



# MEDIA RELEASE

## Collaborative arrangements – cause for concern

From 1 November 2010, midwives will be able to provide Medicare funded care to women in the community and in hospitals, thanks to major reforms legislated by the government in March this year. The Australian College of Midwives commends the Health Minister Nicola Roxon for giving women wider choice with these important reforms.

“We remain very concerned however that the recently released secondary regulations known as the *‘National Health Collaborative Arrangements for Midwives’* could hinder the Health Minister Nicola Roxon’s intentions for maternity reform,” said Associate Professor Hannah Dahlen, President of the Australian College of Midwives

“We are yet to see whether doctors will be willing to collaborate with midwives and whether they will use this arrangement to try and control midwifery practice and impact on women’s childbirth choices.”

“We know that women and their babies experience measurable benefits from one-to one care from a midwife but midwives now can’t take up this historic opportunity to provide Medicare services without a collaborative arrangement with a doctor or doctors.”

“The potential ramifications are that there will be reduced choice for women if doctors veto options such as vaginal birth after caesarean or homebirth, and added risk as women may refuse to engage with maternity services when needed and midwives could feel pressured into practices women do not want.”

“We are most concerned about the effect of these collaborative arrangements on women living in rural and remote communities where there may be no doctors at all or doctors on short term contracts that the midwife will constantly be trying to negotiate with. There is a real risk now that midwives will not take up the government’s reforms and they will fail.

“We will be watching the impact of this legislation closely and are asking our members to report any cases where the medical profession uses the arrangements to control midwifery practice or deprive women of choice. The Minister for Health has made it clear that she has no desire to see a medical veto over midwifery practice and we will be making sure that she keeps her word on this.”

“States and Territories must now come to the party and develop state-wide Clinical Privileging and standardised hospital access agreements so midwives can provide care for women in hospitals without all the current barriers they face. We encourage them to facilitate this process and to assist midwives to make these collaborative arrangements work for the sake of women and for the future of evidence based maternity reform in our country.

The Australian College of Midwives commends the National Health and Medical Research Council on the soon to be released *National Guidance on Collaborative Maternity Care*. A multidisciplinary committee, that most importantly involved consumers, has developed this document. This document is an evidence-based guide to collaboration that will help clinicians to provide women with care that puts them at the centre where they rightly should be.

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