

Committee Secretary  
Senate Standing Committee on Community Affairs

The Government is to be congratulated on its Maternity Services Review and the Bills introduced to the Parliament following the review. Recognition of midwives important and central role in the care of women before, during and after birth is long overdue. Midwives are the experts in normal pregnancy, birth and postnatal issues and are the ones who detect conditions which require specialist care and refer women to specialist care as necessary and appropriate.

Providing access to Medicare benefits for women choosing midwifery care will not only benefit the women and the babies themselves but will also result in reduced Medicare costs due to the resulting decrease in intervention which has been found by numerous studies to occur when midwives provide care for women. (eg Enkin et al Guide to Effective Care in Pregnancy and Childbirth, 3rd ed 2000).

Enabling midwives access to the Pharmaceutical Benefits Scheme is a natural consequence of the recognition of the midwifery profession.

The medical research also shows that there are least interventions and best medical and psychological outcomes when women receive care from a known midwife ie one midwife providing care through the entire pregnancy, birth and postnatal period. (Same reference, see also Cochrane reviews)

Currently fewer than 5% of Australian women have access to this best practice care. Most women seeking such care will only be able to access it by engaging an independently practising midwife. Insurance for these midwives has not been available for a number of years. Providing a mechanism to establish access to professional indemnity insurance for midwives is essential to enable women to access this best practice care.

My understanding however is that the insurance will only be extended to midwives practising in a hospital setting ie barring access to insurance for homebirths. Further my understanding of the proposed legislation is that midwives will not be able to be registered to practice without being insured. The outcome is that midwives will not be able legally to provide care at a homebirth.

I am very concerned that this situation will result in an increase in deaths of babies at birth. Women will choose to homebirth whether they are attended by a midwife or not. The last few years of lack of insured midwives to attend births has shown that women are still willing to birth at home without midwives having such insurance. The rise of the 'freebirth' (birth unattended by a health professional) movement shows that women will continue to birth at home whether or not a midwife is willing to attend.

The consequence, it seems to me, will be more unattended births and therefore more baby deaths when there is an obstetric emergency, or alternatively more homebirths attended by uncontrolled midwives ie midwives who have not had to show that their skills are up to date, that their practice is regularly reviewed and as a result are reluctant to transfer a woman to hospital when that is necessary for fear of legal consequences.

I was able to birth my two children at home: one in 1998 and one in 2005. These were both attended by skilled registered midwives who I knew had good relationships with the local hospitals so that if a transfer to hospital became necessary, there would be no non-medical reason for reluctance to do so.

I chose homebirth because I believed it was the safest option as it was the option where unnecessary intervention was least likely to occur while at the same time providing me with skilled and expert care should I require assistance with the births. It was the only way that could guarantee that I would be attended by the same midwife through pregnancy, labour and postnatally which I knew was safest for me and my baby.

It was also the only practical way that my daughter could be present for the birth of her little brother. It meant that I didn't have to travel anywhere while I was in labour (a practice which usually results in the slowing down of a labour or an increase in pain levels experienced if in advanced labour), nor did I have to travel anywhere in the following days while recovering from the birth.

My births were two lovely and completely different experiences which left me feeling empowered and confident: a good place from which to start in the turmoil of new parenthood.

I want my daughter to have the choice to birth where she chooses, to be surrounded by carers who she has chosen and in whose skills she has confidence as a result of researching and asking them about their skills. This is not a real possibility in the current maternity system.

I want all women to have the choice to birth where they choose. When homebirth has been shown to be at least as safe as hospital birth (see last year's BMJ study) it is plainly discrimination or appeasement not to allow women to access this choice. Perhaps if it resulted in increased costs to the Government the current approach could be justified. As this is plainly not the case, as continuity of midwifery care has been shown to be the most cost effective, the least likely to result in expensive (to Medicare) interventions and results in the best outcomes, as homebirth provides these outcomes, there can be no reason to exclude midwives attending women choosing to birth at home from the proposed scheme of legislation.

I am deeply concerned that women are effectively being denied the choice to access to safe, cost-effective care. Women have the right to choose where and with whom they give birth.

Should you wish to discuss my submission further with me, I can be contacted on 02 6249 6684 or at 24 Earle St Lyneham ACT 2602.

Yours sincerely,

Ingrid McKenzie