Monica Murfett

20 July 2009

Ms Claire Moore
Chair
Senate Community Affairs Legislation Committee

By E-mail: community.affairs.sen@aph.gov.au

Dear Senator Moore

RE: INQUIRY INTO HEALTH LEGISLATION AMENDMENT (MIDWIVES AND NURSE PRACTITIONERS) BILL 2009 AND TWO RELATED BILLS

I write to express my concern about the Bills that are the subject of your inquiry. I understand that these bills will enable Medicare funding, access to the Pharmaceutical Benefits Scheme and professional indemnity premium support for midwives providing care for women to give birth in hospital.

I request that you ensure that the Bills are modified so that registration, MBS and PBS access, and professional indemnity insurance is available to midwives based on their qualifications and experience, but is not affected by whether they practice within or outside of an institutional setting.

Media releases: providing choice and continuity in maternity care

I support improved choice and access to maternity services: the reasons stated in the press release of 12 May for the Bills that are the subject of this Inquiry. However, I understand that the effect of these Bills and related legislation is to make unavailable the option of homebirth with the assistance of a qualified and registered midwife.

I support a system where all consumers are treated equally, with the same access to funding and the same insurance protection.

My circumstances, experience and preferences: safety and joy

My first child was born last year, in hospital by caesarian section, a procedure I accept was necessary in the circumstances. While pregnant, I informed myself as much as I could about birth by reading and seeking information from my obstetrician. I had mainstream expectations of birth as a medical experience: birth is painful and dangerous, and hospital is the best and safest place to be, for the pain relief options and availability of midwives and surgeons should something go wrong. I accept this is true for many women and for risky pregnancies. But I did not know about the evidence of pain relief and induction leading to complications that require further intervention, or that for low-risk pregnancies in developed countries, giving birth at home is at least as safe for mother and baby in terms of mortality, with less risk of infection and fewer interventions. And I was not taught in antenatal classes that even aside from the baby produced, the process of birth can be beautiful, empowering, satisfying, even ecstatic experience for the mother. I understand now that this can be the case particularly when the women feels she has the time and freedom to take it at her own pace, privacy, support, and trust in the ability of her body. Some women feel ‘at home’ in a hospital or birth centre sufficiently to enjoy their birth, some only feel this at home.

My daughter has brought me great joy, and nurturing her has given me great confidence in the beautiful capabilities of my body. I do not want my next child to be born by caesarean, unless that is necessary for safety, and I would like the opportunity to enjoy my birth experience. As I have had a caesarean birth, it is likely that my labour will be monitored more and I will be offered interventions more readily in a hospital environment, public or private. I will not be eligible for any homebirth programs. I have not yet decided whether I would like to give birth at home, but I want this choice to be available to me. I want to know, within reason, those people who are present at the birth, and to minimise the intrusions to my body. I want the pace of the birth to be governed primarily by the readiness of my body, unhindered by transferring to hospital or changes of staff. I welcome the expansion of collaborative care, but fear that it may institutionalise home care rather than facilitate respectful collaboration. If I choose the support of a midwife, I want to be able to rely on their registration, qualifications and experience, as well as my judgement based

on their respectfulness and their reputation among my peers. And if something does go wrong that requires assistance beyond that which can be provided by my midwife, I want my transfer to hospital to be respectful, not clouded by 'I told you so' or judgement of me as irresponsibly risking the life of myself and my baby. I have been raised to avoid the word 'want', but (aside from comments on funding, which I discuss below) I am exasperated that any of these preferences are considered selfish or unrealistic.

Even aside from my personal preferences and situation, this choice should be available to those women who want it, whether that is because they have informed themselves of the positive natural experience that birth can be, or because they have had traumatic experiences of birth in hospital.

Ineligibility of homebirth midwives flows from flaws in the Maternity Services Review

The Maternity Services Review, from which these Bills flow, dismissed Commonwealth support of homebirth. The reasons it gives for this conclusion are inadequate and inconsistent.

The first reason given is that the number of women who choose homebirth is small, and the number who achieve it is even smaller: 2.5%, for example, in New Zealand's system. This dismissal was not adequately justified, particularly given the acknowledged safety advantages.

The second reason given for not supporting homebirth is:

> In recognising that, at the current time in Australia, homebirthing is a sensitive and controversial issue, the Review Team has formed the view that the relationship between maternity health care professionals is not such as to support homebirth as a mainstream Commonwealth-funded option (at least in the short term). The Review also considers that moving prematurely to a mainstream private model of care incorporating homebirthing risks polarising the professions rather than allowing the expansion of collaborative approaches to improving choice and services for Australian women and their babies.

Overall lack of professional consensus about whether or when homebirth is appropriate need not hinder expansion of collaborative approaches to service delivery. On the contrary, the various shapes that particular collaborations may take provide the opportunity to satisfy differences in professional views as well as consumer choice.

Even *if* facilitating homebirth might cause tension between health care professionals, tension among professionals is nothing new. And even *if* facilitating homebirth might polarise the professions, the consequence of pandering to this sensitivity is to polarise womens' reproductive choices: a medicalised hospital delivery, birth at home without any registered attendants, or birth at home with a midwife who is flouting the law. This will put them outside of the protection that the system of regulation provides, and complicate transfer to a hospital in an emergency. This polarisation compromises safety and is of greater concern than intra-professional bickering.

With respect for the experience, knowledge and hard work of those involved in producing the Maternity Services Review, I believe the position taken by the Review Team in the paragraph cited above is coloured inappropriately by the professional interests and perspectives of the authors. I can expect that your objectivity (being outside the medical profession) and subjectivity (as an elected representative in the parliamentary process) in your role in this Committee provides you the opportunity for leadership that promotes womens' rights over their bodies above professional rivalries.

Moreover, the two reasons given by the review for not supporting homebirth are inconsistent. The first reason considers those who seek homebirth too insignificant. The second rejects homebirth as a mainstream option.

The review team concluded that these considerations meant that Commonwealth support of homebirth was not justified. The draft legislation has, inadvertently or not, taken the result one step further to deny legal assisted homebirth altogether. I urge you to seek alterations to the legislation that at least leave midwife-assisted homebirth as an option to women.

Funding

I acknowledge the economies of scale made possible by centralising the provision of maternity services in hospitals and that it is unrealistic to expect that homebirth be fully funded by the taxpayer. However, the consequence of these arguments should not be to exclude funding for homebirth altogether. It would be more

appropriate and equitable to fund maternity services at the same rate, regardless of whether they are provided at home or in hospital.

A funding implication that seems to have been overlooked by the review is that most of the reason that many women choose homebirth is to facilitate their bodies' ability to give birth and reduce the likelihood of interventions such as anesthesia and surgery. The same women look forward to nurturing their newborn at home, rather than occupying a hospital bed for days after delivery. I am familiar with the division between State and Commonwealth health funding only enough to know that these costs are borne by different levels of Government, and therefore may not all be directly relevant to this review. However, I urge you to take a critical view of any claim that funding homebirth will be onerous.

I am grateful for your review of these Bills. In my final year of a double degree in law and politics, I studied in depth the passage of certain controversial legislative amendments, which makes me optimistic that your review of the Bills will iron out anomalies in otherwise progressive legislation. I urge you to seek modification of the Bills so that registration, MBS and PBS access, and professional indemnity insurance is available to midwives based on their qualifications and experience, but is not affected by whether they practice in a hospital, a birth centre or the home.

Yours sincerely

Monica Murfett