

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

We write to express our concern about the above bills. We 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 birthing in hospital.

Medicare funding for midwifery care is long overdue. However, it is not acceptable to exclude homebirth from this funding and indemnity arrangement. By doing this Australia is totally out of step with nations such as the United Kingdom, Canada, The Netherlands and New Zealand.

These nations support the rights of women to choose homebirth and fund a registered midwife through their national health scheme. In New Zealand and the U.K women have a legislative right to choose homebirth. Recent research from both the US and the Netherlands all shows homebirth with a trained midwife to be as safe as hospital birth and to actually protect women from many routine interventions which are contraindicated in birth, but part of hospital birthing culture.

The intersection of this legislation with the national registration and accreditation of health professionals will prevent homebirth midwives from registering. We believe this to be an unintended consequence and ask that you please take steps to include homebirth within the Health Legislation Amendment (Midwives and Nurse Practitioners) and related Bills.

Care with a private homebirth midwife is the Rolls Royce of ante natal, birth and prenatal care without the price tag. We still can't understand how the Australian Government remains openly antagonistic towards the option of homebirth in light of the health and economic benefits of home-based midwifery practise at a time when the health system is in crisis.

We are both university educated and knew what was important to us for the birth of our first child. Like all parents to be we wanted to feel and be safe. To us that meant familiarity – being with people who were known, in a place we knew and having an active role in our care.

Care with a known midwife became important to us as we traversed the hospital system and tried to find a safe place for ourselves within it. We both wanted to know, trust and have formed a solid relationship with the person who would support us through pregnancy and birth. We also wanted to be able to birth in a homelike environment. Neither of these requirements ended up being available to us through the public system after we were denied admittance to:

1. The Birth Centre at the Royal Women's Hospital – Brisbane, due to relocating to Brisbane after the time which ballot registrations were open. Demand continues to outstrip places at the Brisbane Birth Centre to the tune of 6:1.

2. A midwife programme at the Royal Women's Hospital – Brisbane, again because of relocation and then an eight week wait for an appointment at the ante-natal clinic there.

In the end, a homebirth became the only option available to us to fit our requirements.

We came to understand birthing is a natural process, not a medical one and therefore a hospital is inappropriate place. Jodi wasn't sick, our baby wasn't sick so it seemed wrong to be in a hospital or to have care through a hospital. Our son was not conceived in a hospital, under bright lights, with strangers in the room guiding and instructing us on what to do. Thus he was born in the same intimate, loving environment in which he was conceived.

The more we researched homebirth, and the more we spoke to families who had birthed at home, the more we came to understand the homebirth with a private midwife was the best birthing option for us. We believed we had a responsibility to ourselves as parents to be and to our unborn child to provide the safest environment possible for birthing and bonding. We got that at home.

At home we were protected from unwanted tests and scans. We were protected from fear mongering, bullying and harassment when Jodi's pregnancy progressed beyond 40 weeks. Jodi was able to go into labour of her own accord at 41 weeks and 6 days. Jodi was protected from routine invasive procedures such as internal vaginal examinations and continual foetal heart monitoring. Jodi was able to move and birth in whatever position she felt most comfortable in, to eat and drink when she needed. David was able to be an active birth supporter. During birth we were protected from strangers entering uninvited into our birthing space. We did not run the risk or the fear of having control of our birth taken away from us.

Three hours and fifty minutes after labour started we welcomed our son in candlelight, in our lounge room. Three hours later the three of us were tucked together in bed having been lovingly cared for by our midwife, our doula and our photographer. At no time were we separated from our son and we spent a relaxed baby moon getting to know each other, for Jodi to recover from birth and for Jodi and Dylan to establish breastfeeding.

We are distressed that a Government which protects and pays for a woman's right to an elective caesarean is unable to protect and pay for a woman's right to have a homebirth. We are upset that a Government which would never consider summarily forcing women out of hospital to birth at home, would legislate to force women out of home to birth in hospital.

Women are, and have always been, the experts of their own bodies. Women have always been and will continue to be custodians of birth. It is a culture of fear, which profits obstetricians, which argues the opposite.

If we are the “fair go country” we cannot have a one size fits all approach to birthing. If we are a democracy we cannot have a Government assuming agency over a woman’s body.

We feel the proposed changes are not only unjust but a breach of our human rights.

We support a system where all consumers are treated with integrity, dignity and respect; where consumers are afforded equality, with the same access to funding and the same insurance protection; where all Australian parents are able to access whichever model of birth care they feel is appropriate and safe for their family. We hope this is the same system you support.

Yours sincerely

David Harris, Jodi Cleghorn & Dylan Harris