

Re: Inquiry into Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills

I am currently a direct entry student midwife in my final year of study. I am gratified that the proposed legislation will enable Medicare funding, access to the Pharmaceutical Benefits Scheme and professional indemnity insurance support for midwives providing care for women birthing in hospital. These changes will allow midwives to use the full extent of their skill in providing safe and effective midwifery care.

I am very concerned, however, that under the proposed legislation, midwives without indemnity insurance will be unable to register.

My sole intention in undertaking a bachelor of midwifery is to become an independent midwife and attend women who wish to birth at home – therefore I would not be able to register and practicing as a midwife would be illegal.

If this legislation is passed in its current form, these are some foreseeable outcomes for women wishing to give birth at home:

1. Birth at home within a publicly funded, hospital attached community midwifery program, such as the limited program offered currently in South Australia. Homebirth definitely needs to be accessible to the public and current homebirth programs need to be vastly expanded – this option would be contingent on access to a nearby program, an option that is definitely not available to most women currently, despite comparable countries such as New Zealand and the UK implementing these programs effectively.

In the likely scenario that a woman wishing to give birth at home cannot access a community midwifery program, these are the remaining options -

2. Birth at home with midwives who are unable to register under the new legislation. These unregistered midwives would be practicing illegally at great personal risk, cut off from professional development programs and the ongoing requirements of registration that aim to ensure safe practice. It is possible here that unregistered midwives may be reluctant to transfer labouring women to hospital in the event of an emergency for fear of prosecution. This option leaves women at risk, with a lack of accountability from their healthcare professionals. These scenarios are definite possibilities if the legislation is passed in its current form.
3. Birth at home with no practitioner present. Women who wish to have midwifery care may find it inaccessible and despite preferring a midwife, they may choose to give birth with no qualified help. This option is also likely to occur if the current legislation passes and I fail to see how this option protects women. It is effectively denying midwifery and medical care where it is otherwise desired.
4. Birth at hospital expressly against a woman's better judgment and wishes. There is a body of research indicating that a woman's oxytocin levels in labour are directly related to the extent to which she feels safe and protected; her labour can stall or become protracted with low oxytocin levels. Women need to birth in environments in which they feel comfortable: this is a fundamental issue of basic bodily autonomy. Women should not be legally compelled, through poor legislation, to give birth in an environment that is not of their choosing.

A possible solution to this situation is to substantially expand current community midwifery programs to become national and accessible to all women desiring home birth. The availability of home birth with independent midwives has to date been expensive and inequitable, and making home birth widely available would address this imbalance. I want to offer a word of caution in regard to these programs, however.

Women who are informed and educated about the relative risks may still choose to give birth at home in cases where institutional policy or the parameters of community midwifery programs do not support it, for example, water birth, vaginal birth after caesarean, or breech birth (especially for

a woman with a history of normal vaginal birth). To deny these women the assistance of a qualified midwife if they wish to give birth at home is denying medical care where it is desired and denying women's basic bodily autonomy.

There is also the issue that the normality of presentations such as breech and twins are disputed between the midwifery and medical community, with the dominant medical paradigm usually dictating hospital policy; and that similarly vaginal birth after caesarean is viewed both as a primiparous birth with a miniscule risk of uterine rupture, or as a high risk labour. Given that there remains a lively discourse and ongoing research around these issues, legislation should not limit women's choices based on the most outspoken paradigm.

Women need to be fully informed about the risks, benefits and alternatives to all proposed treatment so that they can make their own decisions. Once a woman has been fully informed of possible outcomes, the decision about where to birth, who to attend her, and what treatments to accept or refuse must ultimately be hers. Medical assistance must not be denied to her if she does choose to give birth at home.

Independent midwives have left the hospital system in response to the needs of women, and continue to make every effort to practice in a safe, professional, evidence-based and accountable manner. Forcing these midwives to become unregistered would negate their efforts. A more productive approach would be to assist in the professional development of independent midwives, acknowledging and building upon their unique skill sets without marginalising their profession.

If midwives are no longer able to practice independently, women desiring home birth who cannot access a publicly funded community midwifery scheme will be forced to birth at home with an unregistered midwife, or with no qualified assistance, or attend a hospital against her will. I cannot envision that will be beneficial for anyone.

I invite the committee to consider this legislation in terms of its potential to expose the public to undue risk by denying women medical care and to reflect that the majority of Australians support bodily autonomy for women.

Yours sincerely,

Jacinta Cross