Dear Sir/Madam,

I am an Australian trained midwife, and after the MSR, I am relocating to New Zealand to work in a safe, collaborative midwifery model of care.

Having worked in the Australian obstetric hospital system for the past few years, I find it too damaging, distressing and dangerous for Mothers and Babies to continue my work here. I no longer have the strength to advocate for the safety of our Mothers and Babies. 'Caseloading' and 'midwifery models of care' will simply be labels for obstetric practice and parameters. Most women are now classified as moderate to high risk in Australia these days, making most ineligible for these models of care anyway.

As an Australian citizen, and as a Midwife, I forward these questions to your office -

- *how did the Government arrive at the MSR 'safety' statistics, when maternal/neonatal mortalities/morbidities are obviously inaccurate and under reported? With a ceasarean rate at 31%, and climbing, this is an obvious indicator of a failing system*

(I worked last night in a low to moderate risk unit where they had an 90% caesarean rate in one day!)

- *how can* ***Dr Hilary Joyce*** *President, National Association of Specialist Obstetricians and Gynaecologists, state in a public forum, that homebirth is unsafe, when it is out of the realm of her expertise, and after the Netherlands study confirmed its safety?*

- *how does the Government justify the enormous tax dollars being spent on the increasing induction and ceasarean rates, at the expense of other health care funding such as cardiac surgeries?*

- *why is it that I can only practice obstetric nursing in Australia, and have to nurse 1:3 'sick' women who have had surgery and other complications?*

(Last night at work I had 3:3 'sick' women to nurse post delivery)

Everyday that I work in a Sydney hospital, or in rural hospitals under contract, I witness the systemic mismanagement of Mothers and Babies from specialist obstetricians & GP obstetricians.

The non-evidence based interventions of obstetric units across Australia, routinely cause maternal/neonatal complications. I am now having to manage these 'routine' complications. Some of these include cardiac arrests, hysterectomies, routine post partum haemorrhages, routine neonatal NICU admissions, routine failed inductions, routine instrumental deliveries/episiotomies, routine breastfeeding failures, routine

postpartum depression, routine surgical complications and infections.

This list does not include the increasing rates of maternal/neonatal morbidities caused by caesareans, which are too numerous to be listed in this email.

My obstetric nursing experience includes how to do medical procedures, vaginal examinations and ctg's. And how to resuscitate every second baby, due to routine fetal distress, caused by the high obstetric intervention rates.

I hope to relearn midwifery skills in NZ as an independant midwife, as Mothers and Babies are our best teachers, and which will include HOMEBIRTH, waterbirth, breech, twins, VBAC and so on. Then and only then, can I call myself a Midwife.

I am insulted by the misinformation in public forums, particularly about homebirth. Also insulting is the undeserved accolades bestowed on our failing obstetric system.

We are now 'proudly' second to America, for the highest rates of obstetric interventions in the world!

The obstetric fraternity have now been given a 'free hand' to promote and promelgate one type of maternity care in Australia - medicalized surgical birth - by the Australia Labour Government. Obstetricians are self regulated and practice according to physician preference, not best evidence.

I thought this could only happen in America. But we have become its 51st state, where control of womens bodies have become the property of surgeons (very rich surgeons and now a very poor medicare system)!

Is this a legacy of the Howard years, which increased the privileges of a few, at the expense of the majority?

From an extremely concerned citizen for Australia's future generations,

Michelle Zimmerman NZ LMC