



**CONFERENCE DAY ONE | Tuesday 7<sup>th</sup> December 2021**  
**Time is set to Australian Eastern Daylight Time (AEDT)**

**08:50 OPENING REMARKS FROM THE CHAIR**

Bill Madden, *Special Counsel*, **Carroll & O'Dea Lawyers**

**09:00 Keynote Address | Maternal death in pregnancy - why are the causes of this changing, what are the costs, and what can we do about it?**

This talk will look at the changing causes of maternal death in Australia, noting suicide is now the leading cause of death. Reasons for this and possible preventative strategies will be discussed.

Professor Ted Weaver OAM, *Senior Medical Officer- Department of Obstetrics and Gynaecology*, **Sunshine Coast University Hospital (SCUH)**, *Clinical Sub-Dean*, **Griffith University School of Medicine Sunshine Coast**, *Co-Chair*, **QLD Maternal & Perinatal Quality Council**

**09:30 Ethical and medico legal Issues in emergency obstetric anaesthesia care**

**10:00 Cephalic Elevation device for obstructed second stage rescue**

- Revise national and international practice guides in the management of the second stage of labour.
- Recognize the surgical difficulties and perinatal complications secondary to an impacted cephalic presentation in the pelvis following a prolonged second stage.
- Consider the use of the fetal pillow to reduce maternal and fetal morbidities associated with the prolonged second stage.

Dr. Rajiv Varma, MB, BS, FRCOG, *Consultant Gynecologist*, **Nuffield Health Brentwood Hospital**  
*Inventor*, **Fetal Pillow®**

**10:30 Break**

**11:00 Lets Discuss | Expert Witness: from both sides**

- What challenges are specifically related to the expert witness?
- Landscape of expert witness and evidence delivery
- How to communicate with an expert witness
- How has the landscape has shifted from in person court to virtual appearances?
- Duties of both sides within the court setting

Vijay Roach, *President*, **RANZCOG**

Mary Anne Hartley QC, **Victorian Bar**

**11:30 Panel Discussion | Ripple effects of birth trauma**

Exploring how birth trauma affects not just the individual, but those around them, in a range of different ways. The impact includes:

- The individual - physical and psychological damage
- Secondary trauma - witnesses to the birth

- The close family - relationships with the baby, partner, other children, household
- The family and social network outside the household
- Professionals caring for the individual - challenges for the healthcare system with later treatment/pregnancies etc.
- The broader community, including economic impact

Amy Dawes, *CEO, Australasian Birth Trauma Association*

Dr Sascha Callaghan, *Senior Lecturer, University of Sydney Law School & Co-Chair, ABTA Clinical Advisory Committee*

Associate Professor Alka Kothari, *Senior Staff Specialist, Obstetrics and Gynaecology, Redcliffe Hospital, Conjoint Associate Professor, The University of Queensland, Member, ABTA Clinical Advisory Committee.*

Fiona Reid, *Registered Midwife, Wollongong Hospital, Clinical Midwifery Consultant, Maternity Services NSW Health ISLHD and Co-Chair, ABTA's Clinical Advisory Committee*

**Moderated by** Bill Madden, *Special Counsel, Carroll & O'Dea Lawyers*

## 12:15 **PANEL DISCUSSION | Resolving compensation claims: Private rights + public interests**

Unwarranted clinical variations are seen as a source of concern and examined from time to time. This panel discusses variations in the form of compensation claim settlements, considering whether such variations may be unwarranted and whether some aspects of settlement documentation properly balance private rights and public interests.

Tina Cockburn, *Associate Professor, Queensland University of Technology, Co-Director, Australian Centre for Health Law Research*

Michael Swan, *Practice Manager - Legal (Civil) NSW, Avant Law*

**Moderated by** Bill Madden, *Special Counsel, Carroll & O'Dea Lawyers*

## 13:00 **Lunch**

## 14:00 **Assisted birth: there is no such thing as informed consent**

The most difficult decision an obstetrician makes is the one to perform an assisted delivery. Obtaining meaningful consent prior to labor begins is near impossible and consent during labor is also problematic. This session will also include a real-life analysis of consent for assistance during childbirth.

- How can women, their families and obstetricians navigate this issue?
- What does the law say?

*Dr Amber Moore, Obstetrician and Gynecologist at St Vincents Hospital Melbourne & Epworth Freemasons Hospital, Consultant Gynaecologist at The Royal Women's Hospital*

## 14:30 **Panel Discussion | Consent issues within the world of obstetric treatment**

This diverse panel will discuss consent issues & providing informed consent within both emergency and non-emergency obstetric treatment through multidisciplinary knowledge-based perspectives.

Jane Butler, *Principal Lawyer, Remedy Law Group*

Amber Moore, *Obstetrician and Gynecologist at St Vincent's Private Hospital & Epworth Freemasons Hospital and Consultant Gynaecologist, The Royal Women's Hospital*

Louise Everitt, *Clinical Midwifery Consultant, St George Hospital, Perinatal Interprofessional Psychosocial Education, Maternity Clinicians & Project Manager, Western Sydney University*

**Moderated by** Bill Madden, *Special Counsel, Carroll & O'Dea Lawyers*

**15:15 Afternoon Break**

**15:45 Managing pregnancies at increased risk of an adverse outcome**

- Recognising and mitigating risk of adverse outcomes
- Working in teams and shared decision making
- Population (public) and personalised (private) perspectives of care

Professor Jonathan Hyett, *Head of High Risk Obstetrics, Royal Prince Alfred Hospital*

Dr Adam Mackie, *Staff Specialist in Obstetrics and Gynaecology, Royal Prince Alfred Hospital*

**16:15 Hypertensive Disorders in Pregnancy**

**16:45 Closing Statement by Chair**

**17:00 Networking Drink**

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**09:00 OPENING REMARKS FROM THE CHAIR**

Kate Waterford, *Special Counsel, Maliganis Edwards Johnson, Chair, Australasian Birth Trauma Association, Director, Physiotherapy Board of Australia & Director, Corryong Health*

**09:10 Keynote | Update from the Medical Board of Australia**

- Good medical practice: the code of conduct for doctors
- Professional Performance Framework: supporting good practice throughout medical careers
- Medical Training Survey: what it's telling us about postgraduate training in Australia
- Data for Obstetrician & Gynaecologists

Anne Tonkin, *Chair, Medical Board of Australia*

**09:40 Translating benchmarking data and Clinical Care Standards into practice. Experience with reduction in 3<sup>rd</sup> and 4<sup>th</sup> degree perineal tear rates in Canberra**

- Identifying trends from benchmarking data
- Importance of a multidisciplinary approach to problem solving
- Targeted education
- How the Clinical Care Standards can be used to strengthen practice

Clinical Associate Professor Boon Lim, *Executive Director & Senior Staff Specialist, Obstetrics and Gynaecology, Canberra Hospital, Clinical Associate Professor, ANU Medical School*

**10:10 Genetic testing in obstetrics - what are the potential pitfalls that can lead to complaints?**

- There are increasing numbers of genetic tests that are available for screening and diagnosis in pre-pregnancy and pregnancy care
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists have several guidelines relevant to these
- Obstetricians are required to acquire knowledge of testing recommended and available
- Collaboration with genetic health professionals is critical for education and referral where test anomalies are identified

Martin Delatycki, *Clinical Director, Victorian Clinical Genetics Service*

**10:40 Morning Tea**

**11:10 Telehealth within obstetric support treatment**

- Some preliminary evidence of an increase in adverse pregnancy outcomes during COVID, thought to be due to delay in presentation to Maternity units
- Remember, Obstetricians and Midwives have been practicing tele-health in Obstetrics for decades. Needing to triage phone calls from Women phoning in with undifferentiated symptoms or symptoms of labour
- Most birth units have systematised questionnaire to minimise risk of inappropriate response. Ultimately most require attendance on 3<sup>rd</sup> phone call if issue unresolved.



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- Always offer a face to face visit if patient is worried or symptoms don't resolve.
- Complaints arise from perception that clinician didn't care enough rather than have lack of professional knowledge. If tele-health consultation doesn't resolve issue, face to face review is required.

Andrew Pesce, *Obstetrician and Gynaecologist & Clinical Network Director Women's Health, Western Sydney LHD, Chair, Medical Insurance Group Australia and Medical Defence Association of South Australia*

#### 11:40 The legal issues around PGT-A and other IVF Treatment 'add-ons'

- What is Preimplantation Genetic Testing (PGT) ?
- Why do PGT?
- How is PGT performed?
- What are the risks and limitations of PGT-A ?
- What is non-invasive Preimplantation Genetic Testing for Aneuploidy (ni PGT-A)
- Why do niPGT-A ?
- What are the limitations of niPGT-A ?

Legal issues surrounding PGT including informed consent, risks, and benefits, who is liable, as well as a look at the legal issues around other 'add ons' in the IVF space.

Andrea De Souza, *Barrister, Victoria Board*

Dr Raphael Kuhn, *Medical Secretary of Medico-Legal Society of Victoria and Member of Medical Advisory Panel of Victorian Assisted Reproductive Treatment Authority and Vice-Chairman of Human Research and Ethics Committee Melbourne IVF*

#### 12:10 Let's Discuss | Insights & tips for clinicians on protecting yourself legally

As obstetric malpractice claims have become an established issue within the context of legal liability. This panel will explore cases and provide a discussion surrounding key learnings and outcomes whilst allowing for panel members and audience members to enquire regarding the discussed cases.

Dimitra Dubrow, *National Head of Medical Negligence, Maurice Blackburn*

Dr Emmanuel Karantanis, *Obstetrician and Urogynaecologist, St George Private and Public Hospitals, Conjoint Associate Professor, UNSW*

#### 12:40 Lunch

#### 13:40 What it means to provide patient-centered care in the Top End

Patient-centered care is widely recognized as a foundation to safe, high-quality healthcare. Further, a patient-centered approach to healthcare system design provides demonstrable personal, clinical and organizational benefits. The Top End is a vast, sparsely populated area of Australia and has substantive geographic, socio-economic, and cultural nuances. These nuances provide great opportunities for adaptable health systems that aim to be respectful of, and responsive to, the preferences, needs and values of the individual patient and the communities they are a part of.

Dr Jeremy Chin, *Medical Co Director (Women, Children & Youth), Royal Darwin Hospital*

**14:10 What challenges do lawyers face and how do procedural processes change across differing rural, regional, and metro settings?**

Discussing the specific legal related challenges faced within regional and rural settings differing from metropolitan obstetric legal cases. Whilst exploring the:

- How and what emerging technologies have assisted rural legal activities?
- Obligations of governments and organisations within this sphere
- What challenges do lawyers face when conducting legal practice in rural and regional settings?

**14:40 Fireside Chat | Can we solve age old problems in obstetrics with novel medical technologies?**

- Overview of 3 -4 areas of obstetric areas which currently having gaps in practices
- How we can use medical devices technologies to solve these areas?
- How does this tie in with the potential litigation we face due to these evolving practices?
- How can the clinician prepare for these challenges?

Dr Vinayak Smith, *Adjunct Lecturer, Monash University- Clinical innovation management, Trainee Obstetrician and Gynaecologist*

Kate Waterford, *Special Counsel, Maliganis Edwards Johnson, Chair, Australasian Birth Trauma Association, Director, Physiotherapy Board of Australia & Director, Corryong Health*

**Moderated By** Andrea De Souza, *Barrister, Victoria Board*

**15:10 Closing Statement from Chair**

**15:20 Conference Concludes**



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