

20th July 2009
Dr Mary Emeleus

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 a General Practitioner of ten years experience with a special interest in mental health, and I hold a Masters Degree in Psychotherapy. I wish to add my voice to those who have concerns about the Amendment and Bills above.

My medical training equips me to understand the physiology of pregnancy and childbirth, and the associated risks. My experience as a doctor gives me some insight into the culture of medicine as practiced in Australia. My psychotherapy training helps me to consider the centrality of the emotional wellbeing of mother and baby during these momentous times in both lives, and the implications for their lifelong health and wellbeing.

The other experience I have is that of a near death experience in childbirth, and I am alive today because I received competent and safe obstetric care, including a genuinely necessary emergency caesarean (under General Anaesthesia) and an admission to an Intensive Care unit. I am sharing this so you may understand I have a deep respect for Obstetric Care.

It is my belief that home birth, under the care and supervision of a well trained, responsible and competent midwife, with the ability to smoothly transfer a birthing woman to obstetric care if necessary, is the gold standard of care. This is internationally recognized, and is standard practice in many developed countries. It also makes good economic sense. It makes superb psychological sense. Pregnancy and childbirth are not diseases. They are life events. If they are complicated by disease, then they need to be managed in a place for diseases. This is the philosophy of midwifery.

It was a midwife who recognized the signs and symptoms of serious illness in my own case, and had I been at home, she would have had no hesitation in recommending and facilitating transfer to hospital. I would have been able to trust her advice because I would have developed a relationship with her through my antenatal care.

It was midwives who cared for me in the post partum period, ensuring that my wish to breast feed my baby was followed despite the difficulties associated with an ICU admission. This contributed enormously to my psychological recovery.

A home birth midwife develops a relationship with her clients, and plays many roles including educator, advisor and advocate. This relationship adds significantly to positive psychological outcomes for mother and baby. The lack of it increases the risk of psychological trauma. Home birth midwives seek the best outcomes for their clients, just as other health professionals do. If they are out of their professional depth, they refer to someone more appropriate. No doubt there are practitioners of midwifery who have questionable motives and make poor decisions, but it must not be forgotten that there are also many within Medicine who do likewise.

It is my belief that Western Medicine operates from a particular paradigm or set of beliefs which are often unconscious. These permeate not only medical practice but wider society. Some of these beliefs include the primacy of technology (if a solution doesn't work, move to a more technologically advanced one, rather than revisiting past practices which may in fact have had some inherent value); the separateness of mind and body (the bodily problem or disease can be seen in isolation, studied, deconstructed, and then component parts repaired; this is intended to restore the integrity of the whole); nature is not destiny, and medicine can control most things, even death most of the time; nature is inherently suspect and needs managing; death is a failure, and any life at any cost (financial or otherwise) is a victory.

My expression of these may seem stark, however I do this to make my point. I think we have grown up in a culture where we are expected to implicitly trust medicine and be suspicious of nature. We have learnt to fear natural bodily processes, including death and birth, or at least view them with distaste. Medicine has done a very good job of marginalizing dissident voices on these matters, and it is easy to hear such voices as "hippies" or "ferals" or in some other way extreme, unreliable and poorly informed.

The Amendment and Bills do go some way towards recognizing the importance of midwifery. Unfortunately as they currently stand, midwives who wish to offer home birth services will be unable to access insurance, and since it will be illegal to work as a registered health practitioner without insurance, they will commit a criminal act for offering birthing services which are common, safe practice in much of the developed world, and potentially provide the best outcomes for women, babies and society in general.

I do not advocate unassisted home birth. I do not advocate unregistered, unaccountable, unsupported midwifery practice. I believe it should be possible for Midwifery and Obstetrics to share mutual respect, for home birth midwives to readily transfer women who develop any pregnancy or childbirth complications to obstetric care, and for doctors to treat diseases and refer normal healthy people having life events away from places for treating disease.

I urge you to take these matters into consideration prior to finalizing your report and recommendations.

I apologise for the lack of references for my submission due to its lateness and I would be happy to provide them if required.

Yours Sincerely

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