13th April 2011

Dear Senator and Finance and Public Affairs Committee Members, I write this submission with deep concern regarding the Inquiry into the administration of health practitioner registration by the Australian Health Regulation Agency (AHPRA). The current situation by which independent midwives are being processed if there has been a complaint is unacceptable, unjust and unethical. It is unreasonable that any midwife can have restrictions placed on their practice, or indeed being prohibited from practicing, before an investigation into the complaint has taken place. I am currently eleven weeks pregnant. After two years of thoroughly researching the physiological birth process and the models of care available in Australia for women during pregnancy and birth, I made the decision that the best option for me is to plan for a homebirth with an independent midwife. Only last week I employed an independent midwife to provide me with antenatal, birth and post-partum care. My midwife works collaboratively with many other care providers, and should a complication arise that is outside the scope of her knowledge, professional guidelines or experience, she will provide a referral to an appropriate care provider. I am an informed consumer and am aware that very few women birth without intervention within the hospital system in Victoria. It is important to me that I have autonomy during my pregnancy and birth, and wish to give birth naturally without unnecessary interventions. Having said that, I will absolutely accept medical care should that become necessary and I trust my midwife, who is a registered, qualified professional, to tell me if I need medical care and to support me to access the care or treatment I need.

Independent midwives are educated, experienced and competent caregivers who should not be under the control of doctors, nurses and obstetricians. Employing an independent midwife is the only way to achieve one-to-one woman centred maternity care in Australia. To achieve gold standard care and to maintain choice for women, it is imperative that effective collaboration between midwives, health care professionals, hospitals and doctors exists. Sadly, women and families that choose to birth at home and the independent midwives who provide care to these families are often criticised and marginalised in Australia. Primary care from a midwife and birth at home is seen as normal and responsible in many European countries, also in New Zealand and Canada. I have grave concerns that at any time my midwife could find her registration under restriction and this would exclude her from continuing to provide primary care for me and my baby. This will force me into the hospital system, which I do not want, or will force me to choose to birth without a care provider (i.e. free birth).

Sincerely, Pria Holmes