

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

I am writing to express my concern about these proposed bills. As I understand it they propose compulsory registration for all health professionals involved in maternity services, but exclude independent Midwife practitioners because they are currently unable to access indemnity insurance. I find this exclusion to be a huge concern.

If the bill is enacted in its current form, I believe that it will erode the quality of the Australian Maternity Services because birthing options for women with low-risk pregnancies will be diminished. By excluding independent Midwifery practice, this Bill appears to support the hospital setting as the only option for maternity care for the majority of Australian women with low-risk pregnancies. Independent midwives are currently the only service providers who offer professional assistance at planned homebirths in most Australian states. If independent Midwives are unable to be registered and prevented from practising, birthing babies at home will no longer exist as an option for Australian women with low-risk pregnancies. It would be a travesty if this very high-quality option of maternity care is denied women and will run counter to international trends in maternity services. Homebirth offers a high level of quality care and is a safe option for women with low-risk pregnancies. I personally believe this to be so because I have had three low-risk pregnancies and uneventful, natural births in three different settings each with quite varied levels of care quality.

My first two children were born in the UK. My first birth was in a maternity ward with ready access to all the available obstetric interventions. It was in fact the worst quality of care I experienced. My antenatal care was rushed and uninformative, there was a lack of communication from the midwife, long periods of waiting for medical staff, a clinical brightly-lit room, I was hooked up to a drip unnecessarily preventing an active labour, I had my waters broken against my wishes, my husband felt excluded from the process, I was not taught how to use the entonox for effective pain management. It left me with a slightly traumatised experience of birthing, difficulty with initial breastfeeding and no support and a strong determination to never birth subsequent children in a maternity ward ever again. Some months later I experienced mild post-natal depression which I partly attributed to my birth experience.

My second birth was in a Birthing Centre. We had more continuity of care from a (student) Midwife, therefore more respect and support for my wishes to labour and birth actively and my second son was born in a waterpool with no difficulties postnatally.

When we immigrated to Australia while pregnant with my third child, I was again keen to labour actively and birth in water. But I was told by my GP that there were no places available at the Royal Brisbane Womens Hospital Birth Centre and in any case, they do not allow waterbirths. I was astonished at how medicalised the Australian maternity services are for women with low-risk pregnancies. Personally, it felt like a huge leap backwards.

With these previous experiences in mind I researched and opted for a homebirth, in spite of the difficulty locating an independent Midwife and the \$4,000 pricetag. However it turned out to be the best quality care I have received. Antenatally, I received monthly, weekly and then daily home visits; each visit lasted at least an hour as my Midwife and I discussed my plans, concerns, provided me with birth education resources, helped prepare me mentally and physically for the birth as well as performing the usual antenatal checks. This process at no time discouraged me from accessing specialised cares such as GP visits, screening scans or glucose-testing. We also prepared for the birth by stocking Syntocin, hiring oxygen and completing a hospital book-in, should any of these be required (they weren't). My whole family was included in preparing for what we viewed as a non-medical family event.

On Birth Day, there was no mad dash to the hospital, no excluding my husband, no worrying about the other children, no being left to wait on my own. I was able to eat and rest as I needed. My

labour was not hurried or disturbed. There was no cascading of unnecessary interventions. I did not take up a bed or other precious medical resources for women who might have actually needed them. At no time, did my safety, or the safety of my baby feel compromised. My baby was born safely into a waterpool in my living room. The experience was profound and exhilarating. My Midwife continued to visit me regularly through the immediate six week postnatal period.

This was a year ago and I am now astounded that this Bill will essentially eliminate the homebirth option for women with low-risk pregnancies. I can not fathom why independent Midwife practitioners, such as mine, are unable to access indemnity insurance and will therefore be excluded from registration and Medicare rebating. I understand that the government has provided assistance for other obstetric and maternity professions to access indemnity. It seems short-sighted and dangerous to exclude the independent Midwife practitioners who are the only professionals currently offering homebirth services in Queensland and other Australian states. Should this bill proceed, it will effectively criminalise independent Midwifery. It will perhaps create a fringe of unassisted or free-birthing for women who are determined to birth their babies outside of the hospital system. This option carries a high degree of risk for women and babies.

I would like the government to look to international trends in maternity services. For example, the model of Lead Maternity Provider and enhanced community midwifery programmes available to New Zealand women, the Dutch model where homebirths are normal practice for women with low-risk pregnancies and the UK government's pledge to give all women the option of a homebirth through the NHS by the end of 2009,

I understand that homebirth is not a majority choice for birthing in Australia: there is little support for it from medical professionals, there is a climate of fear about women's ability to birth without intervention, there is a shortage of independent Midwife practitioners and it can be personally costly. I sought a homebirth because of my previous experiences and because my options seemed so limited even in the current Australian maternity system. Even if homebirth is not a majority choice, it is surely no reason to eliminate the choice from the system. Therefore, from a service-user perspective, I respectfully request that you reconsider the proposal to exclude independent midwives registration and Medicare rebates by offering indemnity insurance assistance immediately.

Thank you for considering this submission.

Yours sincerely

Anna Collett