

Monday 20 July 2009

Joanne Smethurst

Ms Claire Moore  
Chair  
Senate Community Affairs Legislation Committee

By E-mail: [community.affairs.sen@aph.gov.au](mailto: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 am very pleased the Senate Community Affairs Legislation Committee are looking into the issues surround these bills. 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 think this is an incredibly powerful step forward for improving access, choice and safety for women and their families.

Medicare funding for midwifery care is long overdue. It is not acceptable however 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.

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

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

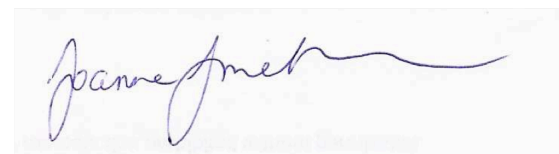
I believe this comes down to a human rights issue. Every person has the right to make informed choices about the type of evidence-based options available to them for their healthcare – whether it's to have a hip replacement, elect to do a 'wait and see' monitoring of prostate cancer, or to choose where, how and with whom they will birth.

The intersection of these pieces of legislation is effectively removing the right of a group of Australians to make an informed choice about an evidence-based model of care for themselves and their precious baby.

Not one woman is discriminated against by this legislation. It's ironic that the changes are being purported to increase consumer choice and the NRAS to increase protection for consumers yet it is stripping away the rights AND the protection of a group of consumers – those who choose to birth at home. We may be small in number, but does that mean we just don't matter to our governments? I hope not.

Imagine if the small group of Australian this was affecting were those who need neurosurgery. There would be no question that it needs to be fixed and so it should be the same for evidence-based birth options. Why are expectant mothers and prospective expectant mothers being treated in this way?

Yours sincerely



Joanne Smethurst