Committee Secretary Senate Standing Committee on Community Affairs PO Box 6100 Parliament House Canberra ACT 2600 Australia

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Dear Committee Members,

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

I have striven to buy-out the time to submit my support for Midwives and Nurse Practitioners to receive support through the Medicare system because of their vital importance to the community.

My personal circumstances have meant that I have had three children by Caesarean section. One was of dubious worth (guided by an Obstetrician), another required and the third a 'hostile' caesarean after an Obstetrician tried to scare my husband and I and following her continued intimidation and bullying, it was a question of my succumbing to a C-section for my husband's mental health or pursue my VBAC with my husband crumbling in a corner. My last pregnancy, although ending in a traumatic delivery at the end, resulted in a positive, empowering experience with my Primary Carer, a Midwife. Prior to my last pregnancy I had experienced two debilitating periods of Perinatal Depression (under private Obstetric Care).

It is well known that Australia has one of the leading Caesarean section rates in the world, and that this is unacceptably high. Yet, we still have 70% or thereabouts of women having vaginal births.

It is well documented that more successful outcomes and less intervention is required for women attended by Midwives offering Continuity of Care.

Given that we have approximately 70% of women having vaginal births and that we know that with less intervention and promotion of interventional births and their precursors (ie. Unnecessary epidurals over other effective pain relief such as Sacral Saline Injections), surely we want to promote options within our health system that reduce the overwhelming financial burden that interventional and Caesarean birth incurs?

Surely it makes sense that promotion of Professionals within our community that reduce interventional rates and promote successful and healthy outcomes for mothers and babies is of paramount importance in our national community? We need to cut interventional rates. We need to cut Caesarean rates. We need to promote options to low-risk birthing women that support their

need for active Professional care with Midwives and reduce the impact on our cash-strapped healthcare system.

Part of our healthcare system needs to be that women can access Private Midwifery Care and continuity of care with a trusted Professional trained in the care of women and babies during the Perinatal period. For this to happen women need to be able to access Private Midwifery Care and Midwives need to be able to access Indemnity Insurance.

It is simply not acceptable that Professionals within our community are limited in their rights of practice due to the opinions of few rather than the facts of much documentation of the skill and successful outcomes of Midwifery care, throughout the world.

Homebirth options must also be in place for low-risk women that are supported by appropriately trained Professional Midwives. Personally, I am too high-risk to be able to have that support for a Homebirth, but I fail to see why it is not readily available to many families that have the circumstances to allow this to happen.

We want to create stronger communities, yet we alienate our families and mothers by restricting their rights to professional medical care and the value of building and birthing their families in love and harmony.

We want to create a peaceful world, and yet, we would prefer to show our children bombs and death on TV rather than the joy of birth in our home.

We want to create a sustainable healthcare system and yet we promote practices and policies that denigrate our Professionals that deliver the most children, to second-class Professionals, incapable of independent interaction with their clients. We promote practices that increase the risk of intervention and cost to our health system with support required for families following these interventions. We promote practices that increase the workload on our Obstetric Providers when we could provide balanced care through many different Professional Practitioners, depending upon the level of care provided.

We want to grow our world with children that care about their environment, both physical and the people within it, and yet we tell them from their inception that as long as their mother fits into this particular pigeonhole we have for her, we will care for this child. We will only care as long as they submit to our forced regimen of rules, regulations and timelines. We have no time for growing, loving and enjoying their rite of passage as their first taste of the world and what they will face in the coming years.

Perhaps our government is right to show our children from their inception that their birth does not matter, that their life does not matter......do we not query why so many of our teenagers and young people actually feel this way and our suicide rate is so high?

Our current practices do not show loving care. Children and mothers die even when born in hospitals and under Obstetric care and to not recognise that our Professional Practicing Midwives have a right to practice in the Private Sector also fails to recognise the rights of our Mothers and families within the community to make viable choices based upon their personal circumstances.

Now is the time to make the choice.....

Do we support our families and the majority of our community by promoting practices that incur less cost – financially, psychologically and physically....

Or do we continue to subscribe to practices that make us servants of the few.....those that believe that intervention is the only way and that have conspired in their practices to drive our Caesarean level up to 30%?

Do we show our children bombs, or birth?

Do we want to bring up another generation that believes that birth is nothing more than a living death, as it has been portrayed for generations?

- Homebirth is an acceptable mode of delivery and birth for women and families in low-risk situations when supported by Professional Midwifery Care.
- Midwives are trained through our Tertiary Education System and Healthcare System to provide exemplary care to women and babies during the Perinatal period.
- Our Midwives, as Professionals, deserve to receive access to Indemnity Insurance in order to
  offer private care to families that require this service. To deny access is paramount to
  painting a billboard over with advertising stating that "Midwifery care is substandard and
  dangerous", yet we know that this is far from the truth.
- Denying access to Indemnity insurance for Midwives and to Homebirth options for families is
  pushing families that feel strongly about birth to consider Freebirth options. None of us
  want to see ramifications of that within the community when having a Professional, trained
  Midwife can mean the difference between getting to hospital in time and knowing changing
  circumstances, to losing the child you love.

Thank you for your consideration of my submission.

Regards

Lilea Propadalo