

Commonwealth Alternative Birthing Services Programme

Full Submission to the
Northern Regional Working Party
for funds for a

**Pilot Study on Homebirth and Launceston Birth Centre Births
and Labour Support in Hospital
in the Northern Region, Tasmania**

Submitted by: Midwives Collective
Auspiced by Launceston Birth Centre Inc.
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Total Funds Requested - \$136,000.00
for the Financial Years 1992 - 1994
Until pilot study report on births is complete

Date of Full Submission
April 1992

Programme Description

To undertake a pilot study in conjunction with Launceston Birth Centre Inc. to demonstrate the safety of planned birth centre and homebirths for women with normal pregnancies. Study would include aspects of safety and backup procedures.

To provide access to quality birthing services, at home and in the Launceston Birth Centre. The programme will also offer continuous support for women choosing to birth in hospital. This will be a community based service for women, their partners and families.

Further, to demonstrate the value of continuity of care and support by a community midwife as a part of a planned hospital birth.

This provision of care will be carried out in a collaborative manner with all other health workers. We seek to include women in the study who are at present excluded from availability of choice due to their financial, social, cultural or geographical situation.

The community midwifery service will be provided at no cost to the client. The attending midwife would receive \$500 per birth at home or in the birth centre. A midwife in a support role for a hospital birth would receive \$300. The midwife would provide ante-natal care, support for labour and birth, plus post natal care. These fees would be met by using the Commonwealth contribution through the Alternative Birthing Services program.

Objectives

To provide and document the value of options in the birthing process.

To offer all women and their families valid and viable choices in the birthing process. To provide continuity of care throughout pregnancy, labour, birth and early days of parenting.

To demonstrate that the choices in midwifery care are safe, cost effective and provide positive benefits to the women, her immediate family and the community. To therefore demonstrate the need for community based midwifery services.

Control of Programme

The Midwives collective, auspiced by Launceston Birth Centre Inc. (LBCI), will:

1. Provide management and financial control for the programme
2. Contract midwives to the programme
3. Maintain continuous evaluation of the programme
4. Prepare and submit the final report and interim reports as required, to the Alternative Birthing Services Programme.
 - Statistics will be provided by the participating midwives and the LBCI.

Quality Assurance

Control will be through self evaluation and peer review in the form of case conferencing at regular intervals. Midwives will collect client evaluations, statistics and outcome data from each birth.

Australian College of Midwives Inc. (ACMI) standards of practice will be adhered to (please see Attachment 1).

Expected Outcomes

1. A comprehensive study that demonstrates the safety of planned birth centre and homebirths for women with normal pregnancies. It will also provide data to prove the cost effectiveness and social benefits of community midwifery.
2. Increased access and equity for all parents wanting an alternative birthing service and quality care, regardless of financial restraints, geographical location or social & cultural pressures.

Community Support

This is demonstrated by the fact that midwives fees for birth centre and home births are totally unsubsidised and yet the demand for the service is growing. LBCI and the midwives collective have been providing this service in the Northern Region for over eight years. There is also an increase in the demand for continuous labour support in hospital. Clients are willing to meet the full cost of their midwives fees to have access to these alternative birthing services.

Women's community groups have indicated support for this programme. The community based, volunteer organisation, Childbirth Education Association (Launceston)(Australia), a group which provides childbirth and parenting education classes to the community, was the driving force behind the beginnings of the Launceston Birth Centre. Through their constant contact with pregnant women the need for an alternative birthing choice was recognized.

Submissions by three other community groups demonstrates the desire to have community midwifery care and support at home, in the birth centre and in hospital.

The support of General Practitioners and Specialist Obstetricians is demonstrated through their personal support, recognition and use of midwives to attend the births of their patients, wherever the women chooses to birth.

Appendix II

Guidelines for Midwives contracted by Programme

Midwives will have current registration with the Nursing Board of Tasmania and will abide by the

① Midwifery Policy (August 1991) laid down by the board. (See Attachment 2)

② Midwives will abide by the Standards of Practice as laid down by the ACMI.

Midwives accepted for the programme will be eligible for accreditation by ACMI.

Midwives shall accept responsibility and accountability for the practice of normal midwifery care during the antenatal period, labour and in the puerperium.

Every woman and baby will be assessed individually by the 'team' (the woman, and her partner, midwife, and doctor), to assess suitability for home or Birth Centre birth, and inclusion in the study. Part of the assessment will be a medical check of the woman and baby early in the pregnancy and at 36 weeks gestation.

The woman and/or baby shall be referred to the doctor for assessment should a complication occur during pregnancy, labour or in the puerperium, or if the midwife is concerned about any aspect of care.

In emergency situations, the midwife shall accept responsibility and accountability for the provision of appropriate care until medical assistance is available.

Midwives will accept responsibility for ensuring equipment is available for emergency management and on-going care of mother and baby.

The midwife will monitor the well-being of the mother and child and progress of labour as appropriate.

Post-natal care will continue until mother's and baby's conditions are stable - with observations continuing for at least one hour after the delivery of the placenta.

The midwife will visit within 24 hours and then at regular intervals as appropriate to the needs of mother and baby.

Midwives will refer women and babies to medical practitioners and community services as appropriate.

On transfer to hospital the midwife will remain with her client and will continue care according to needs and wishes of the client, according to the various relevant human rights conventions and according to hospital policy.

Appendix I

Costs

Contracted fee to Independent Midwives at \$500 per birth for 200 births.	100,000.00
Contracted fee to Independent Midwives at \$300 per birth for 100 births as labour support in hospital.	30,000.00
Administrative fees - printing, stationary and consumables for reports, telephone, secretarial and other administrative costs.	3,000.00
Collection and collation of data.	2,500.00
Financial Audit	500.00
Total	136,000.00

Included is funding for 26 total births and 20 labour supports for the following community groups.

Pregnant Young Persons Support group - PYPS

Deloraine House

Tasmanian Aboriginal Centre Inc.

The LBCI will establish a sub-committee to manage funds, pay midwives and supervise correct collection of data for study. This sub-committee will have direct responsibility for the day to day management of the programme and its funds and will provide monthly financial statements as well as interim reports of data as required.

Clients who have private health insurance will be encouraged to claim for their midwives fees. The gap not met at this time by private health funds will be paid by the Alternative Birthing Services Funding. Any of the contracted fees which are not drawn from the fund because of private health cover will be used to cover midwives fees for more births which will be included in the study.

Selection Criteria for Mother & Baby for inclusion in the Study.

Every woman / baby will be assessed individually by the "team" for suitability for homebirth, birth centre birth or labour support in hospital (this will include assessment of environmental factors).

(1) If the following conditions apply the woman will be asked to reconsider their options for maternity care;

- medical conditions requiring closer monitoring of mother and baby throughout pregnancy, labour and the puerperium (e.g. diabetes, heart disease, essential high blood pressure).

- the baby is diagnosed as being in an abnormal position for birth (e.g. breech presentation, transverse lie).

- Twins or triplets are expected.

(2) If complications arise in pregnancy, labour and the puerperium, consultation with G.P. and/or Specialist will be sought.

Women will be encouraged to book into a maternity unit.