

As a woman, a mother to be, a prenatal yoga instructor & tax payer I am writing to you to express my disgust and dismay at the currently proposed laws that will see independent midwives unable to lawfully attend homebirths after July 2010.

I actually write this letter to you as I am 40 weeks and 5 days pregnant. I also write this letter to you knowing that if these current laws are passed, then I would no longer be able to legally exercise my right as a woman to choose the kind of birth I consider to be best for me and my child – a homebirth.

Because spaces were extremely limited and I was unhappy with the level of service I received in the public system, and as a woman considered to be 'low risk' and able to 'pay my own way' I have had the pleasure of employing the services of a privately practicing midwife throughout my pregnancy (she has 20 years practice 10 within the public system and 10 doing homebirths). I have developed a relationship with her based on trust in a familiar and safe environment (my own home) and this reflects the kind of birth choice and care advocated by the World Health Organisation – that is “a birth that takes place in an environment where the woman feels safe and secure, under a continuity model of care with a birthing specialist – a midwife!”

Unlike many women who live in rural areas, I am lucky to have had a range of birth choices and models of care available to me because I live in Wollongong (within 2km of Wollongong Hospital).

You might wonder when I live within such proximity to the hospital and there is a publicly funded midwifery led group why I would choose to pay around \$5000 to birth at home? Well initially - I looked into both choices. However having also investigated the Group Midwifery Practice (midwife led care under my local public hospital), I can't say that I felt calm or safe on the one occasion that I visited the clinic which was crowded and understaffed. I might also mention that even though I had a scheduled appointment I waited for 90min before seeing my potential midwife because the administrative staff did not let her know I had arrived (and no – she was not at a birth or otherwise busy – I asked her!).

This was my first experience in dealing with this government's answer to 'publicly funded midwifery programs'. If you made a reservation at a restaurant and had to wait 90mins before you were served I think it is safe to say that you would walk out disgusted and go looking for an alternative – and yet we as women are supposed to cop this as an acceptable standard of care with which to trust our bodies? Imagine then if that same restaurant was noisy, overcrowded and the toilets weren't clean?

Sorry – but that environment is not the kind of place I would like to bring a new life into this world.

For the record, I could have opted for care under an obstetrician. I do after all have private health cover – but birthing statistics at Figtree Private indicate higher levels of intervention (routine clamping of the cord, fetal resuscitation, episiotomies and delivery in the recumbent position.....all great for the practitioner...and not so great for the woman). As a healthy woman with no need to be concerned about her pregnancy – why would I want to subject myself to such interventions unless they were absolutely necessary? As a yoga teacher I knew I wanted an active birth with the ability to move around freely (also advocated by W.H.O.) and to not be put on a 'timeframe' or subjected to stressful situations which are inherently present within a hospital setting (lack of privacy, monitoring, changing of staff with shifts etc).

As a graduate with an Honours degree in Health Education, it saddens me to think that in a progressive and modern country such as Australia, that we are failing to get the basics right regarding antenatal health care choices for women – that is that proposed laws will lead to a decrease in safe birth choices and services for women favouring the medical model of care rather than improve or at the very least maintain current choices and services. I cannot believe that independent midwives will no longer be able to practice legally because this government will not provide them with an acceptable avenue to gain professional indemnity insurance or grant them an exemption to practice without it despite many studies proving that homebirths are just as safe if not safer for women such as myself in low risk categories.

I am not against the medical model of care. For women with obstetric complications – this model of care can provide things that a midwifery led model of care cannot. Some women by their nature just feel better knowing that they are in a hospital environment - but I would not dream of denying those women a choice to receive that care – and yet that same choice – to choose the model of care that I know is best for me is going to be removed under the proposed legislation.

It disturbs me greatly that midwives are not been able to purchase professional indemnity insurance for their private practices. Although they are safe and appropriate primary care providers, they are not able to access Medicare provider numbers for their services. This has potentially serious consequences for the women and families they serve as well as for midwives being able to work in their chosen field.

I hope that you will find a way to reform the anticompetitive environment that restricts women's choice in basic maternity care, and has contributed to escalating rates of

expensive and unnecessary medical intervention into birth. Most women in Australia do not have access to the care recommended by the World Health Organisation and we need to be able to choose caregivers who are experts in birth – midwives!

The underpinning philosophy of midwife-led care is normality, continuity of care and being cared for by a known and trusted midwife during labour. There is an emphasis on the natural ability of women to experience birth with minimum intervention. Do you think it is acceptable that this model of care not be available to all women regardless of geography? Currently for women who live in areas where publicly funded midwifery led models of care do not exist then homebirth may be the only other choice for such women who are uncomfortable with the medical model.

The Cochrane review of midwife-led care covered midwives providing care antenatally, during labour and postnatally. This was compared with models of medical-led care and shared care, and identified 11 trials, involving 12,276 women. Midwife-led care was associated with several benefits for mothers and babies, and had no identified adverse effects.

The main benefits were a reduction in the use of regional analgesia, with fewer episiotomies or instrumental births. Midwife-led care also increased the woman's chance of being cared for in labour by a midwife she had got to know, and the chance of feeling in control during labour, having a spontaneous vaginal birth and initiating breastfeeding. However, there was no difference in caesarean birth rates.

Women who were randomised to receive midwife-led care were less likely to lose their baby before 24 weeks' gestation, although there were no differences in the risk of losing the baby after 24 weeks, or overall. In addition, babies of women who were randomised to receive midwife-led care were more likely to have a shorter length of hospital stay.

The review concluded that most women should be offered midwife-led models of care, although caution should be exercised in applying this advice to women with substantial medical or obstetric complications.

At the very least, please tell me why when I am prepared to fund my own homebirth (and effectively take pressure off the public system), have the opportunity to give birth in a safe and secure environment with which I feel comfortable (my right as a woman and recommended by the World Health Organisation), that I should be denied this

choice because this government will not either grant an exemption to the laws which state they must have private indemnity insurance – or come up with a solution whereby they can gain such insurance.

This legislation if passed will see us travel one step closer to the American model of antenatal care – where intervention becomes the standard and pregnancy and birth is treated as an illness rather than a normal event. I do not envy the American approach to antenatal care and definitely DO NOT want to be legislated into a place where Australian women are denied the right to give birth with minimal intervention.

Is it this government's wish to promote Freebirthing? That is birth at home that is not attended by a skilled and registered midwife? Is it this governments intention to ignore that many women will continue to choose to birth at home either risking criminal charges if they engage the services of a midwife – or worse – choose to do so without a skilled and registered midwife? Consumers rely on registration to ensure that they are choosing a skilled and professional carer. To remove this indicator of quality away from consumers, not on the basis of professionalism but on the availability of a suitable insurance scheme, puts women at risk. More women such as those who have experienced birth trauma under the medical model will birth unattended.

However you feel about homebirth, whether you'd want it for yourself or not, the removal of a woman's right to birth where she chooses is indefensible and should be a matter of grave concern to all women, just as if women were denied access to breast cancer treatment, epidurals, or condoms. Giving birth at home with a highly skilled and qualified midwife is not new or radical. Outlawing it is.

The issue here is that a very small percentage of the population is having their choice of where to birth taken away from them. Imagine if a woman's right to choose an elective caesarean was taken away from her? Caesareans are known to be risky to mother and child. Should we take away the right to choose one?

This is a human rights issue. This is a free country. I should be allowed to choose to have a supported birth at home if I want it. If you can't at least publicly fund supported home birth – then please at the very least, ensure that privately practicing midwives can gain registration and some level of indemnity.

Yours,

Debra and Russell Young