

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

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The recent proposed changes to the provision of maternity services in Australia, including the extension of Medicare and insurance to privately practicing midwives, are commendable. However there is one area that must be improved in order to provide best practice care for the women of Australia.

Although it is not specified in the text of the Bills, Health Minister Roxon's statements say that "the Commonwealth-supported professional indemnity cover will not respond to claims relating to homebirths". This will effectively make it illegal for a midwife to attend a planned home birth. The likely effects of this are more women choosing to birth outside a hospital without medical assistance¹, which is hardly an improvement in care.

There is no evidence that it is safer for women with low risk pregnancies to give birth in a hospital rather than at home. A systematic review comparing the two options found that 'The change to planned hospital birth for low-risk pregnant women in many countries during this century was not supported by good evidence. Planned hospital birth may even increase unnecessary interventions and complications without any benefit for low-risk women.'² A more recent review of six trials found that birth in home-like settings is associated with reduced medical interventions without any significant increase in maternal or infant mortality.³

The argument that only a small number of women choose home birth is not an acceptable reason to deny all women this choice. Currently, it is difficult and expensive to access the services of a private midwife for a planned home birth. The number of women who are able to access this option is therefore unlikely to reflect the number of women who would choose this option if it were more widely supported.

Support for home births for low-risk pregnancies would free up space in public hospitals and reduce the costs to the government associated with childbirth. It is therefore a win-win solution for all parties – with the exception of those who have a commercial interest in restricting childbirth to the

¹ Newman, L.A. 'Why planned attended homebirth should be more widely supported in Australia'. *Australian and New Zealand Journal of Obstetrics and Gynaecology* 2008; 48: 450–453

² Olsen O, Jewell D. Home versus hospital birth. *Cochrane Database of Systematic Reviews* 1998, Issue 3. Art. No.: CD000352. DOI: 10.1002/14651858.CD000352. Downloaded July 2009 from <http://mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD000352/frame.html>

³ Hodnett ED, Downe S, Edwards N, Walsh D. Home-like versus conventional institutional settings for birth. *Cochrane Database of Systematic Reviews* 2005, Issue 1. Art. No.: CD000012. DOI: 10.1002/14651858.CD000012.pub2. Downloaded July 2009 from <http://mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD000012/frame.html>

hospital setting. Commercial interests are not sufficient justification to deny a preferred option to consumers of health care.

As a researcher in public health, I strongly support evidence-based practice. The evidence is that attended home birth is just as safe, if not safer, than hospital birth for women with low risk pregnancies. Therefore I urge the Senate to ensure that attended home birth is included as an option for pregnant women who go into labour after July 2010.