Women and Birth 28 (2015) 121–128

Contents lists available at ScienceDirect

Women and Birth

journal homepage: www.elsevier.com/locate/wombi

ORIGINAL RESEARCH – QUALITATIVE

Not addressing the root cause: An analysis of submissions made to the South Australian Government on a Proposal to Protect Midwifery Practice

Elizabeth Rigg [a,*], Virginia Schmied [b,c], Kath Peters [b,d], Hannah Dahlen [b,e]

[a] University of Western Sydney, School of Nursing and Midwifery, Locked Bag 1797, Penrith, NSW 2751, Australia
[b] School of Nursing and Midwifery, Locked Bag 1797, Penrith, NSW 2751, Australia

ARTICLE INFO

Article history:
Received 21 August 2014
Received in revised form 9 November 2014
Accepted 22 December 2014

Keywords:
Midwives
Home birth
Unregulated birth workers
Doulas
Midwifery regulation

ABSTRACT

Background: Reports of unregulated birth workers attending birth at home, with no registered midwife in attendance (freebirth), have become more frequent in Australia in recent years. A Coronial Inquiry (2012) into the deaths of three babies born at home in South Australia resulted in a call for legislation to restrict the practice of midwifery to registered midwives. A Proposal to Protect Midwifery Practice in South Australia was issued as a consultation paper in January 2013.

Aim: To report the views of those making a submission to the Proposal to Protect Midwifery Practice in South Australia.

Methods: Thirty submissions to the South Australian Government were downloaded, read and thematically analysed.

Findings: Twenty-five (81%) submissions supported the legislation, 5 (16%) opposed it and 2 (6%) were neither for nor against. Support for the proposed legislation was strong, however the underlying root causes that have led to the rise of UBWs attending homebirth in Australia were not addressed. Recommendations called for all stakeholders to work with women to develop a better framework of care that respected and met their needs and choices whilst safeguarding maternal and neonatal health.

Conclusions: The Proposal to Protect Midwifery Practice may promote greater protection of midwifery practice however, Private Indemnity Insurance (PII), collaborative agreements and power struggles associated with the medical domination of childbirth continue to marginalise homebirth and prevent women from accessing the care they want and need. These unresolved issues represent the root causes for UBWs attending homebirth; hence the proposal is only a partial solution.

1. Introduction

The debate about a woman's right to choose how, where and with whom she gives birth, can generate strong opinions including international legal action from human rights' lawyers and activists.[1] Having a planned homebirth with a regulated, competent midwife and access to good transportation and referral systems is as safe as a hospital birth when women, are healthy and have a low risk pregnancy.[2,3] Planning a birth at home without a registered health professional (freebirth) or having significant risk factors is less safe.[4] In Australia, the choice to have a homebirth is uncommon, with only 0.5% of births constituting a planned homebirth.[5] While homebirth for low risk women is becoming a more acceptable option in Australia's mainstream maternity services, social, political and medical influences around homebirth limit this option to very few women. The choice of publicly funded homebirth is not available in some Australian States (Queensland, ACT and Tasmania), with only 12 programmes across the nation.[6] Publicly funded homebirth, whereby hospital midwives provide the care and have indemnity insurance cover provided as part of their employment with the hospital, is only available to women who are at low risk of medical or obstetric complications.[7] Obtaining the services of a private midwife for a homebirth can be difficult, costly and remains uninsured. The result is that services from a private midwife are inaccessible to many women, especially women living in rural and remote areas.[7]

* Corresponding author. Tel.: +61 3623 7471.
E-mail addresses: elizabeth.rigg@acu.edu.au (E. Rigg), v.schmied@uws.edu.au (V. Schmied), k.peters@uws.edu.au (K. Peters), h.dahlen@uws.edu.au (H. Dahlen).
[c] Tel.: +61 2 96859505.
[d] Tel.: +61 2 46203567.
[e] Tel.: +61 2 96859118.

http://dx.doi.org/10.1016/j.wombi.2014.12.005
1871-5192/

There has been no expansion or increase in the number of birth centres in the past decade despite their popularity, leaving women with few choices for a supported home-like environment in which to birth.[8] Some women reject hospital birth and the services of health care professionals, deciding instead to birth outside the system[9]; some seeking the services of unregulated birth workers (UBWs). The reasons for these phenomena are poorly understood; however, there are increasing reports of freebirth and high-risk homebirth occurring with UBWs and there have been some highly publicised coroners' cases.[10,11]

The Improving Maternity Services Report 2009 brought about national maternity and health regulatory reforms, which resulted in regulatory, funding and insurance changes. These changes have made the choice to have a homebirth with a privately practising midwife increasingly complex.[8] The development of both a national register of all health practitioners and the Australian Health Practitioner Regulation Agency (AHPRA) resulted in all health professionals needing to show evidence of insurance cover. Eligible midwives in private practice were required to have collaborative arrangements with medical service providers. Midwives can become eligible providing they have current registration with AHPRA; three years post registration experience; current competence to provide pregnancy, labour, birth, and postnatal care and qualified to provide the associated services and order diagnostic investigations required for midwifery practice.[12]

Privately practising midwives have been unable to access Professional Indemnity Insurance (PII) for intrapartum care for homebirth since 2002 due to the lack of an insurance product and the difficulties encountered in securing collaborative agreements with medical practitioners.[13] This has led many midwives to leave private practice.[13,14] As part of the national maternity reforms, the Commonwealth Government made available affordable insurance for antenatal and postnatal care and birth in a hospital, but not intrapartum care for a homebirth. Midwives attending homebirths privately remain uninsured although they have an exemption to this insurance requirement until June 2015.[15] This means the choice to have a homebirth and access to an insured midwife in private practice remains restricted. Some women who will not give birth in hospital or cannot find or afford a private midwife are left with two options: birth outside 'the system' at home alone without a midwife, or utilise a UBW. Both these options would be viewed as freebirth or unattended birth.[11,16]

1.1. Unregulated birth workers in Australia

Increasingly, UBWs in Australia provide a range of services to women that may include antenatal care, birth care at home and postpartum care.[17] UBWs provide support services to childbearing women and have no formal regulatory requirements or training. They include doulas, birth assistants, lay midwives, childbirth educators, bodywork specialists, Indigenous birthworkers, hypnotherapists, nutritionists, naturopaths and ex-registered midwives. No data exists to accurately identify their numbers, training or work practices.[10] The Proposal to Protect Midwifery Practice in SA (2013), is the South Australian Governments' response to recommendations by a coroner who investigated a high profiled case involving three perinatal deaths in SA attended by UBW who was once a registered midwife.[10] This study aims to report the views of those making a submission regarding the Proposal to Protect Midwifery Practice in SA 2013.[17]

2. Methods

2.1. Design

This paper presents the findings of a qualitative interpretive study of submissions made to South Australia Health (SA Health) on a Proposal to Protect Midwifery Practice in SA (2013).[17] Ethics approval was not deemed necessary, as submissions are publicly accessible on the Internet. Participants understood the public nature of the consultation process when they made submissions. The names of individuals who made submissions are not reported, however, they and/or their organisations may be identifiable as these are all still publicly available on the internet.

2.2. Sample

There were 33 submissions made to SA Health. Three of these were confidential and not available for review. The remaining 30 submissions that were publicly available yielded 32 separate documents for analysis as one of these submissions was a joint submission on behalf of three separate individuals. Some submissions used a form letter and included additional comments while others provided an individual response.

2.3. Data analysis

Submissions were downloaded, read and re-read to gain familiarity with the data and thematically analysed to identify emerging themes.[18] In the initial analysis, the data was coded and categorised into seven broad themes. Further analysis led to the development of subthemes and relationships between themes that linked to an overarching theme titled "not addressing the root cause". Quotes from the submissions included below are referred to as midwifery, medical or consumer organisation, midwife or consumer.

3. Findings

Despite the high profile, media coverage of the events that inspired the proposed legislation, SA Health received only 33 submissions. From the 32 documents that were analysed, twenty-five (78%) of the submissions supported the legislation, 5 (16%) opposed it and 2 (6%) were neither for nor against the legislation (Table 1). Respondents included 13 (41%) professional midwifery, nursing and medical organisations: 13 (41%) individual midwives, who mostly did not specify if they were a privately practising or a hospital midwife, 3 (9%) consumer organisations, one General Practitioner; one hospital-based registered nurse and one was presumed to be an individual consumer; however, this was not clear (Table 2).

Table 1
Classification of support versus objection for proposed legislation.

Supported	25 (78%)	Opposed	5 (16%)	Neither for nor against	2 (6%)
Professional organisations (midwifery, nursing, medical)	11 (44%)	Professional organisations (medical, consumer ombudsman)	2 (40%)	A consumer organisation	1 (50%)
Midwives	11 (44%)	Midwives	2 (40%)	A medical practitioner	1 (50%)
Consumer organisations	2 (8%)	Consumer	1 (20%)		
Registered nurse	1 (4%)				