACGP supports these being made as safe as possible and resourced to provide best possible outcomes for families, supporting positive birthing experiences that are free from racism and bias. We recognise that for some Aboriginal and/or Torres Strait Islander birthing mothers the hospital may not be a place they feel safe if inherent bias and racism are present.

Culturally safe, trauma informed approaches, available choices for women including spiritual choices that support social and emotional wellbeing and connection to culture are important.[5] Some programs, not all, may include home birth depending on the model of care developed.

The RACGP recommends the Department of Health and Aged Care consult Birthing on Country experts on what considerations need to be made with regard to the MPIS including indemnity insurance cover as it relates to Birthing on Country models of care.

- For women who prefer a home birth as a choice, a careful risk stratification process is needed, which should include all relevant checks and balances to ensure informed consent, including financial consent, at every step of the process.

Question 1b) Would you suggest any changes to the criteria listed above, and if so, why (provide evidence where possible)?

The RACGP provides the following comments and recommendations on the criteria:

- There is an increased risk of stillbirth beyond 41 weeks. For example, the Queensland Clinical Guideline: Induction of labour, [6] recommends offering induction of labour (IOL) from 41+0 weeks of gestation. This criteria should be changed to 37 and 41 weeks to minimise potential risks.

- A list of parameters around what is considered to be a 'safe plan and a timely transfer' should be included. This should be agreed on with the local maternity hospital/s. It is important to note that a safe plan in remote regions would be different to that in the metropolitan area, so this should be articulated.

- Low-risk homebirth must include standard antenatal care with best practice investigations e.g. morphology scan, gestational diabetes screen etc. There should also be ongoing communication (e.g. progress summaries, results, discharge summary) with the patients usual GP to ensure continuity of care is maintained. This will enable GPs to provide ongoing support, holistic care, and follow up care.

- The A, B, and C referral categories in the Australian College of Midwives National Midwifery guidelines were developed to determine suitability for midwife-led care and not for making decisions about the safety of home births. For example, a prior C-section falls under category B, which suggests consulting with a relevant medical practitioner or other health care provider but not necessarily referring when midwife care is expected. It is important to note there is still a high risk of uterine rupture during a home birth in such cases. Given the increased risks associated with women who have category B and C conditions, the qualified healthcare provider should be an obstetrician or a GP obstetrician at the local receiving maternity hospital. As such, a review of the guidelines is required that considers the delays in accessing hospital-based care for both the mother and the infant. The risks mean it is

especially important the model has stringent evidence-based and agreed upon guidelines and is closely monitored for outcomes and risks.

Question 1c) Do you have any other comments regarding the inclusion of a low-risk homebirth PII product within the MPIS?

The government is agreeing to provide insurance cover through the MPIS and MPIS Run-off Cover Scheme (MPIS ROCS) because private insurers are unwilling to provide cover due to the inherent risks and potential for litigation.

The RACGP formally requests the government to extend funding MPIS ROCS for all providers of obstetric services to ensure costs to patients are reduced regardless of their choice of obstetric provider and no provider is financially disadvantaged.

Thank you again for the opportunity to provide feedback on the proposal for expanding eligibility under the Midwife Professional Indemnity Scheme for low-risk homebirths. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, Practice management, Standards and Quality Care on 03 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely

Dr Nicole Higgins **FRACGP**
President RACGP

References

1. The Royal Australian College of General Practitioners. Maternity care in general practice. East Melbourne, Vic: RACGP, 2019.

2. Perinatal and Maternal Mortality Review Committee. Fifteenth Annual Report of the Perinatal and Maternal Mortality Review Committee. Wellington, NZ: Health Quality and Safety Commission New Zealand, 2022.

3. Haora, Penny, et al. "Developing and evaluating Birthing on Country services for First Nations Australians: the Building On Our Strengths (BOOSt) prospective mixed methods birth cohort study protocol." *BMC Pregnancy and Childbirth* 23.1 (2023): 77.

4. Kildea S., Lockey R., Roberts J., Magick-Dennis F. Guiding Principles for Developing a Birthing on Country Service Model and Evaluation Framework, Phase 1. Brisbane: Mater Medical Research Unit and the University of Queensland on behalf of the Maternity Services Inter-Jurisdictional Committee for the Australian Health Ministers' Advisory Council, 2016.

5. https://www.pc.gov.au/closing-the-gap-data/annual-data-report, p.24

6. Queensland Health. Queensland Clinical Guideline: Induction of labour. Queensland: Department of Health, 2022.