

The 3 bills to be considered by the Committee have been drafted to provide Medicare funding, access to the Pharmaceutical Benefits Scheme and Indemnity Premium support to midwives. These bills if passed into legislation in their current form will not provide funding or indemnity for homebirth midwives. This legislation will then intersect with National Health Registration legislation (to come into force in July next year) that will require all health professionals to hold indemnity insurance. This will prevent midwives providing homebirth from registering and thus make their homebirth practice unlawful.

To the members of the 'Community Affairs - Legislation Committee'

I am writing to the committee as a mother who has experienced a hospital birth with the support of a private midwife, of my first child, and am planning a home birth for my second - due in January.

I am incredibly disappointed with the intent and approach of the proposed legislation as it directly impacts on a woman's right to choose her birthing environment. In a democracy, where women were given the vote in relatively recent times, we have a government electing to eliminate a basic human right on what appears to be a nebulous basis. The intent of the legislation, by insisting that private midwives are covered by indemnity insurance, appears to only be designed to ensure that births occur in a hospital environment. Legislators are clearly aware that this not been available to midwives for many years. The outcome appears to ensure that midwives are excluded from the birthing process by stealth. The government has an obligation to be honest in the intent of the proposed legislation and as to what is driving the proposed change.

In very recent times our government (current and previous) have undertaken to back and support industries at risk through financial means. We have a dedicated and highly skilled group of private midwives practising in Australia who are only lacking in one thing to ensure their continued ability to practise - indemnity insurance. (From memory this was an outcome of the private insurance industry not willing to insure a 'small' group of specialists.) I believe that that government should seek an alternative to the proposed legislation by providing a government backed insurance stream to ensure that private midwives have access to insurance. If the government is willing to demonstrate its largesse for small and failing industry why can't it show its support for a group of practitioners who provide important social and health outcomes for the families of Australia?

As a woman who lives in a rural environment I am electing to have my second baby at home to eliminate the risks and distress associated with travel to an unfamiliar environment an hour away. As it stands women's birthing choices are being diminished through the reduction of family birthing centre services (the choice we made for a hospital birth for philosophical reasons) and are being pushed toward a highly medicalised and emotionally unsupportive process. I am not diminishing the skills of the practitioners who choose to operate in the hospital system, but the experience of the birth of my daughter illustrated how hospital policy - driven by perceived risk aversion - forced the decision making process. Fortunately we had the support of our private midwife to assist our negotiation with the hospital doctors to ensure a happy and healthy, surgery free birth. In rural and remote environments particularly, the access to alternative and immediate birthing support is vital. This is not a city only issue, legislators need to consider the greater impact on areas where birthing services are being diminished constantly. Women accross Australia need to be confident that this choice is available to them.

The loss of skills resulting from the proposed legislation is anathema to the governments cry for greater skilling of our country. Midwives offers services to the families they serve far beyond birth. In the home environment they provide support for mothers with health and recovery from birth, breastfeeding and emotional support. I know that when my second child is to be born that I will have two midwives in my home for as long as it takes. They will be with me overnight and day, assisting my family in this wonderful experience. I also know, that with their experience and skill that if medical intervention is required, that we will be able to make informed and timely decisions because they will be with us. These are skills and support for women that shouldn't be legislated away upon cynical motivation.

At the end of the day, this legislation is about limiting a woman's and families ability to choose the birth process that is suited to them. Internationally we have examples of where the birthing model is purely based from the home with the support of midwives - hospital births are rare and only undertaken with extreme medical need. I think that the legislators need to look more widely at successful systems operating in Europe where governments support a womans right to choose her birthing environment. Education is a key issue here, with the widely accepted model to be hospital/obstetrician supported births in Australia. Legislators should avail themselves of the statistics of hospital births and home births with regards to adverse outcomes, both in Australia and internationally, and make this information available to voters.

Finally, I do find it distressing that the representation of homebirthing and private midwifery practise is in such a fear-mongering light. Many months ago the 7.30 Report showed an interview with an obstetrician simply condemning homebirth and suggesting that if a woman wanted a dead baby that she should choose a homebirth. While this is not a direct quote, it is clear that this sort of unsupported misinformation does very little to remove the fear of birth for all women. My opinion is that this legislation is also driven by the 'professional' organisations wanting to quarantine birthing for their own means. (As a payer of private health insurance, I know that my choice is not supported financially, the fact that my out of pocket costs would be that same if I chose a private path appears to be lost in this whole discussion, but if i chose a medicalised birth, I could seek reasonable payout from my insurer.) I think is is important that the goverment seek to redress the imbalance of understanding and ensure that the community regard birthing as a normal human experience, not a medical situation.

Regards  
Suzanne Zahra