

**From:** [REDACTED]  
**To:** [Reproductive, Maternal and Paediatric](#)  
**Subject:** Submission to the inquiry  
**Date:** Monday, 16 September 2024 6:28:12 PM

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The Select Committee,

I'm Jaimee and I was just announced as Australian midwife of the year at Australian College of Midwives national conference in Melbourne on the weekend.

I'm an endorsed privately practicing midwife (PPM) in Launceston, working out of Australia's oldest independent birth house (The Launceston Birth Centre). The LBC has been offering private midwifery care to women in Tasmania for over 41 years. Whilst the national caesarean rate has risen from 5% to 37% over that time, the LBCs caesarean birth rate has remained at 5%. In fact, outcomes every area are better for women who had care through the LBC when compared with the Australian Mother and Baby Report data.

I've been the only PPM offering privately midwifery care to women in Launceston and surrounds for several years. I am constantly inundated with women wanting to engage in my services. I currently have over 50 women on a wait list hoping for private midwifery care. Endorsed private midwives offer gold-standard continuity of care and carer from conception, throughout pregnancy, labour and birth and for 6 weeks postpartum. This is a relationship-based model of care and it is extremely effective in leading to excellent outcomes for women and babies, as well as facilitating the highest standards of safety on all levels (physical, emotional, cultural and spiritual safety). This is very pertinent in the wake of the NSW Birth Trauma enquiry that show that one in three women experience birth trauma through main-stream maternity care.

Private midwives are experts in the normal physiology of pregnancy, birth and postpartum, and we are highly skilled at facilitating normal birth as well as responding to changes in physiology that require emergency care or input from other maternity care providers. I have an excellent collaborative working relationship with a myriad of other maternity care providers in Launceston, including GPs, obstetricians, paediatricians, haematologists, neurologists, physiotherapists, dentists, naturopaths, nutritionist, doulas and other midwives. This collaboration enables me to offer safe, appropriate, individualised care.

Private midwives offer Medicare rebates and can prescribe medications relevant to a woman's needs. Unfortunately in Tasmania, PPMs are limited by a Prescription formulary and can only prescribe from that short list. We are the last State / Territory to limit PPMs to a formulary. All other States / Territories have abolished the formulary and recognise the PPMs competence to prescribe whatever is within their scope to meet the woman's needs. I would urge you to bring Tasmanian PPMs in line with the rest of Australia and enable us to do the same by abolishing our formulary as well.

Midwives in Australia are able to practice in any context provided they have Professional Indemnity Insurance (PII). To date, there is no PII product available to PPMs in Australia so we have been given an exemption that allows us to offer homebirth without insurance

provided we meet the exemption requirements.

Earlier this year the government announced that this exemption would not be extended beyond 30 June 2025 and that they would introduce a PII insurance product for PPMs. Whilst this may have been announced with good intentions, the proposed product is not fit for purpose and is unacceptable to PPMs and women alike. The proposed product is a risk-based product, and only allows PPMs to care for low-risk women. This flies in the face of the foundational of midwifery care ie that we offer woman-centred care, not risk-based care. Women's so-called risk status changes from day to day, and as midwives, we respond to a woman's dynamic needs and collaborate with the appropriate care providers so she has the specialist care she needs whilst remaining as her primary care provider, and in doing so, offering the continuity of care that is so instrumental in enabling a woman to have a positive, empowering pregnancy and birth experience, and one that almost completely eliminates the triggering of trauma which is so prevalent in the main-stream, fragmented care system.

I compiled statistics from PPMs from throughout Australia in order to support the ACM's response to the governments proposed PII product. Based on these statistics, only 15% of our clients would meet the requirements for private midwifery care once this product comes into effect. This will put PPMs out of business, and many are feeling extremely distressed about the impact this will have on their livelihoods and the well-being of women. I've heard of midwives already looking into other professions, and considering handing in their registration over this. We are desperately short of midwives as it is, and we need more of them, not less. We recognise that this situation will also lead to many women choosing to free-brith instead of engaging with a midwife who may not be allowed to offer them the continuity of care they desire and deserve.

I would urge you to consult with PPMs further on this topic so the product that is on offer is fit-for-purpose and meets the needs of midwives and women alike. If you would like to understand this further I would be happy to speak to this in more detail.

Jaimee Smith

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