



Australian Government

Department of Health and Aged Care

# Consultation on expanding eligibility under the Midwife Professional Indemnity Scheme for low-risk homebirths

Discussion Paper

July 2024

## Purpose

The Government is delivering reforms that give greater choice for women and better outcomes for First Nations people. A critical aspect of these reforms is enabling privately practising midwives (PPMs) to provide insured intrapartum care services, both in a low-risk homebirth setting and during labour outside a hospital prior to a planned hospital birth.

To achieve this, the Government has agreed to provide insurance cover for these services through the Midwife Professional Indemnity Scheme (MPIS) and MPIS Run-off Cover Scheme (MPIS ROCS).

### Consultation and Collaboration

The Department of Health and Aged Care is seeking stakeholder input from organisations that represent midwives, obstetricians, general practitioners, consumers, and advocacy organisations on the proposed criteria for low-risk homebirth for the purposes of professional indemnity insurance for privately practicing midwives. Please submit your written comments to the questions posed below by 12 August 2024 to [medical.indemnity@health.gov.au](mailto:medical.indemnity@health.gov.au).

## Scope of the proposed changes

### Low Risk Homebirth Criteria

Seven out of eight jurisdictions currently have public homebirth programs (New South Wales, Victoria, Australian Capital Territory, Northern Territory, South Australia, and Western Australia and Queensland). Each jurisdiction has their own set of criteria to determine whether a birth is suitable for homebirth. The common elements of the eligibility criteria from the jurisdictions, and the best available evidence on the safety of homebirth, has been reviewed and used to inform the criteria proposed in this consultation.

The criteria are used by maternity care providers to determine safety for women who wish to homebirth and provide a continuous and dynamic screening tool that begins at the start of the pregnancy and is reviewed throughout the pregnancy to uphold safety right through until birth. A PPM can find that it unsafe for a woman to birth at home at any time up to and during the birth, should a complication be found.

It is proposed that the following set of criteria is used by the MPIS and MPIS ROCS to identify a woman's safety to homebirth, based on elements common to all jurisdictions:

- Singleton pregnancy (not multiple e.g. twins)
- Head is down (cephalic presentation)
- Pregnancy term is between 37 and 42 weeks
- Midwife has a documented plan for safe and timely transfer to a hospital with maternity services
- Midwife has documented no concerns that make homebirth unsafe for the midwife, woman or baby

- Where the woman has Category B conditions as listed in the [ACM National Midwifery Guidelines for Consultation and Referral](#)<sup>1</sup>, evidence the midwife has consulted with other qualified, competent health care providers with the knowledge and skills to make decisions about the woman's care to determine if homebirth is safe and appropriate
- Where the woman has Category C conditions as listed in the [ACM National Midwifery Guidelines for Consultation and Referral](#), evidence the midwife has referred and transferred primary responsibility of care to another qualified health service provider or professional who can determine if homebirth is safe and appropriate.
- Comply with the [Nursing and Midwifery Board of Australia Safety and Quality Guidelines for privately practising midwives](#).

It is intended that the national definition will be specified in the *Midwife Professional Indemnity (Commonwealth Contribution) Scheme Rules 2020*, and also referenced in a future contract with an insurer for the provision of these services. PPMs would only be insured under the MPIS in those circumstances.

## Timing

Please submit your written comments by 12 August 2024 to [medical.indemnity@health.gov.au](mailto:medical.indemnity@health.gov.au)

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<sup>1</sup> The Australian College of Midwives (ACM) National Midwifery Guidelines for Consultation and Referral are used by the Nursing and Midwifery Board of Australia to regulate PPM in escalation pathways when women may encounter complications in pregnancy and labour.

## Proposals and questions for stakeholder feedback

### 1. Introducing a homebirth product into the MPIS

- It is proposed that homebirth intrapartum care insurance product be introduced into the MPIS when the current exemption for PPMs expires on 30 June 2025, with the following criteria for suitability:
  - Singleton pregnancy (not multiple e.g., twins)
  - Head is down (cephalic presentation)
  - Pregnancy term is between 37 and 42 weeks
  - Midwife has a documented plan for safe and timely transfer to a hospital with maternity services
  - Midwife has documented no concerns that make homebirth unsafe for the midwife, woman or baby.
  - Where the woman has Category B conditions as listed in the [ACM National Midwifery Guidelines for Consultation and Referral](#), evidence the midwife has consulted with other qualified, competent health care providers with the knowledge and skills to make decisions about the woman's care to determine if homebirth is safe and appropriate
  - Where the woman has Category C conditions as listed in the [ACM National Midwifery Guidelines for Consultation and Referral](#), evidence the midwife has referred and transferred primary responsibility of care to another qualified health service provider or professional who can determine if homebirth is safe and appropriate
  - Comply with the [Nursing and Midwifery Board of Australia Safety and Quality Guidelines for privately practicing midwives](#).

No.	Questions
1.a)	Do you think this is an appropriate definition for low-risk homebirth?
1.b)	Would you suggest any changes to the criteria listed above, and if so, why (provide evidence where possible)?
1.c)	Do you have any other comments regarding the inclusion of a low-risk homebirth PII product within the MPIS?

## Background

### May 2024-25 Budget Announcement

In the May 2024-25 Budget, the Government committed \$3.5 million over four years (and \$0.4 million per year ongoing) to expand the MPIS. This expansion will include indemnity insurance cover for:

- PPMs providing low-risk homebirths and intrapartum care outside of a hospital; and
- specified entities providing Birthing on Country models of care.

This funding addresses a market failure where no private insurer was willing to offer comprehensive insurance cover for these services, thereby hindering women's birthing choices and impacting culturally safe care for First Nations communities.

The Government will work with States and Territories to determine the next steps noting the future exemptions for professional indemnity insurance for homebirth as outlined in the National Law may not be required with the launch of this insurance product.