

Re: 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. 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.

I support a system where all consumers are treated equally, with the same access to funding and the same insurance protection.

Research has confirmed that optimal outcomes for women and their babies are achieved when women have readily available access to continuity and primary care by a midwife throughout the childbearing period, in collaboration with other relevant health professionals as needed. (Homer et al 2001, Sandal et al 2001, Enkin et al 2000, Hodnett 2000, Rowley et al 1995, Flint 1989)

The World Health Organisation (WHO) specifies that:  
"The midwife is the most appropriate and cost effective type of health care provider to be assigned the care of normal pregnancy and normal birth, including risk assessment and the recognition of complications" (WHO 1996).

Continuity of care with a midwife throughout a woman's pregnancy, birth and postpartum is rare in Australia; a very small percentage are fortunate to be accepted into a hospital-based midwifery group practice, but given the nature of continuity of care, places for birthing women in these practices are limited. An even smaller percentage of women choose to ensure their continuity of care by hiring an independent midwife, usually costing the family up to \$5000. Families make this choice for many different reasons, but what I want to draw your attention to is that these families are choosing the gold standard of midwifery care as defined by the WHO. Often, hiring an independent midwife is the only way they can ensure this care for themselves and their baby.

Last month my husband, 18-month-old daughter and myself met with the only independent midwife who services our area. She travels from three hours away, because she believes women should not be denied the gold standard of care merely because they live in rural areas. We sat in our own home, drank tea and ate pikelets as she answered our questions. During the 90 minute meeting, our daughter woke from her nap and we all moved to the lounge-room so I could sit on the couch and breastfeed her. They may be small details, but the differences between this antenatal

appointment and the appointments of my first pregnancy feel phenomenal. There is no negotiating traffic and parking spaces, finding an empty chair in a crowded, grubby waiting room, and sitting uncomfortably for anywhere from 45 minutes to 2 hours before being seen for 10 minutes and rushed out the door again. There is no waiting anxiously as my husband runs downstairs to put more coins in the parking metre, hoping for the first time in those 2 hours that they don't call my name and my husband miss hearing our baby's heartbeat. No - last month, I relaxed on the couch, fed my daughter, and then bared my stomach to her curious little hands and the midwife's Doppler, as we all listened to the baby's heartbeat together.

It is important that a woman has the choice to birth where she feels safe and comfortable, with help from someone of her choice. The proposed bills will remove this choice from birthing women and their families.

To think Australia could take such a backwards step in maternity care and human rights is baffling in the least, not to mention distressing. To think that independent midwives whose lives are dedicated to serving pregnant, birthing and new mothers could soon be considered criminals for doing this very service, is appalling. To anticipate the birthing experiences of my own beloved sisters and friends over the next few years, and think that they may not even have the right to choose where and with whom they birth, is sickening, and continually moves me to tears of despair.

Senator Moore, it is with an aching heart I urge you to include homebirth within the Health Legislation Amendment (Midwives and Nurse Practitioners) and related Bills, because all women and their families deserve to choose where and with whom they birth.

Yours sincerely

April Bevin