

Committee Secretary  
Senate Standing Committee on Community Affairs

Submission to the Inquiry into Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills

I commend the Government's Maternity Services Review, and the resultant Bills (while having some concerns about the situation of homebirths, as discussed below). The Bills provide for the recognition of midwives as providing a significant role in the care of women before, during and after birth. Midwives are appropriately central to a normal pregnancy and birth. They are also appropriately situated to offer postnatal care and are the ones who detect conditions which require specialist care. It is they who should 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.

However my understanding is that the insurance will only be extended to midwives practising in a hospital setting which will prevent access to insurance for homebirths. This understanding is largely based on the second reading speech of Minister Roxon, and the effect of subsidiary instruments rather than the text of the legislation. I also understand the proposed legislation will provide 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 was able to birth my son at home in 2001. I was lucky because, while I have been diagnosed with a medical condition (Multiple Sclerosis), I engaged an independent midwife and I was also under the care of the Canberra Hospital specialist who dealt with potentially difficult births. These two professionals were a model of courtesy and openness and were quite willing to share my care. In the event I was most comfortable staying at home. I had my bags packed for the hospital and the midwife had not

necessarily expected me to take the decision to stay at home, however that was the choice I made at the time. Avoiding the trip to hospital and keeping my numerous and well-loved and supportive helpers was important for me. I knew I had a skilled registered midwife who I was familiar with and I knew that both she and I had good relationships with the local hospital. If a transfer to hospital became necessary, there would have been no hesitation in taking that option. It was, however, clearly the best option to have stayed at home and the birth was achieved safely and effectively with no intervention – an outcome made possible through the comfort and safety of my home, my helpers, my pre-birth education, the education undertaken by my helpers and, crucially, my expert midwife.

I chose homebirth because I felt safe and in control. I am also aware that it is the option where unnecessary intervention is least likely to occur while providing me with skilled and expert care. It was also the only way that I could have the greatest certainty that I would be attended by the same midwife through pregnancy, labour and postnatally – an outcome which seemed highly desirable both for my self and my son.

I want all women to have the choice to birth where they choose and to be surrounded by carers who she chooses. This is not a real possibility in the current maternity system.

Homebirth has been shown to be at least as safe as hospital birth (see last year's BMJ study) so it is incomprehensible to me why the health system would not allow women to access this choice. Perhaps if it resulted in increased costs to the Government or worse outcomes for mothers or children the current approach could be justified. However this is not the case – indeed continuity of midwifery care has been shown to be the most cost effective, the least likely to result in expensive interventions and to give the best outcomes.

There seems something essentially offensive in the state controlling where and with whom women must give birth. Rather it should be ensuring the safest possible arrangements are made. If there is a problem with arrangements for homebirths then the problem should be addressed – as yet I am unaware that there is any coherent analysis which demonstrates such a problem. The statistics do not provide any evidence supporting a system which would preclude homebirths.

Furthermore women may choose to birth at home whether they are attended by a midwife or not. I am also concerned that this situation will result in an increase in deaths of babies at birth.

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. Rather than going down the 'freebirth' route it seems important to me to support effective midwives who are able to attend homebirths and who can deal with an obstetric emergency responsibly. Rendering the practice of appropriately regulated homebirth midwives illegal hardly seems likely to encourage a positive outcome.

I do not believe those who support the possibility of homebirths should be typecast as radical or unaware of the risks that giving birth poses for both the mother and the baby. However it is a question of how best to manage these risks and also of the right of the woman to take responsible, well-thought out decisions about her own care and the care of her baby.

Should you wish to discuss my submission further with me, I can be contacted on 041 228 0641 or at 69 Scrivener St, ACT 2602.

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