Senate Finance and Public Administration Committees
PO Box 6100
Parliament House
Canberra ACT 2600
By email: fpa.sen@aph.gov.au

Re: **Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA)**

13th April 2011

Dear Committee Members

I am writing to make a submission on behalf of Homebirth Access Sydney (HAS) in response to your call for public comments in relation to the above Inquiry.

HAS is principally a consumer organisation with a focus on supporting homebirth families and increasing access to birthing choices – in particular homebirth - for women in NSW. HAS was established in the 1970s to provide information and support to people interested in homebirth, including parents, midwives, child birth educators and birth support workers.

HAS currently has a membership of around 250 families and birth professionals. We are one of the very few maternity consumer organisations in Australia with a large and active membership of families in their pregnancy and early parenting years.

In the last few weeks, our organisation has become aware of a number of incidents in relation to the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA) which have major implications for our members as health service consumers.

In brief, we have become aware that complaints have been lodged to AHPRA against a number of Privately Practising Midwives (PPMs) in NSW, when they have transferred their birthing clients to hospital.

There are currently less than a dozen PPMs practicing in NSW. This already makes it extremely difficult for women seeking a homebirth to access a care provider. With such a small number of practitioners, it seems an extraordinary coincidence that there have been a series of complaints to AHPRA in such a short period of time.

As consumers, we can only assume that this is happening as a result of continuing antagonism from hospital staff towards PPMs.

Homebirth consumers are well aware that interprofessional collaboration remains a challenge between midwives and doctors. As well as our own experiences as consumers, these problems have been the subject of previous Senate Committee Inquiries, federal legislation and investigation by the National Health and Medical Research Council.

Our members continue to report experiences which give us concern about the willingness of some medical practitioners and hospital staff to collaborate with PPMs. Many of our members have experienced hostility from doctors and hospital based clinicians about their choice to birth at home and we are aware that PPMs are frequently on the receiving end of similar lack of professional cooperation.

The Australian Medical Association and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists have specific policy of not supporting homebirth. It is unrealistic to expect that members of these organisations will readily cooperate with midwives who provide homebirth services to women.

For example the Government's Maternity Services Review noted that:

General practitioners (GPs), medical specialists and their representative organisations identified their highest priority as that of maintaining Australia's excellent record of safety in maternity care and emphasised the need for specialist expertise within the maternity care team. An issue of concern was the loss of skilled professionals and its impact on the provision of maternity care, most noticeably in rural and remote areas. These professional groups also expressed concern about moves towards homebirthing.[1]

We have major concerns about the capacity and ability of AHPRA to implement and administer the national registration of health practitioners – particularly in respect of due process being afforded to health practitioners – in this environment. (cf: terms of reference a)

As far as our organisation can ascertain, it appears that when complaints have been made against a PPM, there has been an immediate restriction placed on her conditions of practice, prior to any investigation taking place. These restrictions require PPMs to practice only under supervision in a hospital setting. In other words, it prevents her from providing her clients with birth at home. This surely prevents a midwife from accessing any due process by which she could defend her position and affords her no natural justice.

Most PPMs have small practices, which consist almost exclusively of homebirthing women. If birthing women transfer to hospital, PPMs are currently still not authorized to provide their care in a hospital as credentialing arrangements between PPMs and

[1] Australian Government, 2009, *Improving Maternity Services in Australia*: The Report of the Maternity Services Review, p 4.

NSW public hospitals are still being developed. The outcome of AHPRA's restrictions will mean that these midwives are forced out of the workforce.

In addition to the injustice experienced by these midwives, HAS is extremely concerned about the potentially disastrous impacts on birthing women. With the small number of PPMs currently practicing, it is almost impossible for a pregnant woman to find another midwife to take over her care, if her own midwife is the subject of a complaint. This directly relates to term of reference (c) 'impact of AHPRA processes and administration on… patients…'

The few midwives currently providing homebirth services tend to be fully booked and if their practices are restricted, women who may be anywhere from the very beginning of their pregnancies to more than 40 weeks pregnant will – and have – found themselves without a maternity carer. This is understandably extremely stressful for these women and their families at a time at which they should be trying to reduce stress. The consequence we are most concerned about are those where women are simply unable to find a care practitioner with whom she can birth at home, and that as a result will feel forced to birth at home without a midwife or with an unqualified birth attendant, when this is not something they wanted.

There is a wealth of international evidence to support the safety of planned, assisted homebirth for women with low risk pregnancies[2]. In a study published in April 2009 in *BJOG: An International Journal Of Obstetrics And Gynaecology* of more than half a million women, researchers found no difference in death or serious illness among either mothers or their babies if they gave birth at home rather than in hospital[3]. This study looked at almost 530,000 low-risk births over seven years in the Netherlands where homebirth rates are close to 30% of all births.

Attended homebirth is safe because midwives are trained and skilled at detecting complications during labour and either addressing them or transferring their clients when required. At an attended homebirth, the midwife observes the birthing woman in a one-to-one situation (unlike in a hospital, where a midwife cares simultaneously for several labouring women) and can act quickly to address any complications. HAS is concerned that any increase in unattended birthing as a result of women being unable to access a homebirth midwife, could place both mothers and their babies at significant risk.

This was recognised by NSW coroner Nick Reimer in June 2009, when he handed down findings into the death of a baby born at home. Mr Reimer noted that homebirth was a woman's inherent right and a practice that "will not go away" and urged the Federal and State Health Ministers to exercise "great care" in drafting legislation impacting on homebirth, saying homebirths could be driven underground with "disastrous ramifications"[4].

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[2] Ackermann-Leibrich et al (1996); Bastian, Keirse, & Lancaster (1998); Campbell R, Macfarlane A (1994); Chamberlain, Wraight, & Crowley (1997); Crotty, Ramsay, Smart, & Chan (1990); Gulbransen, Hilton, & McKay (1997); Johnson & Daviss (2005); Macfarlane A, McCandlish R, Campbell R. (2000); Murphy & Fullerton (1998), Olsen O. (1997); Wiegers, Keirse, & van der Zee (1996); Woodcock, Read, Moore, Springer NP, Van Weel C (1996); Stanley, & Bower (1990)

[3] A de Jonge, BY van der Goes, ACJ Ravelli, MP Amelink-Verburg, BW Mol, JG Nijhuis, J Bennebroek Gravenhorst, and SE Buitendijk *Perinatal mortality and morbidity in a nationwide cohort of 529 688 low-risk planned home and hospital births* BJOG An International Journal of Obstetrics and Gynaecology RCOG 2009 (15 April)

[4] Sydney Morning Herald 30 June 2009

Similarly, HAS is concerned that in an environment in which there appears to be an increasing willingness by hospital staff to complain about homebirth transfers and in which midwives are not afforded a right of response to complaints, that women and their midwives will be increasingly reluctant to transfer to hospital. This is a situation which could place the lives of women and babies at serious risk and we would stress must be avoided at all cost.

Privately practicing midwives and their clients must also be protected from third parties making vexatious or frivolous complaints, particularly when a complaint may be made for ideological reasons. AHPRA must ensure that such complaints are discouraged by making sure that any such complainants have actions taken againt them.

HAS strongly urges the Committee to ensure that AHPRA protects homebirth consumers by investigating any complaints against midwives quickly, with transparency and particularly with due process. The currently system of restricting midwives' ability to practice before any investigation has taken place is unfair and unjust and is leaving pregnant women and their families with no health care provider at a crucial time.

Thank you for the opportunity to make this submission and please feel free to contact me if HAS can provide any further information.

Yours sincerely

Jo Tilly
Assistant Coordinator
On behalf of

Homebirth Access Sydney