DEBATES

OF THE

LEGISLATIVE ASSEMBLY

FOR THE

AUSTRALIAN CAPITAL TERRITORY

FIFTH ASSEMBLY

WEEKLY HANSARD

5 MAY

2004

Wednesday, 5 May 2004

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The Assembly met at 10.30 am.

MR SPEAKER (Mr Berry) took the chair at 10.30 am and asked members to stand in silence and pray or reflect on their responsibilities to the people of the Australian Capital Territory.

Chief Minister
Notice of motion of want of confidence

Mr Smyth, having delivered a motion of no confidence in the Chief Minister, the Clerk, pursuant to standing order 103, announced that in seven days hence, in accordance with standing order 81, Mr Smyth shall move:

> That, since the Chief Minister has repeatedly misled the Legislative Assembly on the question of advice given to him and contact made with him during the period 17-18 January 2003 regarding the 2003 bushfires, this Assembly no longer has confidence in the Chief Minister, Mr Jon Stanhope, MLA.

Mr Smyth: It would be normal practice for the house to now adjourn, but I understand Ms Tucker would like to present her report as it has implications for today.

Suspension of standing and temporary orders

Motion (by **Mr Wood**) agreed to, with the concurrence of an absolute majority:

> That so much of the standing and temporary orders be suspended as would prevent the presentation of report 8 of the Standing Committee on Health.

Health—Standing Committee
Report 8

MS TUCKER (10.32): I present the following report:

> Health—Standing Committee—Report 8—*A Pregnant Pause: The future for maternity services in the ACT*, together with a copy of the relevant extracts of the minutes of proceedings.

I seek leave to move a motion authorising the report for publication.

Leave granted.

MS TUCKER: I move:

> That the report be authorised for publication.

Question resolved in the affirmative.

MS TUCKER: I move:

That the report be noted.

Although it is unusual to table a committee report on a private members' day, the committee has decided to table its report of its inquiry into maternity services today, 5 May, as it is International Midwives Day, as recognised by the International Confederation of Midwives and over 50 nations around the world. The committee undertook this inquiry as for some time there have been concerns about provision of maternity services in Canberra. Most particularly the committee was aware of the situation regarding medical indemnity insurance that precludes independent midwives from working and is causing obstetricians to leave the work force. More generally there have been concerns about the disparity in treatment and outcomes for pregnant women, including the issue of inappropriate intervention.

The committee participated in several consumer forums, some at the Women's Centre for Health Matters in Pearce and one at the Legislative Assembly. We were keen to hear as much as we could from women in Canberra, and the centre at Pearce was child and baby friendly. We did our best to make the Assembly committee room similarly accommodating. The comments made by the women who attended these forums were very informative and I would particularly like to commend and thank those women who had had traumatic experiences but who nevertheless courageously told their stories. We were also very pleased to get positive submissions from women who had had very good experiences.

The committee attended also the sixth international conference on the regulation of nursing and midwifery called *Innovations in Regulation*, which was held in Melbourne. We also travelled to New Zealand for this inquiry to assess their model of care. There had been overwhelmingly positive feedback received about the model of maternity services there. We were welcomed by the New Zealand government and were able to speak to the college of midwives, consumers, professionals and members of parliament, including the Minister of Health.

The New Zealand model recognises the value of midwife-led care. It does not derogate from the support of the medical system but ensures that all women have access to appropriate antenatal care. Over 73 per cent of women there have midwife-led care and the national home birth rate is between six and 10 per cent. Fifteen per cent of women birth in primary birthing units which provide a non-medicalised environment. Midwives are trained as midwives, not nurse, and the medical insurance scheme does not create barriers to access or practise as is the case in Australia.

It is useful to note that the 1999 Senate Committee report *Rocking the Cradle* recommended that the federal government establish an independent inquiry into medical indemnity and litigation, to look at alternative approaches to compensation payments. Unfortunately, the government of the day did not support this recommendation. The committee has recommended that the ACT government lobby the federal government to find alternative approaches to medical indemnity including, obviously, looking at the no-fault model that applies in New Zealand.

It was clear to the committee, following the trip to New Zealand, that models of care and place of birth are the most important aspects in defining successful birth outcomes and that radical changes are needed in the ACT system of care. The importance of continuity of care was stressed throughout the inquiry, and the committee considers it important that women have access to continuity of care that leads throughout the antenatal to the postnatal period and offers assistance with establishing breastfeeding and care routines. This is important especially because so many women are isolated from extended families who may have otherwise provided this role.

Women who access the Canberra midwifery program do have access to midwife-led care; however, this program takes a very small proportion of women each year. The committee was told very clearly by women that there should be more midwifery services offered in the ACT. The committee became increasingly concerned that the lack of available midwifery care in the ACT not only reduces choice for women but also can result in less than satisfactory birthing outcomes, and has recommended major systemic changes to the delivery of maternity services. These changes include the Canberra midwifery program being placed under the control of midwives; independent midwives being given admitting rights to hospitals; the operation of delivery wards in the hospitals being changed to ensure greater participation of admitting practitioners; and freeing the midwifery work force to pursue private practice.

The committee recognises that medical advances have greatly improved the health outcomes for at-risk women and babies; however, the more general medicalisation of the culture has come at a cost to women. Current obstetrical practice fails to take a holistic approach and concurrent with the shift to obstetric practice has been the erosion of the status of midwifery practice. The relationship between the higher occurrence of intervention and the obstetric model is also clearly supported by evidence, as is the detrimental effect of unnecessary intervention.

The majority of submissions, including the government submission, raised concerns about intervention rates. I quote the government:

> It is generally recognised that reducing the number of interventions low risk women experience during birth improves the health outcomes of women and their babies.

The caesarean rate in the ACT was 21.8 per cent in 2000. It was 18.9 per cent in public hospitals and 29.4 per cent in private hospitals in the ACT. Over half were elective and the rate of caesarean section is increasing. The World Health Organisation considers the caesarean section rate as a key indicator to maternal health outcomes, and considers that a rate over 15 per cent indicates over-utilisation of the procedure. The New South Wales College of Midwives pointed out to the committee that emergency caesarean sections are almost always justified; however, many could have been avoided if the cascade of interventions had not first taken place. That is a very critical point that came through the evidence time and time again.

Given the importance of birth location in successful birthing outcomes, the committee has recommended the establishment of primary birthing units. These units would be off the hospital campuses and have low technology, which has been proved to reduce

interventions in birth, reducing physical, emotional and financial costs. The report recognises the need for more integrated models of care that focus on the birthing women, rather than the need for medical practitioners and hospitals. The committee recommends the establishment of a ministerial advisory council on maternal health, supported by a working group on maternal and early childhood health, to implement what the committee sees as major but essential changes to the way maternity services are delivered in the ACT.

The committee has recommended that all public maternity services be streamlined into a single service encompassing public services at Calvary Hospital and an administrative arm for community midwifery services, which is independent from hospital administration. In a small jurisdiction such as Canberra where transfer between hospitals is acceptable it is not constructive to have the two hospitals and the recommended primary birthing units competing with each other, particularly if this competition is at the expense of consumers. It should be entirely possible to link the work of these facilities in order to ensure efficient use of resources and the viability of the whole system, including the medical school.

This is a unanimous report. We are also recommending that there be improved antenatal education, improvements to the maternal and child health clinic operations, changes to mixed maternity and gynaecology wards at the Canberra Hospital, production of comprehensive pregnancy information and support for Bachelor of Midwifery degrees. I encourage the government to consider the recommendations in this report closely. They mirror the needs of women to have safe birth outcomes while supporting midwives, GPs and obstetricians to fully practise their professions with skill and dignity.

This report recommends fundamental changes to the delivery of maternity services and the committee has recommended that the response to this report be developed not only by the department of health but also that the Minister for Health consult with the Minister for Women and the Ministerial Advisory Council on Women. The committee is confident, from the evidence received, that the recommendations of this report reflect best practice and, if implemented, will benefit birthing women and their babies. I commend the report to the Assembly.

Debate (on motion by **Ms MacDonald**) adjourned to the next sitting.

Papers

Mr Wood presented the following papers:

Subordinate legislation (including explanatory statements unless otherwise stated)

Legislation Act, pursuant to section 64—

Rates Act—Rates (Certificate and Statement Fees) Determination 2004 (No 1)—Disallowable Instrument DI2004-60 (LR, 4 May 2004).

Taxation Administration Act—

Taxation Administration (Rates) Determination 2004 (No 1)—Disallowable Instrument DI2004-43 (LR, 4 May 2004).

Taxation Administration (Rates—Rebate Cap) Determination 2004 (No 1)—Disallowable Instrument DI2004-58 (LR, 4 May 2004).

Taxation Administration (Rates—Discount Rate) Determination 2004 (No 1)—Disallowable Instrument DI2004-59 (LR, 4 May 2004).

Taxation Administration (Land Tax) Determination 2004 (No 1)—Disallowable Instrument DI2004-61 (LR, 4 May 2004).

Taxation Administration (Amounts payable—Home Buyer Concession Scheme) Determination 2004 (No 1)—Disallowable Instrument DI2004-62 (LR, 4 May 2004).

Taxation Administration (Amounts Payable—Home Buyer Concession Scheme) Determination 2004 (No 2)—Disallowable Instrument DI2004-63 (LR, 4 May 2004).

Taxation Administration (Objection Fees) Determination 2004 (No 1)—Disallowable Instrument DI2004-64 (LR, 4 May 2004).

Taxation (Government Business Enterprises) Act—Taxation (Government Business Enterprises) Amendment Regulations 2004 (No 2)—Subordinate Law SL2004-13 (LR, 4 May 2004).

Water Resources Act—Water Resources Management Plan 2004—Disallowable Instrument DI2004-66 (LR, 3 May 2004).

Assembly sitting pattern—amendment

Motion (by **Mr Wood**), by leave, agreed to:

That the resolution of the Assembly of 11 December 2003 that sets the sitting pattern for 2004 be amended by omitting Thursday, 6 May 2004 and inserting Wednesday, 12 May 2004 at 11.00 am and Thursday, 13 May 2004.

Adjournment

Motion (by **Mr Wood**) agreed to:

That the Assembly do now adjourn.

The Assembly adjourned at 10.45 am until Thursday, 13 May 2004, at 11.00 am.