

**LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY****WRITTEN QUESTION**

Ms Carney

to Minister for Health

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**Independent Midwives Indemnity Insurance**

1. Has Government considered changing the Health Practitioners Act so that Health Practitioners, including Independent Midwives, are able to practice without indemnity insurance?

**ANSWER**

A response to this question was initially provided in my correspondence to the Member for Araluen dated 30 November 2004.

On the 18 November I announced a comprehensive new maternity services package and an investment of nearly \$350,000 this year to give all Territory women and families greater birthing choice.

These initiatives strengthen the Community Midwifery Program already in operation and will enable independent midwives to practise in the Territory.

The package offers safety, support, quality services and greater choice for mothers across the Territory. The main features are:

- A publicly supported home birth model of maternity care based on the current Western Australian service. Women at low risk can choose to have the support of an independent midwife to deliver their baby at home and receive ante and post natal care. Independent midwives will be indemnified through the Department of Health and Community Services. There will be clear referral protocols if complications arise to protect the safety of mothers and babies. As was the case before the indemnity crisis, this service will only be available from Darwin and Alice Springs, and women will be required to make a co-payment.
- Consolidating positive changes being made in birthing services generally, including the Community Midwifery Program (CMP). The CMP caters for low risk women who want to give birth in hospital. In Darwin the CMP will be given a second home outside the hospital, allowing women to birth in RDH, and access ante and post-natal care from CMP midwives in a community setting.
- Upgraded training in advanced obstetrics skills for current midwives, medical practitioners and obstetricians.
- Outreach ante-natal service to remote communities. Two new midwives will be employed in the Top End and Central Australia to improve services for women in remote communities and provide training and support to health professionals.

This package will build upon the construction of the \$2.5 million Birthing Centre at RDH which will commence next year, and will provide a friendly environment, with an emphasis on midwifery led care for women who do not need medical intervention during childbirth. The Birthing Centre will include construction of two new low tech birth rooms with deep immersion baths, ensuites and non-hospital beds, upgrade of the existing four birth rooms, refurbishment of the entire 6<sup>th</sup> floor maternity ward, and additional recurrent funding for additional staff to implement the new midwifery led model of care across the birth centre. A midwife will also be employed to work with mothers from remote areas.

The package won't be operational tomorrow, but implementation has started today. Some elements will take longer than others, but the important thing is we get it right. I have asked the Department of Health and Community Services to make this a priority.

In particular, we will work with all stakeholders to get service protocols and systems in place to enable independent midwives to work safely again in the Northern Territory as quickly as possible.

Government has listened to the range of choices that Territory women and their families want to be able to make. We have kept in mind our prime responsibility to provide safe, quality birthing services to all Territory women. A key element of that safety is the knowledge that all health professionals practice with indemnity cover.