

20 July 2009-07-20  
Julie Bullard

Ms Claire Moore  
Chair  
Senate Community Affairs Legislation Committee

By E-mail: [community.affairs.sen@aph.gov.au](mailto: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**

My name is Julie Bullard. I am a mother of four children, three of whom were born at home. I am a midwife, nurse, child health nurse, and lactation consultant. I have practiced in many health settings over more than 30 years, and I am passionately dedicated to the health and wellbeing of women and their families, in their childbearing and early childhood years.

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.

I applaud the government decision to provide Medicare funding for midwifery care. 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.

My personal comments, which I respectfully request this committee enquiry to include for consideration, are

1) It should be an enshrined human right in a democratic developed country such as Australia, for a woman to be able to give birth where and with whom she chooses, without her or her baby being put at health risk, because of the denial of legally supported midwifery care.

2) Across many demographic studies, birth at home has been proven to provide as good and better health outcomes for mothers and babies, as birth in hospitals. My personal experience over 20 years of supporting women who give birth at home, is that women who choose to have their babies at home, are strongly bonded to their babies, breastfeed for long durations, and foster the best health outcomes for their families in the longer term. I make this point as I believe that the choice to birth at home, with the ongoing care of a known midwife, provides a foundation for much more positive health outcomes than have been statistically measured to date.

3) As a nurse and midwife, I believe that this next two years of legislative transition, of national registration, together with the beginnings of the medicare funding model of midwifery care will be immensely challenging to us as professionals and individuals. There is a wonderful wealth of midwifery knowledge in our ranks, much of it with many midwives who practice in the home setting legally at present. I think as a community, as a profession and at an administrative level, it will be vital to embrace and harness the best knowledge and practices, rather than to drive some areas of practice underground. Midwives work long hard unconventional hours in the support of birthing women. There needs to be a legislatively supportive framework in place *at the outset*, to foster best practice, ongoing education, accountability and research into continually improving services in this area of health care.

4) There will only be a limited proportion of women who will ever choose to give birth at home. For these women, providing legislatively supported, medicare funded, and accountable midwifery care will be a very cost effective option for our health care system. As a small part of a much wider system of pregnancy, birth and early mothering health care options in Australia, this model of care must be recognised and intergrated at this fist legislative stage.

5) In the years that I have practice as a midwife, and raised my own children, there have been many alarmist concerns raised in the media about birth at home, but there is no evidence to show that a women's choice to give birth at home is other than a healthy life enhancing and safe choice. I believe that this attitude extends to the question of professional indemnity. There is no evidence to show that the health outcomes at home are inferior or that there is in any way a higher likelihood of litigation against a midwife after a birth at home. I believe it is the responsibility of this committee to base your decisions upon *fact*, not prejeduce.

I am happy to be contacted regarding my submission.

Yours sincerely

Julie Bullard