

Submission re:

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

I attended a birth recently. The phone call came in the very early hours of the morning, and I awoke instantly, with the adrenaline surging through my body, propelling me into action. I raced to my neighbour's home to find my friend, Tara making the primal sounds of a woman labouring powerfully. Her husband was sitting nearby, and her midwife, Kim, was arranging her equipment, including medications and resuscitation equipment. The children were softly woken when another friend arrived to be with them, and answer any questions, and hold their hands - to take them out if that is what they wanted. (I was there as a friend; as I am currently not practising as a midwife, due to having small children myself, and also due to the state of maternity services in Qld.) We all sat back and watched Tara birth her baby; peacefully, without intervention, without anyone telling her what to do. She trusted her body, she trusted the process of birth, and she trusted us to give her the respect and support she needed. Her midwife had developed a close relationship with her over the months of intimate care in pregnancy; and she knew what Tara needed to give birth. She was the safety net; there to ensure all was well and normal. The baby was born, and Tara took him in her arms. A tender and compassionate birth for this new little being.

*Throughout my moments at my friend's birth, I was constantly reminded why I chose to be a midwife. I am passionate about pregnancy, birthing, and motherhood, believing these life changing 'events' have an everlasting effect on how a woman views herself,*

*and engages with her baby and others in her community. There is research demonstrating that a positive birth experience will lead to a woman feeling more confident in herself as a mother, and as a woman and member of society. The research is also available to establish that a negative or traumatic experience of a birth will lead to a woman losing confidence in her mothering ability; and may lead to post-natal illnesses. When a woman gives birth in a way that her need for autonomy, safety, and respect is met, she comes into a new relationship with herself. She becomes more aware of the power of her body, and the power of her self. The result is a healthier woman, healthier motherhood, and thus, healthier baby, family, and society.*

*The safety of women and babies is not a reason for discouraging home births. The research that has been done on planned home births with midwives shows that outcomes are excellent. Not only do healthy mothers and babies survive as often, or even more often than they do in hospital, they tend to have fewer interventions, suffer less ill health, and feel more satisfied. Even if they plan home births and end up transferring to hospital, they still have fewer interventions and are less likely to have a caesarean section (see NICE Caesarean Section Guideline 2004 at [www.nice.org.uk/cg013](http://www.nice.org.uk/cg013))*

*I travelled to the UK in the early 1990's and trained and studied (BSc (Hons) Midwifery) and practised as a midwife. I worked in a broad range of settings – in busy teaching hospitals, in a rural maternity service, as a community midwife, and as an independent midwife attending women where they chose to birth (in hospital or their home).*

*When I arrived back in Queensland, I was dismayed to learn about the lack of choice, continuity of care, and control women have in their pregnancy and birth experience. I was shocked at the*

*outrageously high caesarean section rate within private and public hospitals. I saw how the medical model dominated maternity services. I felt frustrated that women had little postnatal support in the community from midwives, who are supposed to be the 'experts' in that area. I wondered how it was that many women managed to breast feed without support. I was also disillusioned about my own prospects of working in such a climate of vulnerability and restriction for midwives who choose to work out of the 'system' as private/independent midwives.*

*Is there any hope of changing direction? Research increasingly suggests that well-being around the time of birth is crucial for mother and baby and that normal birth, where possible, best supports this<sup>1</sup>. The Government, health managers, health practitioners, birth activists and parents are worried about the high interventions rates, which seem resistant to change. This is particularly true of caesarean sections rates. More people are questioning the efficacy, desirability and long-term sustainability of technology and are considering quality of life issues, such as spiritual and emotional well-being. Research is now giving us evidence that physical and emotional well-being cannot be separated and that emotional wellness improves physical well-being and vice versa. Encouraging home birth provides one way of addressing some of these concerns.*

*When I was living and working in the UK, a published paper by the Department of Health called 'Changing Childbirth' (1993) was directing policy, in order to reform maternity services. Through rigorous research, they concluded that the woman must be central to the focus of maternity care. Her control of what is happening to her is crucial; and all decisions about her care are decided in partnership with herself and her chosen health care provider. The role of the obstetrician should be for the women with complicated pregnancies. Women should be supported in their choice for where*

they would like to give birth. All women in the UK have a legal right to have a homebirth. Women with uncomplicated pregnancies (estimated by research as over 75% of women) should be cared for by midwives.

(DEPARTMENT OF HEALTH. Changing childbirth. Part I: Report of the Expert Maternity Group. Part II: Survey of good communication practice. HMSO, 1993)

*I practiced in many settings whilst working in the UK. For quite a number of years I worked in Independent Midwifery Practise, employed privately by women, alongside two other midwives who were very experienced. One of them also was a Physiologist and lectured at the University of London. We worked as autonomous health practitioners, and cared for women throughout the entire pregnancy, birth, and postnatal period (up to 6weeks after the birth of their baby). We were continuously on call for them. If there was a complication, we referred directly to an Obstetric consultant, who referred back to us to decide what the woman would like to do. We also had good relationships with Consultant Paediatricians, Osteopaths, Physiotherapist and other involved professionals. We took bloods for pathology, could refer directly for scans, and prescribe medications, insert IV's in labour, suture at births etc. Most women wanted homebirths, but in the event of a transfer into hospital (for a problem, or pain relief, or medical help) we continued caring as the midwife – having honouree contracts within the nearest hospital, organised in the woman's pregnancy. We also had a midwifery supervisor who was aware of each woman we cared for. The supervisor was there for peer support, advice, and help to access resources if needed. The supervisor was not our 'manager' and could only advise us – not tell us what we must do. Our accountability was primarily to the woman and her baby. We had amiable relationships with our local hospitals, which made for*

*a smooth transition if we did transfer in from a homebirth. We were involved in the Independent Midwifery Association (the IMA), in which we met up with other midwives working in this way for support, and held regular workshops in resuscitation, IV cannulation, suturing etc.*

*For the past three years I have run workshops for pregnant women. This has been to provide a space for women to prepare emotionally for birth, and to connect with other women also pregnant. What I have found is that many women have come along with emotional wounds from previous traumatic births. These have manifest primarily from giving birth in a system in which they personally didn't have their need met for respect, autonomy, and emotional and physical safety. Many of these women with their next pregnancy chose to give birth at home. I have kept in contact with all the women who have attended my courses over the years, and for these women, the home birth has been such a healing experience. They have enjoyed the support and trust and partnership of a health care provider of their choice (their independent midwife); and have felt secure and safe in their own home (without fear of strangers working in uninvited; feeling in control; on their own territory; giving birth without being disturbed – which allows the hormones to work efficiently which in turn allows labour to progress normally and physiologically.) As a result, even when the birth was not as they hoped; they still appeared empowered, as they had been the one who made the decisions, nothing was 'done to them' without informed consent, and they were in their own home where they felt most comfortable and safe.*

*In my role of working with women in a supporting role during their pregnancy and after the birth; I see the utter importance of women having a choice in where they give birth – and the utter importance of home birth as being a research proven safe choice for*

women.

*Personally, I chose to give birth to our three children at home. After working as a midwife in many settings in the UK – a busy teaching London teaching hospital, in the community employed by the NHS, in a rural midwife lead unit, and as an independent/private midwife; I knew I would have the optimal chance of a normal and peaceful birth and of labouring safely and without disturbance at home. I chose a midwife who my husband and I trusted for her skills, experience, and ability to support me both emotionally and physically.*

*I am delighted that the Government is bringing about changes to the current maternity system to thus provide continuity of care by a midwife, and personalized women-centred care for women. However, without the choice of home birth with a registered midwife, women will receive less choice, control, and inclusion. I urge the Senate to support human rights, to support women's rights to make choices about their bodies and their births. I urge the Senate to consider the midwives who have invested years and great expense to work independently supporting women to give birth at home. I know without any doubt whatsoever, that there will be women who continue to give birth at home due to a desperate need to feel safe and for their baby to be safe – and yet would do that without the safety net of a registered midwife. This greatly concerns me – the Bill, if passed, will contribute to much more danger for women and their babies as a consequence. And I know without any doubt whatsoever that there will be midwives who continue to practise at homebirths in an underground capacity – and would be as a result of the Bill, far less likely to transfer in to hospital for medical assistance due to the consequence of hostility and legal implications. There will be tragic outcomes as a result of this current bill; unless it is amended to include insurance for homebirth midwives and a supportive system*

*for private/independent midwives to work in – a collaborative system that contributes to meeting needs for respect, inclusion, and autonomy for women in Australia.*

**Sincerely,**

**Georgina Kelly**

**(Dip App. Sc. (Nursing), BSc (hons) Midwifery; childbirth educator; mother of 3 children born safely and peacefully at home)**