

Committee Secretary □
Senate Standing Committee on Community Affairs □
PO Box 6100 □ Parliament House □
Canberra ACT 2600 □
Australia

By E-mail: community.affairs.sen@aph.gov.au

Monday 20th July, 2009

Dear Secretary,

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

I write to express my concern about the above bills, which I believe should be amended or discarded. I understand that the intent of these bills is to 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. This is commendable given that Medicare funding for midwifery care is long overdue. However, the decision to exclude independent homebirth midwives from this funding and indemnity arrangement is not fair, nor is it evidence-based and it is likely to cause harm and distress to families who choose this traditional form of birthing.

By excluding independent midwives from these bills, Australia is showing it is lagging behind other 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 schemes. In New Zealand and the U.K., women have a legislative right to choose homebirth.

The intersection of this proposed legislation with the national registration and accreditation of health professionals will prevent homebirth midwives from registering, if it is passed in its current form. I believe this to be an unintended consequence and ask that the bills be amended to include homebirth within the Health Legislation Amendment (Midwives and Nurse Practitioners) and related bills.

I am a self-employed consulting environmental scientist. I am also the mother of a bouncing 2-year-old boy born safely at home with two midwives that my partner and I had been working with for 28 weeks prior to the birth. Throughout the long and difficult labour, the local hospital was kept informed of my progress as was the Women's and Children's Hospital, in case I had to transfer from home. I received state of the art treatment that was appropriate to my needs, in the comfort and security of my own home. This included instruction in using my body to assist the birth, a syntocin injection to stop bleeding after the birth and daily care for 10 days after the birth but it did not include any pain relief or physical intervention. Our son was delivered into his Dad's arms and stayed there overnight while I slept. Our home was a safe cocoon for us, free of bugs that might infect us and hospital routines that may have disrupted our bonding and the establishment of breastfeeding.

It is my belief that if I had birthed in a hospital, I would have had some type of intervention that would evidently have been unnecessary. It is likely I would have had a caesarean because my labour was very long and far from "text-book". My baby and I would then have endured all the incumbent after-effects including drug exposures and delayed return to work because of increased recovery time after the birth. By contrast, fifteen hours after my home birth, I was walking on the beach with my baby in my arms and within twelve weeks I was back at work conducting an outdoor experiential leadership program with my baby in a carrier.

My partner and I took responsibility for this our first child's birth at a very deep level because he was to be born at home. This included being trained in how to take my blood pressure, deliver the baby if it arrived before the midwife and other first aid techniques that are rarely learnt by our peers who intend to depend on the hospital staff to deliver their babies for them. In my opinion, this made our planned and professionally-supported home birth safer than most births planned for hospital because we were ready and trained for any outcome. We were prepared for a transfer to hospital, developed triggers for transferring with our midwives and would have proactively sought medical intervention if it had been necessary. I also believe this deep level of education set us up well for the transition to parenthood and the barrage of decisions that hence needed to be made on our child's behalf that most first time parents are not prepared for.

Our home birth in 2006, which I believe was the safest and least traumatic birth we could possibly have given our son, would have been illegal if this proposed legislation had been in place. If these bills are passed in their current form, we will not be able to repeat this amazingly empowering experience with another child even though the evidence shows it to be a safe and time-honoured practice.

Unfortunately I have just suffered the miscarriage of a baby that was to be born at home before the proposed introduction of these policies, it is now likely that any subsequent children I have will be born post introduction, if these bills are passed. Despite having had a safe homebirth previously, if these bills become legislation in July 2010, I will not be able to give birth to any more children at home without risking a \$30 000 fine for engaging the services of the extremely professional but independent homebirth midwives I used for my son's birth, with whom I share a long and trusted relationship. I believe, as a fit and healthy woman, that it is my right to choose where and how I birth my child with my choice of professional caregivers.

I urge that these bills be rejected in their current form. Significant amendments need to be made to these bills including provision for independently practising midwives to be on the register with professional indemnity support.

I would like to be involved in any further discussions on this matter, from the perspective of an educated mother who is planning to birth again at home under whatever policies stand post July 2010. Please contact me on the above details when further opportunities to discuss these bills arise.

Sincerely,

Dr Kerri Muller. PhD, B. Sc. (Hons): Microbiology, Immunology, Botany.