

INTERIM PROFESSIONAL INDEMNITY INSURANCE ARRANGEMENTS FOR INDEPENDENT PRACTICING MIDWIVES

“Medical indemnity, like all insurance, is facing significant issues. We have the State health ministers coming together with the medical defence organisations and leaders in that industry, with the medical profession itself to address the medium, short and long term...I think we need to look at the whole area, the whole field. It's very important we address the issue across the board.” (Senator Kay Patterson, on Meet the Press, Sunday 21 April)

KEY ISSUES

- ❖ Independent Practicing Midwives (IPM's) are the only professionals without PI insurance. IPM's are unable to purchase insurance world wide as they are considered non viable (due only to their small numbers: 150 Australia-wide).
- ❖ Midwives are registered professionals legally able to provide care for a woman through out her pregnancy, during birth and in the immediate post-natal period. They are legitimate professionals providing care to healthy pregnant women. The Maternity Coalition demands that all health professionals providing maternity services be treated equally by governments addressing the market failure in PI insurance. Midwives should be entitled to the same support as doctors from the federal government in terms of interim access to PI insurance.
- ❖ The claims history of IPM's is exemplary. There is no known claim against an insured midwife for an adverse outcome. There are two reasons for this exemplary claims record.
 - First, midwives care for women with normal uncomplicated pregnancies and practice without unnecessary intervention. The minority of women who develop complications are referred to appropriate specialists.
 - Second, midwifery care support women to take responsibility for their pregnancy and birth and to make informed decisions on their care. Women are more likely to accept that sometimes, although rare, adverse events can occur that are not caused by the care provided.
- ❖ The majority of midwives have ceased practice. The remainder practice without PI insurance. This is unacceptable to IPM's and to consumers. No other health professional has been placed in this position. IPM's need interim insurance protection like private specialists. Insuring IPM's will actually reduce the potential risk liability to government as it will place a greater number of women with normal pregnancies in the care of the most appropriate provider, a midwife.
- ❖ Women who access IPM's do so at their own cost. The services of IPM's are not rebatable by Medicare. Some private health insurers fund a portion of the costs. The vast majority of women who engage an IPM will have an uncomplicated vaginal birth. They will either give birth at home or stay in hospital for a minimal period (1 day or less). They are far more likely to breastfeed their babies and less likely to suffer post-natal depression.
- ❖ With IPM's unable to practice women who would normally access their services are forced largely into the public health system. Not only are they a cost for their pre and post natal care, and their hospital stay for the birth, they are more

likely to have interventions that place them at greater risk of needing additional health resources (neo-natal intensive care, community health centres, specialist post natal support etc)

SUGGESTED OUTCOMES

- ❖ In order to enhance international best practice and reduce unnecessary specialist care, IPM's must be able to continue to practice.
- ❖ IPM's must be covered by a government arrangement, similar to that structured for medical practitioners after the demise of UMP.
- ❖ On application any registered midwife who was practicing independently (around 150) will be covered until either the PI insurance market is restored and midwives can purchase their own insurance at a reasonable cost or until public one-to-one midwifery services are widely available.
- ❖ That this arrangement be in place within 21 days.

BACKGROUND

- ❖ Since 1985 there have been 30 State, Territory and Commonwealth Government Reports and Policy Documents directly relating to maternity service provision. The majority of these recommend the enhancement of midwife care. Few if any recommendations have been acted upon.
- ❖ The World Health Organisation has deemed one to one midwife care the most appropriate and cost effective for the majority (at least 80%) of women, those with normal pregnancies.
- ❖ IPMs provide primary care to women on a one-to-one basis from early in pregnancy to 4-6 weeks postnatally. Research has proven this care to be at least as safe as standard medical care, to be more cost effective and to be highly satisfactory to women. .
- ❖ Obstetrics is the only area of medicine where healthy women can access specialist services without any complicating factor or illness
- ❖ Less than 1% of Australian women can access one to one midwifery care, cited as international best practice.
- ❖ Guild Insurance covered the majority of IPM's, Guild announced in July 2001 that they would not renew the policies of IPM's, after significant pressure they provided an extension until May 31 2002. Now that these policies have expired no other provider has been found either in Australia or overseas to provide PI cover to IPMs.

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