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**OBSTETRICIANS AND GP-OBSTETRICIANS EXCLUDED FROM MATERNITY CARE IN DISTURBING TREND - AMA**

AMA President, Dr Tony Bartone, has written to Health Minister, Greg Hunt, and Shadow Health Minister, Catherine King, requesting urgent examination of a disturbing national trend where obstetricians and GP-obstetricians are being pushed out of primary roles in the provision of maternity care.

Dr Bartone said the concerns were raised initially in November when rural hospitals in Western Australia started excluding GPs from providing maternity care, instead moving to midwife-led models of care.

“We have since been informed by AMA members that this is a disturbing trend that is emerging in other parts of the country,” Dr Bartone said.

“It is alarming that obstetricians and GP-obstetricians are being relegated to secondary positions within the maternity care team or wholly excluded in favour of midwife-led care.

“This threatens the health outcomes for mothers and babies, and poses broader questions about access to high-quality, safe maternity care, especially in rural communities.

“Best-practice maternity care is provided by a multi-disciplinary team of health professionals led by an obstetrician or GP-obstetrician, which includes anaesthetists, psychiatrists, obstetric physicians, pathologists, haematologists, and paediatricians.

“Midwives and nurses are also important members of the maternity care team.”

Dr Bartone said that GPs are best placed to take the lead in providing continuity of care, and they are accessible in nearly all parts of Australia.

“GPs provide care to women before, during, and long after their pregnancies.

“GPs are especially crucial in the provision of whole of maternity care for rural and hard to access groups.

“Strengthening and supporting the role and ability of GPs to be involved in holistic maternity care will increase the ability of women to have the continuity of care, the whole person care, and quality maternity care they deserve in their community.

“Midwife-led care should not become the standard.

“The shift to midwife-led care is not in the best interests of Australian families. Midwives have an important role to play as part of the team.

“Funding should follow models of care that improve the health and survival of mothers and babies, are cost effective, and improve women’s experiences.

“Ideology and practitioner-specific agendas should not determine maternity policies and services.

“Current MBS funding arrangements for GP care do not recognise the amount of work that GPs perform in managing related presentations including breast feeding, cervical screening, contraception, and postnatal mental health.

“Years of frozen Medicare rebates, on top of already inadequate indexation, have increased cost pressures on general practice.

“GPs already provide almost all postnatal care. They undertake the six-week check of mothers and their babies, provide immunisation, contraception, screening, and interventions referral.

“As the average time in hospital after birth is decreasing, women are now seeking advice from GPs much earlier for issues such as breastfeeding, sleeping, and parenting.”

Dr Bartone said the AMA is proposing a high-level meeting with Minister Hunt and representatives of other key medical stakeholder organisations to formalise the safest models of maternity care across Australia.

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18 December 2018

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