Joanna Dadd

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To Whom It May Concern:

I would like to call to your attention in the strongest possible terms the fact that midwives, at present, come under the same regulatory board as nurses.

This amalgamation of nursing and midwifery is problematic as midwives are judged, scrutinized and punished by a panel that only needs to include one midwife. The rest of the panel can be made up of nurses, radiographers, academics etc. The midwife on the panel does not even need to be a currently clinically practicing midwife, and nor are there any homebirth midwives on the list of panel representatives. Consumers are also part of a panel and this consumer has in many cases been a man of retirement age. The consumers are often not childbearing women who have a vested interest in midwifery practice.

If you were not aware, many Independent or Privately Practicing Midwives have had complaints made against them from hospital personnel. What is very clear under the current NMBA is that the complaints, particularly vexatious ones, are handled poorly, with a very long time frame taken to review and investigate them. This leaves the midwife with losing her livelihood, having conditions placed on their registrations restricting her practice, which ultimately affects the women that she is caring for. Women have had their midwives restricted from their practice at 40 weeks gestation, leaving them with no alternative other than to birth in the hospital or free birth. This is very disturbing as neither of these were the woman’s choice, and the restrictions placed were made by nursing and other health professionals, rather than by currently practicing midwives. This places women and their babies in an unsafe position, despite the Board’s role to protect the safety of the public.

Midwives have had conditions placed on registrations within one week of the complaint being received and before an investigation. It also takes a minimum of 4 weeks for conditions to be altered and well over 6 months for them to be removed.

There are some points that need to be considered and changed:

- A lack of contemporary practicing midwives on the NMBA who can safely judge a homebirth midwife’s practice.
- Lack of midwifery representation on the NMBA with no practicing homebirth midwives at all represented.
Lack of understanding of midwifery practice, particularly homebirth practice, within the NMBA.
Lack of understanding the differences between midwifery and nursing. Very limited understanding of the role of the midwife, particularly homebirth midwives.
The current NMBA does not have the skill or capacity to make judgements about homebirth midwives, to safely address safety of the public, as they are unaware of the unique role of the homebirth midwife.

A solution would be to create a separate Midwifery Board, it would the 3rd largest Board of registrants and would constitute an adequate workload given the wide variety of midwifery practice.

Implementing a Midwifery Board separate from Nursing would be cost effective, economical and would ultimately protect the public as midwives and the midwives complaints would be judged by their peers who have an understanding of independent homebirth midwifery practice.

Sincerely

Joanna Dadd