



Primary maternity care reform

Consumer action pack

Bruce Teakle, September 2014

Overview

The 2010 maternity care reforms offer Australian women a once-in-a-lifetime opportunity to expand access to continuity of midwifery care. A range of reforms greatly increases women's control over their care, and recognises midwives as primary care providers, responsible for their own practice and able to access public funds.

The reforms are being actively implemented in Queensland, but other state and territory governments have so far failed to deliver.

The good news is that pressure from consumers and midwives is likely to get these governments and their hospitals moving. The bad news is that if we don't make progress soon, the reforms could be lost, with catastrophic consequences for women's access to choice in birth care.

This guide

This guide is intended to support consumer representatives advocating for Australian women's access to continuity of midwifery care from eligible midwives in private practice.

Goals

- Strengthen the voice of birthing women in maternity care services in each state and territory through consumer representation
- Give Australian women the option of community-based continuity of midwifery care from eligible midwives in private practice, by:
 - Prompting state and territory governments to actively meet their commitments to give eligible midwives access to public hospitals
 - Bringing consumer and government pressure on public hospitals to credential and license eligible private midwives for hospital access to provide birth care

Content

This guide covers the following content:

- The current maternity reforms – so you know what's happening
- Lobbying strategy – to help you take action

How much work is this?

I've tried to make this guide comprehensive, so you can understand what's happening and can be effective in any efforts you make. However, most people with an interest in birth reform are also busy mothers with families to look after, and probably much more as well. So don't feel like you are expected to do it all. Even just a letter to a hospital or MP is a very important contribution (probably more than you imagine). **See template letters at the end of this document.**

Maternity Choices Australia

For more information contact Bruce Teakle: teakle@maternitycoalition.org.au, 07 3289 0231

I hope this guide helps you to feel more confident to take some action – any size action will do – to support this very important campaign for women's choice.

The current maternity reforms

Starting the reforms

In the May 2009 budget, the Commonwealth Government announced a major [reform package for Australian maternity care](#). The highlight of this \$120.5million package was women's access to funded and insured care from private midwives, including:

- Medicare rebates for visits,
- subsidised medicines prescribed by midwives under the Pharmaceutical Benefits Scheme (PBS), and
- Commonwealth-subsidised professional indemnity insurance (PII) for private midwives.

This is the greatest reform of how Australian maternity services are delivered in decades (and the reforms happened because of the hard work of consumers like you).

In late 2010, all Australian state and territory governments agreed to implement the [National Maternity Services Plan](#) (NMSP). The NMSP was developed to coordinate implementation of the maternity services reform package.

In the NMSP, state and territory governments agreed to give "eligible midwives" (those able to provide Medicare services) access to public hospitals, so that women could go to a public hospital with their private midwife, for labour and birth care (the NMSP contains a range of other commitments as well).

Complications: national registration

At the same time as the maternity reform package was bringing these new opportunities, a completely separate process was creating complications for private midwifery. The National Registration and Accreditation Scheme, also implemented in 2010, was bringing in a new system for registering and regulating health practitioners. This brought a new requirement for all practitioners to hold professional indemnity insurance (PII), which creates particular problems for midwives – especially regarding homebirth. Hospital access for eligible midwives is a key to solving the homebirth insurance problem – however that's not what this guide is about.

The problem of state implementation

Four years after these commitments, state and territory governments have failed to deliver on their commitments. Currently (September 2014), Queensland is the only state where some hospitals have given eligible midwives access. In other states, public hospitals continue to exclude eligible midwives.

When it works

In Qld, several public hospitals enable access for eligible midwives (including Toowoomba, Ipswich, Gold Coast, Bundaberg, Nambour, Logan and soon Royal Brisbane and Women's Hospital). Eligible midwives with hospital access are able to provide women with private, Medicare-rebatable, antenatal care at home or in a clinic. Midwives consult and refer to hospital doctors when women have complications at any stage. Midwives are able to admit women to hospital as a private patient and provide them with labour and birth care, and then provide postnatal care at home and/or in their clinic. Women can plan to birth at home or in hospital, with the ability to change plans through need or choice. Medicare and private health insurance are able to provide rebates for the costs of care.

When it doesn't work

Outside of Qld, the failure to give women access to Medicare-funded midwifery care has occurred because hospitals are resistant to change, and health ministers and departments have been disengaged. Consumer and midwife representative organisations have also been less than pushy.

What is needed

A strong consumer voice can build on the hard work and the successes already achieved in Qld. Governments have already committed to these reforms, and governments and hospitals

have the opportunity to save money by implementing them. As campaigns go, this is an easy one!

How important this is

It's important to see these reforms in a big picture perspective. Unfortunately, the complexities and problems for homebirth midwifery have obscured the importance of these reforms for many people.

Midwives have gained access to a full range of Medicare rebates for antenatal, birth and postnatal care, PBS rebates, and subsidised PII. Pregnant women can have visits with a private midwife, without referral from a doctor. The midwife can make Medicare referrals to specialists. Midwives have leapt from their role in the public health system as being almost purely employees of hospitals, to being a profession which can practise privately under its own professional standards, with public funding. You could say eligible midwives are the "GPs of primary maternity care". This is huge progress.

The Rudd Government implemented these reforms in response to consumer demand, and against fierce medical resistance. The opportunity we have to improve women's options is historic, and fragile. If these reforms are not embedded into the system – if governments don't come to depend on private midwifery care and defend it against its very active opponents – the reforms could be lost. This would probably result in the long-term loss of women's access to private midwifery and private homebirth across Australia.

Lobbying strategy

Step 1: Networking consumers

Connect with MCA and get support.

Get together with other women in your area to work together and support each other.

Step 2: Representing consumers to hospitals

Arrange a meeting with your local hospital. Tell them you want local women to have access to hospital care with eligible midwives.

Step 3: Representing consumers to state governments

Meet with and write to your state MP, saying that local women want the option of hospital care with eligible midwives. Ask for a state government strategy to support access for eligible midwives to all state public hospitals.

Step 1: Networking consumers

Consumer representation is the key to driving maternity care reform. Hospitals and governments are increasingly sensitive to what health consumers want.

Effective maternity consumer representation starts with an organisation of women who use maternity care services – like Maternity Choices Australia (MCA). The consumer organisation supports members to represent birthing women (not just themselves as individuals), and provides information, education and ongoing support. The consumer rep is accountable to the organisation for their representation. Being part of a consumer organisation shows you are representing a broad group of women, not just your own experience.

A clear vision of what we are trying to achieve is essential to effective representation. In this case, we are trying to give all women access to community-based continuity of midwifery care, with options for place of birth (including hospital and home), and with public funding support.

Key steps to preparing a local campaign include:

- Joining MCA and local maternity consumer groups
- Contacting MCA for consumer rep training and for lobbying support (see contacts at end)
- Connecting and working with other active consumers in your patch (state, city, community) Connecting with midwifery leaders in your state, especially Australian College of Midwives (ACM), who can help you understand the landscape and potentially find allies.

Find other local women who want to improve the birth care system this way. Use your local networks, and ask MCA if they can connect you to people in your area or state.

You don't have to form a branch, handle money or appoint office bearers. If you work with MCA, your organisation is ready-made. The focus is on taking the message to the right people.

You don't need to find a crowd or start a huge social movement. Two or three active people can be very effective in a local area.

Consumer representation is very powerful: women and families have a lot of political influence, and can have a big influence on hospitals. The work of consumer representation can also be very challenging: learning about the health care system and how to influence it, meeting with intimidating people, trying to get your message across to people who don't see things your way. You need to be in a team of people who understand and support each other.

The College of Midwives

The main professional body for Australian midwives is the Australian College of Midwives (ACM). ACM has branches in each state and territory, and is supportive of these reforms.

If you're doing all this work as consumer reps to gain hospital access for private midwives, it will be more effective if midwives are lobbying too. I recommend getting in touch with your ACM branch, finding out what they are doing and telling them what you're up to. Ideally, they will make political representations as well, separately but in the same direction.

Step 2: representing consumers to hospitals

Hospital or MP first?

Meeting with your local hospital (with a maternity service) is a good first step. In some cases you may choose to start with a visit to your state MP – perhaps you have an existing relationship with them, or they have a known position on local health services. Most often, it's best to start with a meeting with your local hospital authority. Then you have a story to tell your MP.

Hospital authorities

These days, Australian public hospitals are generally part of bigger hospital authorities which may include a few hospitals plus some community health centres. In Queensland these are called "Health and Hospital Services" (HHSs), such as "Metro North Health and Hospital Service". These authorities are generally run by a board, which employs a Chief Executive Officer CEO to run the organisation. The state government contracts the authority to provide health services, according to a set of conditions in a contract or agreement.

In 2011, the Kevin Rudd Government established the *National Health Reform Agreement*, under which all the states agreed to run their public hospitals this way, separating health services from state health departments. This gives state governments less direct control over hospitals, but requires hospitals and services to meet new standards in key aspects of their operation.

The Standard for consumer partnership – your ticket

As part of national health reform, a new set of national standards for health services was developed: the [National Safety and Quality Health Service \(NSQHS\) Standards](#). These are very important to your conversation with your hospital.

It's worth downloading the standards document, having a quick squiz over the whole thing, and reading *Standard 2, Partnering with Consumers*. This sets a high standard for how health services should interact with consumer representatives. This standard is your ticket to engagement with the hospital. They need to meet this standard, so they need you.

Each state has a peak health consumer organisation that has a lot of very good resources too. It is worth contacting them to get advice, especially if you have formed a state branch of MCA.

Getting on

Starting a consumer representative relationship with a hospital or hospital authority isn't usually easy. Think of it like all those movies where the two main characters fight for a while before they learn to get on. Don't stress if it doesn't look like love at first sight – those movies usually have sad endings. Plan to build a relationship over time.

Managing hospitals is a hard gig for the people who do it for a job. They deal all the time with money problems, patient problems, media problems and political problems. Staff problems are big – clinicians are highly tribal and their cultural problems are very difficult to address.

Most hospital managers come from one clinical tribe or another, which can make their work harder and also brings challenges for the consumer representative.

Don't be put off – just be prepared. What you're asking for won't be easy for them to deliver. You'll get what you want by being persistent, strategic and having friends who support you – like the Health Minister.

The halo

In any new relationship, you have the opportunity to choose your style. I suggest that in your relationship with a hospital, you put on an imaginary consumer rep "halo of virtuosity". Here's how you look with it on:

- You're a mother – everyone should know that maternity services are all about mothers (and your presence is largely about reminding them of that)
- You have confidence you're making an important difference to birthing women and our daughters' future experiences
- You make friends with everyone - even the difficult characters - and work out what makes them tick
- You are determined and you won't be going away
- You have powers they can't use, like political advocacy, the voice of consumers, and the media
- You're speaking for all women – it's not about your personal birth choices

This last point – it's not about your personal choices – is really important. You don't have to justify your decision to have a full-moon dolphin-assisted VBAC. Don't argue about the merits of individual women's choices, don't tell them about your own. Move the conversation to an understanding that women make all sorts of choices, and we need to just accept that, respect their right to make decisions, and do whatever we can to maximise their safety.

Homebirth is a frequent source of conflict, but keep away from arguments about whether it is a good choice or not. It just is a choice some women make, and nearly everyone will agree that everything should be done to make women as safe as possible when they do make this choice. In particular, women planning homebirths need no impediments to hospital access.

Start at the top

When you approach a hospital authority, I strongly recommend starting at the top. If you can get some commitments from the big boss, it makes it much easier to deal with everyone under their command. The big boss is usually the CEO.

Starting at the top may mean meeting with the CEO, or it may mean meeting with someone his office directs you to as the best person for the conversation. This could be a Director of Women's Services, or a Patient Liaison Officer. The key is to contact the CEO's office and say you want to meet and talk about consumer representation in maternity care. Let them decide who you speak to first. In effect, this means that whoever you meet is representing the CEO – a good thing.

What you're asking for

When you're talking to the hospital, there are generally two main requests:

- A maternity services consumer engagement process, and
- Credentialling and access for eligible midwives.

A maternity services consumer engagement process

The first thing you want is agreement for hospital management and you consumers to keep talking. Hospitals call this consumer engagement.

Hospitals have to meet a new standard for "*Partnering with consumers*". Along with standard 1 "*Governance for safety and quality*", this is a headline standard in the new national standards. Most hospitals haven't been doing much with consumers, but there is increasing pressure on them to do this, so they won't get in trouble when they have their accreditation every few years. Because of this, you can expect hospital management to provide some sort of welcome to your approach.

You need more than one mechanism for engagement. The first thing you need is a relationship with someone in management – like the Director of Women's Services (or

whatever name they use there). You want agreement to meet with them periodically, perhaps every three months. A large part of what you need to discuss with them is processes to deliver what you want (once they want it too), like access for private midwives, or water immersion in labour.

The other thing you want is steering committees (or consumer forums, or working groups, or reference groups), that bring together the relevant people to do the stuff you want. You want some periodic meeting where consumers can come and talk with the whole gang of maternity leaders about what's happening in the hospital and what the consumer perspective is. Once this is up and running you may not need the regular meetings with the Director (but maybe you will...).

A project like visiting access for eligible midwives will also need a steering committee (or similar name).

You want all these things, but it will take time and negotiation. Use your people skills and strategic mind to work out how to influence the complex human machine of a hospital to go where you want it to go, and give women better care. Be pragmatic and consider the motives and powers of each of the staff. Resist the temptation to judge people as goodies and baddies, while identifying opponents and allies. Work out how you can take steps toward your goals.

Credentiailling and access for eligible midwives

From the first contact, it's worth saying that a key goal of yours is for the hospital to set up processes to enable women to hire a private, eligible midwife for private hospital birth. Remember, this gives a range of women access to a range of choices, including homebirth. Although you may have a long list of other improvements the hospital can make, it's worth focussing on access for eligible midwives to start with. This is a key to a range of other improvements, and it is urgent – while the NMSP is still current. It is also a state and territory government commitment, so you have some heavyweight support.

In Queensland, the funding contract between hospitals and government requires "alignment" with the NMSP (p15 of 2012-13 agreement). This is a strong point of leverage on hospitals for implementation of access for eligible midwives. I don't know if the NMSP is included in service agreements or contracts for hospitals in other states.

The eligible midwife stuff is complex, and you won't learn how it all works from reading this. However in brief, this is what happens:

- Hospital decides to start the process of enabling access for eligible midwives
- A project worker is appointed and a steering committee is established (including consumer reps)
- A credentialling process is developed, so midwives can apply and have their skills and references considered before being given access. This is easy – all hospitals have credentialling processes for their doctors already, and just need to set up a process for private midwives.
- A contract is drafted setting out the deal between the hospital and the midwife (including liabilities and business issues). This is often called an "access license agreement". These are normal for most hospitals, for private doctors to provide private care in the hospital. This contract is negotiated between the midwife, her insurer, the hospital and its solicitors.
- Other hospital documents are developed to support the system, such as procedures and/or policies that tell everyone what to do when private midwives work with the hospital.
- Once the processes are in place, the hospital can ask for expressions of interest (EOIs) from private midwives interested in getting access. These midwives then start the credentialling process, and if successful, sign the access license agreement.
- Midwives can then admit their women as "private patients", under their own name, for labour and birth care in hospital (women either have private health insurance or self-fund). They can also consult and refer to hospital doctors when women have more complex needs (according to the ACM guidelines for consultation and referral).

Once you get to a conversation about this with your hospital, it's time to talk with MCA people who know more about the details.

Giving access to eligible midwives isn't doing you a favour, it's doing what the hospital should have done some years ago.

- The state or territory health minister committed to doing this in 2010
- Women want this option
- This can save the hospital thousands per birth, because Medicare, the woman and her private health insurance pay for most of the costs:
 - antenatal care is funded by Medicare and the woman
 - birth care is funded by Medicare, the woman and her private health insurance (if she has PHI)
 - women are usually discharged early for postnatal care funded by Medicare and the woman

Be clear about what you want, and watch carefully to see how Hospital Management reacts. Expect resistance, but don't be stressed by it. Whatever their reaction, note it carefully and plan to go visit your state members of parliament to talk it through with them.

Step 3: Representing consumers to state government

Your MP

Every Australian has a state Member of Parliament (MP), and a federal MP, based on where they live. Both of these are important in this campaign, but first you want to see your state MP. Public hospitals are a state responsibility, and it's the State Health Minister who signed up to the NMSP.

Find your federal MP from the [Australian Electoral Commission website](#).

Each state has its own electoral commission with a website which will help you find your state MP.

Politicians!

As a profession, politicians suffer from a bad reputation in the community. Put these fears aside and go see your MP with open heart and mind. Nearly all of them are very hard working and in my experience, most of them are very keen to make improvements to the services for their community. Health is a top issue for them, and you are special!

- You're a mother – and everyone loves mothers, especially politicians
- You've got a solution, not a problem, and one which saves money (and they don't get many of them come to visit)
- Their health minister has already agreed to do what you want (even if he's never heard of it – and he probably hasn't).

Contacting your MP

Find out who your state MP is by searching online for the state electoral commission. Depending on the website, you may need to work out your electorate first, then find out who the MP is.

Phone your MP's electoral office (that's her office in the community, she also has an office at Parliament House). Say you want to arrange a meeting with your MP about birthing options for women in your community. Find a time that works. Make friends with the electoral staff – they may be useful to you.

After you have an appointment, send the electoral office an email, saying:

- Thanks for making an appointment to discuss birthing options in XXX community
- You particularly want to discuss the state government's commitment to the National Maternity Services Plan, especially hospital access for eligible private midwives
- Attach the MC brief on the NMSP (at the end of this document)

Your biggest obstacle in this situation (like many) is ignorance and confusion. Your MP and her office probably have no idea about the NMSP or eligible midwives. They may think you're only interested in homebirth (which I suggest you discuss minimally). They probably have no idea about anything you want to talk about.

With a clear enough idea of what you want, the MP's office will usually contact the health minister's office for information, so they can be prepared. This is good – it sends a message to the minister's office that this is an issue in the community. The minister's office also probably don't know much about this either, and will probably get in touch with the health department for more information.

This trail of communication is really good for you. You want maximum interest by all these decision-makers in what's important to you.

Visiting your MP

As a species, MPs are gregarious and friendly, and really want to be liked. Give them what they want.

MPs need to be very sensitive to what issues have broad relevance in their community. This is how they decide which, of the hundreds of problems that people bring to them, to put energy into. Again, give them what they want. Show them that your issue is a big, mainstream issue which can make them look good in their community. That's their job.

Start with human stories about what it means to have your own midwife. Then tell them about how the national maternity reforms can make this an option for all women.

Steer away from homebirth, lotus birth, water birth, etc. Not because they are anything to be ashamed of, but because your MP wants to know what they can deliver to Ms Average. If they get these reforms implemented in their area, local women will get care in their own community, from a midwife they know and trust, and they'll feel safer in their births, and the hospital will save money... Make it relevant.

Tell them how you went meeting with the hospital. Ask them to ask the hospital for a report on progress with credentialling eligible midwives.

Before leaving:

- Ask your MP for their advice
- Ask them what they plan to do about this after the meeting
- Ask them if any of their MP colleagues might have a particular interest in this stuff
- Plan on getting back in touch for an update

Expect your MP to follow up on your issues with the Minister's office and with the department.

If they suggest an MP with an interest in women's health or midwifery or birth, do try to follow this up. A parliamentary champion is a very valuable asset.

Going beyond the local

If you meet with your hospital and meet with your MP, then you're a champion. If someone in your team still has the fire and the time, there are a few further actions to consider:

The Minister's office

It's really good to have someone taking on a statewide leadership role, and engaging with the office of the health minister. This is much easier for someone in the same city as the Minister, but if you don't have someone suitable there, you can still start a conversation with the Minister's office by phone.

Engagement with the Minister usually starts with their advisors. These guys are the eyes, ears and brains of the Minister. Usually they are young, bright and ambitious, but sometimes not all of these things... They have the time and position to look into issues, and tell the Minister what they find out.

You can find the phone number of the Health Minister's office, then call and ask for the Minister's advisor who works on maternity care. Tell them your story, and ask if they'll meet with you.

Remember that the Minister's office makes decisions, but the Department does the work. So before long, the Minister's office will want to get you engaged with the Department. After that, it's still important to keep checking in with the Minister's office periodically.

The department

It's good to find out how statewide policy is being developed on hospital access for eligible midwives. Who's doing it, is there a committee for it, is there a consumer rep on the committee? It's hard, but try to think about how the bureaucratic process is working.

In government health departments there is someone responsible for midwifery – usually the “Chief Nurse”. There is sometimes another place in the Department responsible for maternity care that may be more policy focussed. Find out who does what – the Minister's advisor may know (should know).

It's good to meet with the bureaucrats who are responsible for statewide policy re eligible midwives. It's best to have some supportive statements from the Minister's office to take with you. Remember, the Minister is their boss.

Keep in touch

If you get as far as the Minister's office, you're brilliant! If you get this far, you've gone beyond the scope of a campaign guide. Find the right people in MCA to talk to, and plan your next moves.

This is hard work, but extremely rewarding. Think about it: who gets to change the world for the better?

Key contacts

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The National Maternity Services Plan

Implementing Primary Maternity Care

National Maternity Services Plan 2011-2015 (NMSP)

- To coordinate implementation of the Commonwealth maternity services reform package, Commonwealth budget May 2009
- Reform package: \$120.5 million to improve choice, access and continuity in maternity care
- Plan: focussed on enhancing women's access to primary maternity services
- Key reform: MBS, PBS and subsidised PII to enable women's access to continuity of private midwifery care
- Committed to by all states and Territories in 2010

Hospital access for eligible midwives

- NMSP: All governments committed to *facilitate the clinical privileges, admitting and practice rights of eligible midwives*
- Later years of plan (2014-15): *evaluate access to clinical privileges, admitting and practice rights for eligible midwives*
- 2014: Qld is only state with credentialled midwives in public hospitals

Eligible midwives

- "GPs of primary maternity care": community-based, continuity of care
- Comprehensive safety and quality framework (NMBA)
- Full range of MBS items
- Prescribing qualification and PBS prescribing ability
- Able (and required) to refer to medical specialists

Hospital access for eligible midwives

- Midwives credentialled to admit women as private patients for birth care
- Similar to NZ model which provides care to majority of NZ women
- Operating successfully in Qld since 2010
- Significant savings for public hospitals and privately insured women
- Key risk management strategy:
 - Integrates private midwives with hospital clinical governance and CPD
 - Seamless access to medical referral and acute care
 - reduce high-risk homebirth and freebirth
 - expiry of homebirth exemption June 2015

Maternity Choices Australia

For more information contact Bruce Teakle: teakle@maternitycoalition.org.au, 07 3289 0231

Template letter for writing to your hospital

The template letter below suggests a possible approach to writing to your hospital. Feel free to edit as much as you can and add some more content relevant to yourself or your area. It's better not to have several letters with the same words arriving on their desk in the same week.

It is most effective to keep your letter to one page, and focus on the CEO's responsibilities more than your personal perspectives. It's easy for them to ignore your ideas, but it's hard for them to ignore their responsibilities.

The meeting request sentence is optional – but it's good if someone representing MCA can meet them.

[Hospital CEO]

[address]

Dear [CEO],

I would like to know when women in xxx area will have the option of care from an eligible midwife with admitting rights to xxx hospital.

As you would be aware, since 2010 eligible midwives have had access to MBS and PBS rebates, and Commonwealth-subsidised PII. This was introduced in the maternity services reform package, to provide women with more options in primary maternity care, especially continuity of midwifery care.

All state and territory health ministers agreed in 2010 to the National Maternity Services Plan (NMSP), which coordinates the implementation of the maternity services reform package. As part of the NMSP, our state government agreed to give eligible midwives visiting access to public hospitals.

A number of public hospitals in Queensland have implemented credentialling and access for eligible midwives. This is popular with women and is working well. I believe each birth with a private midwife saves the hospital thousands of dollars. I'm not aware of any reason this could not be done in our local hospital.

I understand that in the past four years, xxxhospital has not implemented credentialling and access for eligible midwives. Consequently women in my area do not have the option of continuity of private midwifery care with a hospital birth.

Please advise:

- has progress been made in our hospital towards credentialling and access for eligible midwives?
- When do you expect that women in this area will have the option of continuity of private midwifery care with hospital birth?
- What processes of consumer engagement are in place at xxx hospital for maternity services?

I'd be pleased to meet and discuss this with you some time.

Yours,

[signature – optional]

[name]

[address]

Template letter for writing to your MP

Here is a possible outline and some pick-and-choose text for a letter to your state MP. Like the hospital letter, it's good to add in some personal content about your wishes or experiences, but if possible keep it to one page so they will read it.

It is fine to email letters to your MP's electoral office. It's a good idea to phone after sending the email, to make sure they get it and progress it.

Usually, your MP and his staff will read your letter and send it to the health minister's office. They will read it and then send to people in the health department. They will read it and may contact your hospital for information and help with drafting a response letter. Then the draft letter will make its way back through all steps to your MP and then to you.

Be ready to receive a dismissive response and to take action again. They want to see if you're serious. Share the reply you receive with MCA people, and plan another letter. Even better, ask to meet as well.

These letters really do work. You can't see what effect they have, but they really do rattle the cages and with a few other letters and visits, can lead to real change for the better.

[MP name – remember "Hon" if they have been a minister]

Member for [electorate]

[address]

Dear [MP],

I would like to know when women in my electorate will have the option of care from an eligible midwife with admitting rights to public hospitals.

As you may be aware, since 2010 eligible midwives have had access to MBS and PBS rebates, and Commonwealth-subsidised PII. This was introduced in the 2009 Commonwealth maternity services reform package, to provide women with more options in primary maternity care, especially continuity of midwifery care.

All state and territory health ministers agreed in 2010 to the National Maternity Services Plan (NMSP), which coordinates the implementation of the \$120.5million maternity services reform package. As part of the NMSP, our state government agreed to give eligible midwives visiting access to public hospitals, early in the 2011 – 2015 life of the plan.

A number of public hospitals in Queensland have implemented credentialling and access for eligible midwives. This is popular with women and is working well. I believe each birth with a private midwife saves the hospital thousands of dollars. I'm not aware of any reason this could not be done in our local hospital.

However I understand that in the past four years, public hospitals in [our state] have not implemented credentialling and access for eligible midwives. Consequently women in my area do not have the option of continuity of private midwifery care with a hospital birth.

Please advise:

- has progress been made in [our state] towards credentialling and access for eligible midwives?
- When do you expect that women in [our state] will have the option of continuity of private midwifery care with hospital birth?
- Is [my local hospital] progressing toward giving women this option?
- How are consumer interests in maternity services being represented at [??? Hospital]?

Yours,

[signature – optional]

[name]

[address]