

Monday 20 July 2009

Robyn Burgess

Ms Claire Moore
Chair
Senate Community Affairs Legislation Committee

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

Dear Senator Moore,

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

I am writing to express my concern about the above bills. I understand that these bills will 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.

Medicare funding for midwifery care is long overdue. It is not acceptable, however, to exclude homebirth from this funding and indemnity arrangement. By doing this Australia is totally out of step with 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 scheme. In New Zealand and the U.K women have a legislative right to choose homebirth.

The intersection of this legislation with the national registration and accreditation of health professionals will prevent homebirth midwives from registering. I believe this to be an unintended consequence and ask that you take steps to include homebirth within the Health Legislation Amendment (Midwives and Nurse Practitioners) and related Bills.

A solution needs to be found to allow midwives to continue to practice for homebirths and to allow women to access homebirth with a midwife, whether by allowing them to continue to practice without indemnity insurance (not ideal) or by finding a way for midwives who practice at home to access indemnity insurance.

If the solution involves indemnity insurance, it is important that a no arbitrary risk label decide who can birth at home with a midwife. The midwife is the professional who can look at a particular woman's history, circumstances and location, and work out with the woman and evidence based practice, whether risks involved can safely be prepared for at home.

If women cannot access homebirth with a midwife (including so called high risk women when their risk factors can be well prepared for at home), women

who wish to birth at home, including many friends of mine, will be put in the position of deciding not to have further children rather than birth in hospital, or birthing at home unassisted despite that not being their preference, or trying to birth in a hospital despite often having strong reasons that they prefer not to birth there.

I have recently heard the point made that without an (albeit small in Australia) homebirthing tradition, there will be a great loss of true natural birthing know-how, which will also impact on women who choose to birth in hospital but in as natural a way as possible. This rings very true from my own experience. I chose a hospital birth but wanted to birth as naturally as possible within that environment. Wanting minimal intervention and avoiding painkillers was for the sake of my health and my baby's health. Within the hospital classes the midwife teaching remarked "Not everyone has an epidural - some women do it the old fashioned way, with pethadine and gas"! It was very clear that this was not the paradigm in which I could really learn about and become confident in natural birth! I had great help in many aspects of preparing from many homebirthers I know in person and/or online, and I took a doula to the hospital who had had a homebirth herself. I am very sure that a loss of homebirth know-how in this country would gradually lead to increasing medicalisation of birth even amongst those who would not choose homebirth.

Women who choose to birth at home are generally making careful and researched choices with the best outcomes for themselves, their babies and their families in mind. Homebirth is the physiological norm for humans, as labour is more likely to begin and continue well where women feel safe, and where the "flight or fight" fear response can be avoided. Homebirth is conducive to good bonding, high breastfeeding rates and low rates of interventions, surgery and post-natal depression.

There is a strong paradigm in Australia whereby hospital birth is considered the norm and the safest choice. My own hospital births were informed by this paradigm. However, this is not the only valid paradigm with which to view birth, and when looked at with fresh eyes there are many good reasons to birth at home. Do not let a knee-jerk style reaction from the majority paradigm deny women the right to choose where and with whom they may give birth. Note also that in countries like the United Kingdom and Holland homebirth rates are much higher and encouraged by the government.

Although I am not a homebirther myself, I see this as a feminist issue, that there is a threat to women's rights to reproductive choice and bodily autonomy.

There is a rally in support of homebirth being planned for September in Canberra. As the mother of two young children it is not at all convenient for me to go, but unless in the meantime the future of homebirth is assured, you can be sure that I will be there.

With great hopes that a way will be found to protect homebirth with midwives,

Yours Truly

Robyn Burgess