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Safety concerns for proposed new Medicare Item 16400: Antenatal care in rural and remote communities

Leading national organisations for nurses, midwives and obstetricians have today voiced concerns about the safety of an Australian government proposal to introduce a new Medicare item, 16400, to enable antenatal care to be provided in rural and remote communities by midwives, nurses, enrolled nurses and Aboriginal Health Workers on behalf of doctors.

In a consensus statement (attached) the organisations expressed support for government initiatives to improve access to pregnancy care for women in rural and remote communities. But there is widespread concern about the safety and quality of care that would be provided under the new item number if it goes ahead as it is currently proposed.

In an unprecedented collaboration, these organisations are unanimously calling for the federal government to remove nurses and enrolled nurses who don't have midwifery qualifications from the list of eligible care providers for the proposed Medicare item 16400 in the interests of the health and safety of pregnant women in rural and remote communities.

According to the ANF, antenatal care, along with labour, birthing and postnatal care should only be provided by midwives or nurses with midwifery qualifications. "Asking nurses without midwifery qualifications to provide antenatal care places them in a very difficult position if they are required to provide care they do not have the competence to provide and which falls outside their scope of practice," said Jill Iliffe, Federal Secretary of the Australian Nursing Federation.

As the CEO of the peak body working with the state and territory nursing and midwifery regulatory authorities, Karen Cook explained, "Nursing competency standards and undergraduate courses do not include instruction on pregnancy care, so it is outside the scope of practice of nurses to provide antenatal care. This competency lies only with midwives, and nurses who have a midwifery qualification. In many states and territories a nurse without a midwifery qualification is not authorised to provide antenatal care."

"We're worried that our members will be asked to provide antenatal care when they don't have the skills and knowledge they need to do this" said Belinda Caldwell, EO of the Australian Practice Nurses Association. "Antenatal care involves having knowledge and skills not only about pregnancy but about labour and birth as well. Unless a practice nurse can demonstrate that they are competent to do so, they should not be providing antenatal care."

"It's an equity issue," said Associate Professor Sue Kildea from the Council of Remote Area Nurses of Australia. "Women and babies deserve the very best standards of care wherever they live, and they shouldn't be forced to accept a service that would never be accepted in the cities."

"Midwives, who are already qualified to provide antenatal care, are currently under utilized in rural areas where they often get no opportunity to look after women during pregnancy." said Geri Malone, CEO of Australian Rural Nurses and Midwives association. "Frustrations with limited

opportunities to practice midwifery is a key reason cited by midwives for leaving rural areas,” said Ms Malone.

The Australian College of Midwives maintain that antenatal care cannot be isolated from birth and postnatal care. Professor Pat Brodie, President of the College, said: “Women are entitled to expect the professionals caring for them will have knowledge about labour and birth as well as pregnancy and be able to answer relevant questions and provide the necessary advice and support as a pregnant woman prepares for the birth of her baby.”

“What Tony Abbott is proposing is neither sensible nor workable” said Professor Judy Lumby, CEO of The College of Nursing. “Yes, we need better access to antenatal care for rural and remote women. But that’s not going to be achieved by pushing women into seeing a practice nurse instead of their GP. We need to make it easier for women to access primary care by midwives. So in the interests of safety, this item should be changed to enable more midwives to provide antenatal care to women in rural and remote communities”.

Media Contacts:

Jill Iliffe: Mob: 0419 576 590
Federal Secretary, Australian Nursing Federation

Karen Cook Mob: 0410 663 895
Chief Executive Officer, Australian Nursing and Midwifery Council

Belinda Caldwell Mob: 0433 801 045
Executive Officer, Australian Practice Nurses Association

Associate Professor Sue Kildea Mob: 0418 289 199
Vice President, Council of Remote Area Nurses of Australia

Geri Malone Mob: 0400 295139
Executive Director, The Association of Australian Rural Nurses

Dr Barbara Vernon, Mob: 0438 855 529
Executive Officer, Australian College of Midwives

Professor Judy Lumby Mob: 0419 486 928
Executive Director, College of Nursing