

COMMUNITY MIDWIFERY PROGRAM

839. Mr P.B. WATSON to the Minister for Health:

I welcome the Newton Moore Senior High School students here this afternoon. Well done, guys!

I refer to concerns raised today by a group of south west women who have attended this session to highlight the lack of a community midwifery program in the state's south. They are in the back row today. Well done, ladies!

- (1) Does the minister acknowledge the south west has a growing population that already warrants a full range of maternal health services?
- (2) Will the minister commit to providing a birthing centre in the south west?
- (3) Will the minister commit to providing a community midwifery program that will give the same gold standard birthing options to women in the state's south as those currently available to women in the metropolitan area?

Dr K.D. HAMES replied:

- (1)-(3) I thank the member for Albany for the question. I did have the great pleasure of meeting those women during the protest outside. I welcome them here. I have had considerable debate over a period of time about the provision of midwifery services throughout the south west. I pointed out that, under the new model of the national registration scheme that will be in place by June 2010, independently practising midwives without insurance will no longer be able to practise. At the Australian Health Ministers' Conference, I raised my concern about that—as I did at the forum near Floreat when discussing the national registration scheme—and put forward the view that it was not appropriate. I am very pleased that the federal Minister for Health and Ageing, Nicola Roxon, agreed with my view, although three or four of the ministers from the other states did not want those women to practise after 2010. They wanted to —

Mr E.S. Ripper: Is that because you are stopping midwifery in the south west?

Dr K.D. HAMES: No, it is not.

Mr E.S. Ripper: Is that the relevant issue?

Dr K.D. HAMES: No, it is not. I will lead on to that, because that is particularly important. However, there are two models of community midwifery. One operates throughout the Fremantle region—in fact, it covers the metropolitan area—with a community midwifery-led service that is run under the auspices of government. Those people get their insurance by following a certain set of standards under the auspices of government. There is a separate group of independent midwives who do not want to follow that model, and it is that group of midwives who are going to lose their registration. At the ministers' conference, we came to an agreement that there would be a two-year time lag to sort out what to do with those people. The model that I would see being used is for a lot of them to come under the community midwifery model, which would mean that they will get the insurance cover of government. Those who do not want to do that can look to the National Board of Nursing and Midwifery to develop a set of guidelines that will allow them to practise independently and enable that insurance to be provided. That is what we are working on.

My proposal has been to expand that Fremantle model to the south west, so that the community midwifery-led program can continue to operate in the south west. As late as today, I have instructed the WA Country Health Service to progress that proposal. I have already supported that proposal. I have said that that is what I want to happen. I want WACHS to come to me as soon as possible with a business case that will allow that to be developed.

The operation of the independent midwives is still an issue, and it has been for a long time. I think the group met with Jim McGinty four years ago. Jim McGinty progressed the operation of independent midwives. It must be remembered that we are going to expand the model at Kalamunda that allows midwifery and general practitioner-led deliveries. That is a place that was closed when the opposition was in government. We are bringing the midwives and the GPs back to do deliveries. However, we have to resolve that issue. The key thing is something called VBACs, which in the old terminology was a trial of scar. Women who had had caesarean sections were supposedly at higher risk of uterine rupture. However, the ladies at the back of the chamber here say that those statistics are not correct and that there is no increased risk. On the other hand, the health officials are saying that yes, there is. My view is that we can find some middle ground through the Nurses and Midwives Board —

Mr E.S. Ripper: I'm sorry to interrupt you —

Dr K.D. HAMES: Why would the Leader of the Opposition interrupt the end of that sentence? That is a very important sentence.

Mr E.S. Ripper: Are we getting a birthing centre and a community midwifery program in the south west, or are we not?

Dr K.D. HAMES: I am not publicly committing to that today. What I am committing to is support for that model. I have asked the department to come to me with a business case as soon as possible, and then we will make a decision. I certainly support the concept.