Submission to the Inquiry into Public Hospital Performance Data

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Terms of Reference

To inquire into and report on

1. the capacity of hospitals to meet demand, standards and quality of care,
2. resourcing and access levels, and
3. the accuracy and completeness of performance data

for Victorian public hospitals.

Summary of this submission

- **The capacity of hospitals** to meet demand, standards and quality of care (TOR#1) for women planning homebirth is a matter that is not difficult to manage. In fact, the introduction of homebirth programs into public hospitals will free up staff and beds for those who need to be in hospital.
- **The resourcing and access levels (TOR#2)** of public hospitals to provide back-up arrangements for women planning homebirth can readily be managed within normal resourcing arrangements.
- **TOR#3**: there is a high standard of accurate and useful data in respect to the performance of midwives attending home births, and for hospitals to which women planning homebirth (approximately 20% of the group) are transferred.
Introduction
In this submission I will seek to respond to issues relevant to the inquiry’s terms of reference, with specific reference to the professional services and care available through Victorian public hospitals for women who plan to give birth in their own homes.

In addition to this written submission I would be happy to appear before the committee in a public hearing to answer any questions you may have.

I am a midwife, practising as a primary maternity care provider in the community, and attending women for birth in their homes or, when needed, transferring the care to a public maternity hospital. When a client transfers to hospital I continue to provide midwifery services for the woman, doing what I can to work collaboratively with the employees of the hospital. This is the model followed by approximately 20-30 self-employed midwives in Victoria.

A small number of women in Victoria have, consistently over the years, planned homebirth with a professional midwife in attendance. Although this is within the scope of practice of the midwife, no public funding is available for these births in Victoria. The effective ‘requirement’ that government policy imposes, is for pregnancy and birth to be managed by medical-hospital services. In recent years, however, several state and territory governments have taken steps to make publicly funded homebirth services available.

Background on homebirths
Birth in the home is unusual in Australia, with only 0.2% of births being recorded as homebirths in 2005 (AIHW 2007), and a similar number being unplanned out of hospital births, known as ‘born before arrival’ or ‘bba’ births.

Most planned homebirths in Australia are attended by self employed midwives, with a fee-for-service arrangement between the woman and the midwife. The State with the highest rate of homebirths is WA, at 0.6% of births (155 births) in 2005 (AIHW 2007). In WA, a publicly funded homebirth program has been operating in Perth and Fremantle through Community Midwifery (CMWA) (http://www.cmwa.net.au) since 1997.

Reports produced by the Victorian Government’s Perinatal Data Statistics Unit (PDCU), including the annual Hospital Profile of Perinatal Data - Homebirth Report, and the Births in Victoria Report, provide accurate and reliable epidemiological data for planned homebirths that are attended by midwives, and planned homebirths for which transfer of care to hospital took place. In response to TOR#3, I wish to report to the committee that there is a high standard of accurate and useful data in respect to the performance of midwives attending home births, and for hospitals to which women planning homebirth (approximately 20% of the group) are transferred. The only group of births which may not be included in this data is from planned out of hospital births that are not attended by midwives. There may be a trend to increasing numbers of women choosing this option, which, if it is the case, is a cause for concern.
As the number of homebirths in Australia is small, any comparison of outcomes with outcomes in hospitals, or with home births in other countries, will lack statistical significance.

A review of 440 planned homebirths in Victoria 1995-1998 (Parratt and Johnston 2001) reported that:

- Spontaneous labour rate was 96.4%
- Spontaneous cephalic birth rate 91.6%
- Transfer to hospital rate 20%
- No perineal trauma in 64.2%
- Post partum haemorrhage 5.5%
- Retained placenta 1.1%
- Four perinatal deaths in this cohort were unrelated to their risk status or place of birth.

Midwives attending homebirths through publicly funded options such as the Western Australian CMWA or the South Australia Department of Health (DoH) program may be required to undergo a program of supervised practice (South Australia DoH 2007, p6) or credentialing through the Australian College of Midwives. Midwives commencing homebirth practice independently have in the past accessed mentoring from experienced homebirth midwives.

A woman planning homebirth faces certain requirements before homebirth becomes a possibility: she needs to come into spontaneous labour at term, and progress in labour without analgesics or stimulants, so that she can give birth spontaneously. The midwife works in a way that protects the mother’s wellness, and her baby’s transition from the womb to the outside world, and has the capacity to intervene when required to protect mother and baby, in the same way as she would attend a spontaneous birth in a hospital or birth centre. Homebirth midwifery is not remarkably different from hospital midwifery for well women in spontaneous labour. The midwife’s competencies are the same. The consideration by midwives to attend homebirths is a logical step after caseloads in establishing autonomous practice.

Developed countries in which midwives attend homebirth within the usual scope of midwifery practice include the Netherlands, UK, Canada, New Zealand, and other parts of Europe and USA.

Midwives comply with state or territory requirements for notification of births to the Registrar of Births, Deaths and Marriages, and other bodies. A midwife who provides a professional service attending homebirths, either through public or private arrangements, is able to provide the woman with the paperwork needed for registering the birth, claiming benefits such as the Baby Bonus through Centrelink, and adding the baby’s name to the mother’s Medicare card, as is provided by maternity hospitals. Midwives provide relevant referrals to Maternal and Child Health nurses operating out of local government centres, and send detailed information on each birth to the State or Territory perinatal statistics collection unit.
**Future Directions in Victoria**

Approximately 65% of Victorian births take place under public maternity hospital care. The Maternity Services Advisory Committee (MSAC) made up of key stakeholders, advises the Health Minister.

The policy document prepared with the guidance of MSAC, *Future Directions for Victoria’s maternity services*, provides a framework for strategic change to guide developments in publicly funded birthing services in the decade after its release (DHS 2004). *Future Directions* addresses several important issues: what women want; primary maternity services in both metropolitan and rural areas; and ensuring safety and quality within all levels of maternity service. The focus is on enhancing primary maternity services for all women, with referral to specialist services for those who need the higher level of medical care. This is consistent with the National Midwifery Guidelines for Consultation and Referral (ACM 2008), and the Three Centres Consensus Guidelines on Antenatal Care, Models of Antenatal Care (Mercy Hospital and others, 2001). When the *Future Directions* policy is implemented, it is more than likely that public hospitals will set up homebirth programs. It will be a logical step.

**The capacity of hospitals** to meet demand, standards and quality of care (TOR#1) for women planning homebirth is a matter that is not difficult to manage. In fact, the introduction of homebirth programs into public hospitals will free up staff and beds for those who need to be in hospital. Any hospital with on-site obstetric services is able to competently provide maternity services for a woman planning homebirth, in a similar way to receiving women on transfer from smaller hospitals.

At present, in Melbourne, the public hospitals that provide back-up bookings for women planning homebirth are the Women’s and Monash Medical Centre in Clayton. These hospitals provide excellent services for women who are referred by their midwives either before or during the labour and birth.

**The resourcing and access levels** (TOR#2) of public hospitals to provide back-up arrangements for women planning homebirth can readily be managed within normal resourcing and access arrangements. The client group for whom homebirth is a possible choice is women who are well; who carry their pregnancies to Term (37-42 weeks); who come into spontaneous labour, and progress without the need for medical forms of pain relief. This group is the least likely to need highly specialised hospital staff and technology, needed for women and babies with complications. The relatively small workforce requirements of midwives who are competent in primary maternity care and homebirth is likely to be met in the retention of midwives who are at present leaving the profession, dissatisfied with the professionally restrictive scope of practice they face working in hospitals. Many such midwives have worked in other countries where homebirth is an accepted, funded maternity care option.

Access for midwives to attend women in hospital, having transferred from planned homebirth, needs to be addressed by the review. A midwife who is employed by the hospital will be covered by the hospital’s insurance arrangements, whether the birth occurs in the home or the hospital. A possible insurance arrangement that would enable access for self-employed midwives is the Albany model that has been successfully operating in cooperation with Kings Hospital in London for a decade or more.
The Albany Midwifery Practice (AMP www.albanymidwives.org.uk) is contracted by King’s College Hospital NHS Trust (a London UK public maternity care provider) to provide midwifery care for a number of women (approx 200) per year, who live in a low socio-economic area. The midwives each have a caseload of 36 women, and although the midwives are self-employed and the practice self-managing, the midwives have access to all services through the hospital (Kings), are indemnified by the Trust, and work within the protocols and guidelines of the Trust. (Rosser 2003)

Although the number of women who plan homebirth in Victoria is small, they are a significant group, and should not be ignored. The Victorian Government’s Birthing Services Review (1999) indicated that the number of women seeking homebirth would be likely to increase ten-fold if homebirth was available at no cost to the woman.

I thank the committee for the opportunity to respond to the Inquiry, and hope the recommendations of the review lead to improved maternity services, promoting health for Victoria’s mothers and babies.

Joy Johnston RM, FACM

REFERENCES

Inquiry into Public Hospital Performance Data

Terms of Reference

On 13 November 2008, the Committee agreed to the following resolution:

To inquire into and report on the capacity of hospitals to meet demand, standards and quality of care, resourcing and access levels, and the accuracy and completeness of performance data for Victorian public hospitals.

Submissions

The Committee invites written submissions or comment from individuals and organisations addressing one or more of the key issues referred to in the terms of reference. Submissions should be sent or emailed to the address below.

All submissions are treated as public documents unless confidentiality is requested and agreed to by the Committee. Please contact the Committee Secretary if you have any queries.

The due date for submissions is Friday December 19 2008. Requests for an extension should be forwarded to the Committee in writing for consideration.

(Link to submissions)

Public Hearings / Transcripts

Public Hearings are proposed for early 2009. Details of dates and witnesses will follow in due course.

Contact

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