

Presidents Report

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The two years since I took over as President of this Association could well be characterised as a time of quiet achievement which has set the stage for the next flurry of activity.

Achievement of Incorporation in July 1985 was the culmination of a great deal of effort by our founder President, Margaret Peters. Despite the demands on her time by her ICM Board of Management commitments, Margaret has continued her commitment to the completion of several of our longterm objectives including the revision of our Constitution and the writing of the By-Laws which will be presented to you at this Annual General Meeting; and the long drawn out negotiations for the establishment of our trust fund which, once our name change is ratified, will be finally set up. In the work on the Constitution and By-Laws, acknowledgement must be paid to the input of Pam Kilpatrick and Pam Hayes and the concerted effort of all members of the Executive during our meeting in Canberra in November 1986.

In 1985, this Association presented a submission to the Layton Enquiry into the Medicare Fees Schedules and in November of that year, the ACT representative and I presented our case to the enquiry panel. Our submission requested that:

Care of the patient by a Midwife throughout pregnancy, labour and delivery and the puerperium, or part thereof, be reimbursed by a specific Medicare Schedule;
Care by Midwives may be performed at home, in hospitals or a birthing centre and that regardless of venue, the benefit apply;

The cost of preconceptual, antenatal and parentcraft classes conducted by Midwives should attract a specific Medicare Benefit Schedule.

The astuteness of the ACT Midwives who picked up the reason given by one of their obstetricians for nonability to present a scheduled lecture and followed it through to find we had been overlooked when the advice of the panel hearing, by then only a few days away, had been circulated many months before, and their swift action in ensuring we were able to present our case was followed by some equally swift action by Pam Kilpatrick, the express services of Australia Post and the members of the Executive. The ACT Midwives then rapidly collated all the State comments into the written submission to which Hilary Hunter and I spoke before the panel. The quality of the submission was commended by the panel and the ACT Midwives also should be commended for their swift and effective action on our behalf.

When the findings of the Layton Report were released in November 1986, neither we nor the Home Birth Midwives Association (who had prepared a voluminous submission) were successful in achieving a Medicare rebate, but the Midwifery section of the Layton Report is most favourable.

The issue of antenatal/parentcraft education was a difficult one owing to the diversity of groups offering this service, and the varying degrees of competence of the practitioners. However, the committee stated that they are of the view that Midwives are capable of providing this service effectively.

The final recommendation was that health programme grants be made available for the purpose of evaluating independent

midwifery practice. The grant to comprise an allocation of \$2million for a five year period and to be linked to an agreed research programme.

This recommendation must be addressed as one of the objectives of our next two years and we must answer the question: "Are we prepared to wait up to seven years for an answer, or do we want to do something more assertive sooner?"

As a matter of interest NH&MRC already have a working party examining home birth and alternative birth centres and QVMC in Melbourne are investigating a planned non-hospital confinement service - assessing the demand for such a service and evaluating its feasibility, safety and ongoing cost.

To paraphrase some comments by Virginia Henderson, it is self-evident that an occupation and especially a profession whose services affect human life, must define its function, and midwifery's attempts to do so have a long and still unfinished history. At this AGM, our work on the development of a philosophy, objectives, a code of ethics and standards of midwifery practice to which all branches have contributed, will be presented for ratification.

Our correspondence has reflected an increasing awareness of this Association by government and nongovernment organisations and associations and individuals and has been as diverse as requests for information from individuals wishing to practice in this country to a request from the House of Lords for information on Midwives' pay and career structures. At Christmas, we received greetings from our patron Lady Stephen and Sir Ninian.

Pam Hayes as our delegate to the Western Pacific Region has attended a meeting and conference in Indonesia and a conference and ICM Council Meeting in Vancouver. It is appropriate to record our thanks to Pam for her contribution of time and expertise and the financial involvement this has entailed on our behalf.

Margaret Peters has represented our interests at the AGM of UNICEF of which we are members and at the NH&MRC.

The movement of Branches to autonomy from RANF has continued with NSW, Victoria, SA and WA now all no longer affiliated as special interest groups of RANF. (Only Tasmania and the Northern Territory are still RANF).

A personal highlight for me was my

attendance as representative of the Association at the First National Midwives Conference in Christchurch, NZ in September 1986. In all 15 Australians attended, and Louise Sledzik from LIHS and Alison Garrison, Tasmania, were also invited speakers. We were most warmly received. Our attendance at their conference was, I am sure, a positive factor in establishing sound links with our colleagues despite their President's reference to our coming from those couple of small islands to the northwest!

They too have many problems to address, not the least of which is their very serious problems with their midwifery training. Despite the newness of their National Association, they already have a badge, a banner and a song! Surely we have within our membership someone who can address our deficiencies in this area.

While on the subject of songs, we must urgently address the production of a sheet with the words of well known "Australian" songs, to be given to any member attending conferences, as an essential item of luggage. It is amazing how many of us do not know the words, and somewhat embarrassing when asked to contribute to an evening's impromptu entertainment. We have only a couple of months to do this before our members and delegates attending the ICM at the Hague depart on their travels.

Our delegates to the ICM Council will be Faye Thompson from Queensland, and Judith D'Elmaine from NSW.

Pam Hayes will represent us at the preconference workshop on the Code of Ethics.; Phyl Groves at the workshop on Women's Perceptions of Midwifery. We wish all those who are going a happy and successful time.

Those remits not addressed at the ICM in Sydney are to be listed on the agenda for the Hague, and in addition, we have submitted a proposal that:

"The funding, fares and costs of all members of the ICM Board of Management, no matter where they come from, should be met by ICM".

New Zealand Midwives were asked to second this resolution.

Policies and Position Papers have been developed and are presented for ratification at this meeting.

The use of ultrasound in the management of engorged breasts was a topic addressed at the Vancouver meeting, where concern was expressed on the potential toxic side effects. On her

return, Pam Hayes reported this concern and in turn, we have expressed our concern to the NH&MRC, and requested that a review of this practice in the management of engorged breasts and damaged perineums be conducted.

We were able to fulfill yet another longterm objective when we had our three-day Biennial Canberra Executive Meeting. This was planned so that our Association could see and be seen by the people in Canberra who influence our practice and education. It was a marathon effort and a formidable agenda. All members of the Executive were able to be present and a great deal was accomplished.

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Acknowledgement must be made of the work of Margaret Braithwaite and the ACT Midwives Association for arranging the social/political activities and for so ably hosting and ensuring the smooth running of every aspect of the three days.

The reception was held at the Canberra Club where we were able to meet and speak informally with guests drawn from Federal Health and Education sectors, as well as nursing personnel and representatives from a variety of other organisations. It was a success, and has the potential for longterm implications and involvement.

Individual speakers during the three days included Dr Cathy Mead, Medical Services Advisor, Women's Health and Family Planning Division, who outlined for us the structure and function of the Federal Health Department and areas of Women's Health Services which the Commonwealth is investigating and funding. Areas highlighted for our examination for potential involvement included NH&MRC Department of Health Annual Reports, Research and Development Grants, Advisory Committee and Family Planning.

Peter Cullen, a political lobbyist, spoke on his role and how we could utilise the skills of a lobbyist. He holds very positive

views about the roles of Nurses and Midwives and has agreed to consult with us regarding lobbying for change - thoughts on a draft submission re the cost effective benefits of midwifery as a community service are being prepared by NSW.

Gillian Biscoe, Assistant Secretary Nursing, Health Services Workforce Branch, discussed her role and listed for us the many governmental departments involved in the control of midwifery education.

Gillian spoke on the mechanisms to access a Community Health Programme Grant to assist in the establishment of a National Secretariat.

A recommendation made to the Association that we instigate admission to the Science Centre Foundation was followed up and the Executive Director, Ruth Inall, spoke to us in Canberra and again at our Executive Meeting in March. The Foundation, although under the auspices of CHOGM, is a nongovernment nonprofit organisation which promotes a common service and facilities for scientific, technical and other professional societies. It acts to facilitate interaction between professional groups and is also involved in NGO liaison with CHOGM for professional development. Sir Ninian Stephen, the Patron, takes an active interest in its affairs. A decision was made at the March Executive Meeting to apply for membership and already, thanks to the efforts of Pam Hayes and Judith D'elmaine, they have assisted in the preparation of our application for a Community Health Programme Grant. The implication of our move into the Foundation is going to be exciting and challenging for us all.

I have endeavoured in this report to give a broad overview of Executive activities over the past two years; it does not in any way really tell the story of the amount of time and effort put in by all members of the Executive, and by you, the members, in supporting your Executive representatives.

In handing over to the new Executive team, I am firmly convinced that the affairs of our Australian College of Midwives Incorporated will be in safe and competent hands and I wish them all every success as we fly forward into the future.

Thank you for the privilege of being your President; I deeply regret not being able to take my place with you.

Good luck, and God speed to you all
Beth.