

Dear Senator Moore

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

In 2006 my partner Jacob and I discovered we were pregnant while we were living in Lorne, Victoria (3232). Lorne is a small coastal town with a permanent population then of 967, and while there was a hospital within the township, they would only assist with births in an emergency situation. The other closest hospitals were Barwon Health, Geelong and Colac Area Health, Colac. These were 65.5 kilometres and 57.1 kilometres from Lorne respectively, along either a winding coastal road which would have taken at the very least 1 hour 17 minutes, or a winding inland road taking a minimum of 53 minutes. Based on this Jacob and I started exploring other options, and we learnt of a midwife who privately attended homebirths. We made arrangements for her to attend the birth of our first baby at our home in Lorne, expected arrival date of mid-February.

Some of the things that appealed to me about homebirth were that we would not be in the position of driving anywhere once I was in labour, we would be able to labour and birth in a familiar environment where we were able to manage who was there and have a say in how the birth was managed, and by not treating the labour and birth as though it was an accident waiting to happen I would be able to relax into the role I needed to play. Another benefit we came to appreciate as we learnt more about homebirth in the preparation for the birth was the continuity of care we would be receiving from our midwife. In the early stages of pregnancy I drove to Geelong to meet her for my antenatal appointments but as I grew more heavily pregnant she made numerous visits to Lorne to do my checkups, and to introduce me to two possible support people that she would have to assist her when I went into labour. If I had been booked in to birth at Barwon Health at that time I would have had a new midwife every visit. She also was very interested in our choices regarding pain relief, internal checks, episiotomy, management of third stage, cutting of the umbilical cord, and who would announce the gender of the baby (our preference was Jacob). She told us about perineal massage to minimise the risk of a tear, and her approach to my care was thorough, caring, sensitive, confident and competent. If I had been booked in to birth at Barwon Health, it would have been up to chance whether I got a midwife who believed in birth as a natural physiological process as much as I did.

Something we were not aware of until we looked further into homebirth was how expensive it could be! Our midwife told us of a young woman living in rural Queensland who would have had to pay \$5000 as a base rate for a qualified midwife to attend her labour and birth at home, an additional \$45 for every hour spent doing her antenatal checkups and driving to and from the closest hospital to do that (she lived over an hour from hospital also), and on top of that the cost of the midwife's petrol. Luckily for us our midwife was only charging \$200 in petrol money with no base rate and no hourly rate, otherwise, with Jacob being a minimum wage earner there was no way we would have been able to afford to even consider homebirth.

Our midwife made herself familiar with aspects of my lifestyle such as diet and exercise and made suggestions as to how I could maintain my best health leading up to the birth of the baby. It was very reassuring to have a professional to go to with all the questions I had about various aspects of diet particularly seeing as there are so many things

pregnant women would be best to avoid. Also with a growing belly advice comes from strangers, friends and family thick and fast and it was wonderful to be able to run it all past our midwife before putting any of it into practice. I know my partner also drew confidence from the knowledge that she was monitoring my health and the baby's so closely and guiding all our decisions with her wisdom and experience. However having said this we never felt like we were merely 'involved' in the decision making process. Jacob and I would discuss some aspect of the pregnancy or birth, and when we had come to a decision our midwife's role was to advise us of the pros and cons, and if necessary give strong advice regarding which option to take. Otherwise she allowed us to take responsibility for areas of my own health and that of the baby. I am referring to aspects like whether to take red raspberry leaf which is a natural uterus toner and helps with preparation for labour, or the practice of male circumcision. I have absolutely no doubt in my mind that if we told our midwife of a choice we wanted to make and she knew of a medical reason this was unadvisable she would have been very forthcoming in advising us against the medically unwise choice.

February came and almost past without me going into labour and I was almost at 42 weeks gestation. Because I had gone past the 40 week mark I had been required to go into Barwon Health to have an ultrasound to discover if there was a discernable reason I hadn't gone into labour yet and whether the baby was still healthy. Everything was fine besides the estimation that I was growing a large (4.5 kilogram or 9.9 pounds) baby and the fluid surrounding the baby was on the low side (a possible indication of lower placenta functioning). Barwon Health doctors told me that I was to return to the hospital as soon I felt any contractions so they could monitor how the baby was going through the contractions. In my 42nd week I started getting slight contractions and returned to the hospital as they had told me to, they monitored me lying down on a bed and confirmed that I was having early contractions and told me that I needed to stay in hospital for continuous monitoring. I will add at this point that while I had become very educated on the topic of birth over the preceding 9 months I had naively not looked into the possibility of me not going into labour until 42 weeks and at age 20 I was very intimidated by any medical professional telling me what they thought I should do.

Throughout this our midwife came and visited me when she wasn't attending other births and encouraged me to remain positive about the whole process and not make any decisions without thinking them through carefully and of course talking to her if I needed. Jacob was not allowed to be with me continuously through this time and I was often alone for hours at a time lying on the bed, hooked up to the monitor. This continued for about 5 days with very slight contractions throughout. I knew that lying down was not going to encourage my labour to progress so I often asked to be allowed to walk, just within the ward and up and down the stairs, but instead of encouraging this the nurse on duty tried to pressure me into having a sedative to help me sleep. Twice I got visited by about 5 medical professionals, some obstetricians, some students, who stood around my bed and told me that if I didn't go into labour by the end of my 42nd week then they would either have to induce or operate via caesarean section. I was told that because the baby was estimated to be 4.5 kilograms, if I was induced I could labour for hours and if there was a shoulder dystocia (shoulders getting caught in the birth canal) they would need to break the baby's collarbone to get it out. My partner was not present for these meetings as we were not made aware of them in advance.

The things I was not told by the medical professionals at the time, and did not know to ask about, were what I could do to give my body the best chance of going into labour (active walking, relaxing, sexual intercourse), what the chances were of a case of shoulder dystocia occurring (dystocia occurs in 0.4% of all births), and what other methods could be utilised before intentional clavical fracture (increasing the width of the pelvis, decreasing the breadth of the shoulders, or changing the relationship of the shoulders within the pelvis through internal rotation manoeuvres). Also I was not told that the risk of fetal death in pregnancies pre the 42 week mark was roughly 0.1% and only rose to 0.4% in the 43rd week, and that the low amount of fluid surrounding the baby could be remedied in a healthy mum and bub by constant rehydration (I am notorious for not getting my 1 litre of water per day). Essentially I went from a woman confident in the natural capability of my body and the wisdom of my midwife, to a woman scared for the health of her yet to be born baby and feeling the strain of not being a 'complaint patient' (I declined the sedative, I kept walking around, I asked for 3 or more days to make the decisions facing me, etc).

The night before I had my caesarean section my mucus plug (bloody show) came away which was a positive sign that my cervix was softening. On the morning of the 25th of February, 2007 I spoke with my midwife again, I was very upset at the prospect of the upcoming surgery and very confused still about what the best course of action would be. When my lovely midwife heard how worried I was that I was risking the health of our baby she said she supported my decision to have the caesarean and came with myself and my partner to the operating theatre when we were scheduled. She was there when I had to get the epidural (I have strong aversive reactions to needles), she made sure the baby was introduced to us in such a way that Jacob could tell me what the gender was, she made sure Jacob got to cut the cord, she got our son weighed and then brought to us straight away to hold and she stayed in the post-operative room with us to help initiate breastfeeding and just generally reassure us and be a friendly face. I was very affected by the drugs which were necessary for me to have the caesarean section and felt very removed from my son, I understood he was mine but I had no emotion towards him and on some level didn't really feel like the bulge in my tummy was this little bundle in my arms. The post operative room was large like a double classroom, cold and concrete with lots of people walking in and out all the time. The whole event was very different to the private homebirth we'd planned in our warm little 1 bedroom, A-frame house down the coast.

I am currently 6 months pregnant with my and Jacob's second child, and planning another homebirth with the same midwife. We are living in Geelong now and chose homebirth this time because we believe we have a better chance of having a well managed natural labour which we are fully involved in, and a better chance of avoiding another unnecessary caesarean section. We have discussed with our midwife the different risks facing a labour with a uterine scar and how she will manage certain possibilities like me not having gone into labour by my 42nd week, delivering a large baby and shoulder dystocia. We will not 'homebirth at any cost', but intend to transfer to the birthing suites if it looks like I will be birthing another large baby. Also again, just like last time, she asks and advises about my diet and exercise and helps dispel any myths shared with me by well-meaning bystanders to the pregnancy. My midwife gives me the confidence to do what my body was created to do, safe in the knowledge that I do not need to have a degree to birth our baby, because she does. She provides a 'net' of support and guidance rather than a 'point' issuing directives such as a doctor, or a nurse in the hospital system who are often too busy to provide such personalised and in depth care.

I write with my story as part of this submission to illustrate how I was not a woman scared or scarred by a previous experience in hospital. I was not someone society would term an 'alternative lifestyle'. I learnt about homebirth as a matter of convenience and then learnt the hard way why midwife focussed care is the best way to go. I understand the issues facing the hospitals and the obstetricians, they are on a schedule, they have policies to follow, they are concerned about the worst case scenario, this is their job and I accept their place. The beauty of the continuity of care model that will be introduced with the new legislation is that every woman will have someone who knows her as more than a possible statistic. But women like myself, who for whatever reason choose to birth at home, should be able to have access to that same continuity of care while having that choice upheld and respected and certainly not illegalised.

Yours sincerely,

Rhoda Horvath